

## Care service inspection report

# Montfield Support Services

## Care Home Service Adults

Burgh Road

Lerwick

Shetland

ZE1 0LA

Telephone: 01595 745251

Inspected by: Allan Barker

Type of inspection: Unannounced

Inspection completed on: 29 July 2013



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# Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	14
4 Other information	30
5 Summary of grades	31
6 Inspection and grading history	31

## Service provided by:

Shetland Islands Council

## Service provider number:

SP2003002063

## Care service number:

CS2008184266

## Contact details for the inspector who inspected this service:

Allan Barker

Telephone 01595 741520

Email [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

### We gave the service these grades

Quality of Care and Support	3	Adequate
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

### What the service does well

Feedback from residents and relatives was positive highlighting that there had been some improvements within the service. Staff and management were seen as helpful and friendly.

### What the service could do better

Management and senior staff must ensure appropriate auditing and monitoring systems are put into place.

- Medication administration recording systems must improve.
- The provider must resolve the issue of the discoloured hot water problem.

### What the service has done since the last inspection

The manager has improved some aspects of the service and was keen to further develop and build on the successes made. Residents and relatives spoke very highly of the service and how it was run.

### **Conclusion**

Residents and relatives were happy with the quality of care and support provided by the staff team.

The management team acknowledged there was a need to improve some of the systems and were keen to make the necessary changes.

### **Who did this inspection**

Allan Barker

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.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 provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Montfield Support Service is a residential centre for older people, located in Lerwick. The service promotes an enabling and re-ablement approach. The re-ablement approach looks at ways of supporting people both in the short and long-term. The service aims at promoting independence.

The accommodation has a lounge and dining area. All bedrooms have en-suite facilities. The home was clean and tidy at the time of the unannounced inspection. There is a patio and garden area to the side of the building and window boxes.

The aims and objectives of the service is:

- to provide a safe environment for older adults; enabling choice, independence and supporting the physical, spiritual, emotional and cultural needs of the residents.

The care service is registered to provide a care and respite service to a maximum of 17 older people.

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 4 - Good**

**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](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

This report was written following an unannounced inspection from 10.00 am to 4.30pm on Friday 26 July 2013 and from 11.00 am to 4.30pm on Monday 29 July 2013, by Care Inspectorate Inspector, Allan Barker. Initial feedback was given during the inspection to the manager and staff.

Final feedback was given to the manager on Monday 29 July 2013. We also spoke of some of the findings with some of the residents and relatives during the inspection visit.

During the inspection evidence was gathered from a number of sources including discussions with:

- the manager
- one senior social care worker
- five members of staff
- seven residents
- three relatives
- admin, maintenance and domestic staff.

We also looked at a range of policies, procedures, and records including the following:

- resident personal support plans
- residents' / relatives' meetings (minutes)
- health and safety records
- accident and incident recording
- staff communication books
- maintenance records
- cleaning schedules
- minutes of care meetings and senior staff meetings
- social activities and events planner

- notifications
- complaints
- photographic evidence
- supporting evidence from the self-assessment
- previous inspection report
- staff rota
- in-house quality assurance systems and audits
- Care Inspectorate questionnaires returned by residents and relatives.

During the inspection, we also observed staff practice, which included how staff cared for, spoke with and interacted with residents and relatives.

A general tour of the home was carried out as part of the inspection visit.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)



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

The service gave us an appropriate action plan.

We made six recommendations following our inspection visit on 26 July 2012.

#### **Recommendation 1**

The management should consider ways in which to collate and feedback information gained from the various audits undertaken.

**This recommendation has been met.**

**However there is a need for the service to build on the improvements made.**

#### **Recommendation 2**

The management should ensure that staff access awareness training in challenging behaviour and support strategies as soon as possible.

**This recommendation has been met.**

**Some staff has accessed training in non-intervention crisis training support.**

**This is being monitored by the management team.**

#### **Recommendation 3**

The management and staff should continue to make sure the residents' hobbies and interests are regularly reviewed and an opportunity is made to plan and discuss the daily provision of interests and activities at changeover. Care plans should also highlight significant events that are important to people who use the service.

**This has not been fully met.**

**Please refer to Quality Statement 1.2.**

### **Recommendation 4**

'Power of Attorney' documentation must be evidenced and recorded. Support plans were seen to have the appropriate documentation in place.

**This recommendation has been met.**

### **Recommendation 5**

The management team and key-workers should review night routines for all residents including risk assessments. Support plans including routines have been reviewed.

**This recommendation has been met.**

### **Recommendation 6**

The provider should progress with the present investigative work to resolve the discolouration of the hot water system.

**Whilst there has been investigation work this issues has not been resolved.**

**Please refer to Quality Theme 2.2**

### **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 service had fully completed self-assessment form as requested by the Care Inspectorate. This was completed to a satisfactory standard and included relevant information for each of the Quality Themes and Statements.

The manager had highlighted the strengths and areas that they wanted to improve. We spoke with the manager and senior staff about the areas of improvement and looked at supporting evidence.

### **Taking the views of people using the care service into account**

Ten residents were present at the home on the days of the inspection visit.

We spoke with seven residents during our visit and they said that:

- they were very happy with the quality of care provided by the staff ;
- staff were very kind and helpful;
- the meals and choices available were very good;
- they were happy with how their clothes were laundered;
- they were happy with the accommodation and the cleanliness of the home.

Residents spoken with during the inspection also said they were very happy with the quality of the care at Montfield Support Service and were happy in the way they were supported by all the staff. This included care staff, management staff and house-keeping staff.

The general theme of comments made during the inspection visit included:

- 'I was worried about receiving care from the male staff but I can honestly say they are all wonderful, they are so respectful and treat you with such dignity - I have no worries and feel very relaxed - what lovely people, actually all the staff have been so nice and nothing is a bother to them - I'm really enjoying my stay here and feel better already'.
- 'Splendid - just splendid - the care here is excellent - I can't fault anything'.
- 'What lovely people - they work so hard but there is always a smile'.
- 'The meals are very nice - I'm sure I've put on weight!'.
- 'There is always something to do - it's such a quiet and relaxing place'. 'I'm looking forward to going home again but I'll miss it here - the staff are so nice'.

We sent out 15 Care Inspectorate questionnaires but did not receive any back. One of the residents we spoke with during our inspection visit said they were very happy with the quality of the care provided at Montfield Support Service and that the staff were very kind and respectful.

### **Taking carers' views into account**

We spoke with three relatives during the inspection. All relatives spoke very highly of the staff and management and gave examples of the good care that was provided.

Comments included:

- 'We had concerns when our relative moved into Montfield - but we really had nothing to worry about - the service is excellent and the staff are just like having an extended family'.
- 'Nothing is ever a bother to the staff and they are so approachable, friendly and kind - we trust the staff and it's so reassuring to know that our relative is getting the best care possible - we are kept in touch with everything that happens'.
- 'You're made so welcome when you visit - it's just like a home from home'.

We sent out 15 Care Inspectorate questionnaires and received three back from relatives. Overall, they were happy with the care provided and one commented as follows:

- 'All staff are very friendly and helpful, always ready to stop and talk to our family, our relatives loves the banter and enjoys all the outings - the unit is immaculate al all times'.

## 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

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was found to have a good level of performance in relation to this statement.

We made one recommendation following our last visit on 26 July 2012.

- 'The management should consider ways in which to collate and feedback information gained from the various audits undertaken.'

This recommendation has been met. However, there is a need for the service to build on the improvements made.

The staff, keyworkers and the management team have continued to maintain quality care plans, which were seen to be regularly updated by the staff team and keyworkers. Support plans were detailed in identifying individual needs and how these would be met.

We looked at four personal care plans, which evidenced that most care plan recordings were up to date. Six monthly reviews were being held and residents or their relatives were invited to attend and took part in the review meetings (evidenced). We spoke to relatives during our inspection who said they were always involved and kept fully informed.

A resident and relative meeting had recently been held (evidenced). The service used to distribute their own in-house questionnaires to obtain their views about the service but this has not been organised as yet.

Information is displayed around the service, which promoted advocacy and how to obtain help as well as information on benefits. Information was available in the foyer area.

The notice/ photo-board informed residents and visitors about who was on duty and of any events that were happening on that day. Residents and relatives said they found the board helpful and kept them up-to-date with what was happening. The photo-board made it easier for residents and relatives to recognise who was on duty. We again discussed with senior staff the need for all staff to have their photographs on display.

### **Areas for improvement**

We discussed with the manager the need to carry out appropriate dependency audits and discussed the use of such tools as IoRN (Indicator of relative need) and other methods of assessment. The manager said that the service would be improving the use of dependency assessments. We noted that the service had carried out an analysis of the use a moving and assisting audit. We will look at this at the next inspection.

The manager and staff said they would continue to build on the improvements and continue to monitor how residents are supported.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

### Service strengths

Following discussion with residents, relatives, staff and management regarding supporting residents to achieve their potential the service was found to have a good level of performance in relation to this statement.

We observed good care practices over our inspection visit and observed that staff listened and responded appropriately to residents' specific needs in a way that was respectful. This was backed up by comments made by residents and relatives. We have detailed some of these comments throughout this report.

However, we noted that there was room for improvement in the way in which activities and interests are supported at the service and that staff should remember to record how activities and interests are supported and outcomes met. Staff were seen to work towards making sure activities, interests and social events take place, however, this was on an informal basis.

Some residents and relatives gave examples of some of the events that had taken place. As the service is mostly supporting short-term placements there was not the opportunity to fully obtain feedback from residents about how activities are supported. However, in general residents said they were happy with how staff supported their interests.

Most support plans highlighted that staff had identified residents' interests, likes and dislikes but there was a need to continue to further develop this. We observed good social care practice and staff were seen to listen to residents and responded in an appropriate way when asked for help or assistance.

This was backed up by the very positive comments made by residents and relatives as follows:

- 'I'm treated like royalty when I'm here - it's a lovely place',
- 'I like everything about here'.
- 'Excellent care, all the staff are excellent - splendid place - I don't mind if it's male staff or female staff - the male staff are so respectful when helping'.
- 'There is always something to do here - what a lovely place' 'I can do my own thing or join in with an activity'.



Staff were seen to have a good knowledge of residents' specific needs. This was backed up by comments made by both residents and relatives. The service also promoted special events such as birthdays or anniversaries (evidenced).

The staff tried to involve the local community as much as possible by organising social events such as musical entertainment. The staff said they took turns when planning activities. The staff should continue with this approach.

### **Areas for improvement**

We spoke with the management team and the care staff team about the need to make sure the hobbies and interests sections were up to date and accurately reflected and promoted choice. Will monitor this at the next inspection.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

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

#### **Service strengths**

Following discussion with staff and management regarding residents' health and wellbeing needs, the service was found to have an adequate level of performance in relation to this statement.

Residents were seen to have regular support from their own local GP or District Nurse when this was required. Staff said the support from the local surgery and community team was very good. We noted that care plans highlighted regular medication reviews where this was required. We noted the GP 10 medication scripts were copied and held by the service as a means to promote best practice.

Most care plans had up-to-date risk assessments in place, which were monitored regularly along with the general wellbeing of the residents (evidenced).

Accidents and incidents were appropriately monitored by the staff and management and recorded (evidenced). The service has continued to be very good at reporting any health issues under the notifications procedure as part of their conditions of registration where this has been necessary.

Staff continued to access relevant courses to support the health and wellbeing of residents. We looked at the training section of staff files and also spoke to staff about training opportunities. Training included oral hygiene, challenging behaviour and in-house training sessions by members of the community health team.

### **Areas for improvement**

We noted that some care plan medication administration records were not of the standard expected and noted some MARs charts (medication administration records) had not been signed. This was not noticed by staff administering medication nor picked up by senior staff. During the inspection the management took steps to immediately address this issue.

There was a system in place to record the fridge temperature which was used to store medication. However, we evidenced that records were irregular and there were gaps in the recording log.

We noted that some prescription creams did not have named labels on the tube nor were the creams routinely dated when they were opened. We spoke with the management team who immediately rectified this issue.

We noted that a behaviour protocol had been put into place in order to support a resident. We did not find any evidence that this protocol was implemented, discussed or adequately monitored.

We have downgraded this Quality Statement from the previous inspection and have made a requirement. Please refer to Requirement 1.

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

**Number of requirements:** 1

**Number of recommendations:** 0

### **Requirements**

1. The provider must have in place an audit system which reviews the service provided and is inclusive of senior and staff practices concerning the administration of medication.

In order to achieve this, the provider must:

- Consider if the current routines, practices and systems in place meet the needs of the service and the residents and support best practice principles.
- Identify where there are any shortfalls.
- Have in place an action plan to address the shortfalls.
- Have in place a review system to monitor the outcomes of the action plan.

This is in order to comply with:

**SS1 2011 210 Regulation 4 (1) (a) - a requirement to make proper provision for the health and welfare of service users**

**Timescale for completion - two weeks upon receipt of report.**

## 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

Following discussion with the staff and management regarding resident and relative involvement in assessing and improving the quality of the environment, the service was found to have a good level of performance in relation to this statement.

We spoke with residents and relatives who said they were very happy with the environment and accommodation at Montfield Support Service. We have highlighted areas of good practice and involvement in Quality Statement 1.1. Please refer to this statement for further information.

We have highlighted both residents and relatives' comments throughout this report.

#### Areas for improvement

The manager said she would continue to encourage suggestions made by residents and relatives to shape the service. We will monitor this at the next inspection.

**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**

Following discussion with the management and looking at documentation the service was found to have a good level of performance in relation to this statement.

The provider at corporate level had various health and safety policies and procedures that promoted safe working for both residents and staff at the Montfield Support Service. The service had a system in place to make sure safety checks were carried out regularly. Where repairs were required this was usually carried out quickly (evidenced).

The home was clean, tidy and well maintained. Risk assessments were carried out by management and staff for the building and individuals including both residents and staff (evidenced).

Various health and safety documents including maintenance records were looked at during the inspection visit, these were up to date. This included water temperature checks, electrical checks and testing plus equipment and fire safety checks. All were seen to be up to date.

Service users' care plans highlighted slips, trips and falls and what action to take if there were any concerns. Where required this continue to involve other agencies and health professionals (evidenced). We spoke to the manager about best practice and the recording of falls.

Accidents and incidents were monitored by senior staff and the organisation's safety and risk team where necessary. The service properly recorded accidents and incidents.

Staff rotas were checked during the inspection visit, which highlighted that the conditions of registration were upheld and maintained. Samples of the rota were viewed over a three-month period.

The provider had a valid insurance policy and safe recruitment procedures were in place.

#### **Areas for improvement**

We made a recommendation during our last inspection regarding discolouration of the hot water system. The provider and property owner have carried out various treatments to reduce the problem. However, it was noted that there is still a continuing issue.

Some of the residents and staff reported that the hot water continues to be a problem resulting in a brown discolouration of water from the shower and bath units. We noted that a very fine discoloured silt was lining the bottom of a bath after use. One resident said that they liked having a bath but they were not 'that happy' of having to bathe in discoloured water.

We discussed this matter fully with the manager and suggested that the landlord must fully address and remedy this problem. The provider must seek ways to fully resolve this concern within a reasonable timescale. This will be monitored at the next inspection. (Refer to Recommendation 1).

We carried out an audit on the safe-keeping of personal belongings and the holding of money for residents. We noted that there were appropriate systems in place to ensure personal belongings or money held for safe-keeping on behalf of residents was correctly recorded and documented. We spoke with the manager about ways of improving the present system. We will monitor this at the next inspection.

The manager said she would continue to make sure that the environment remains safe and secure for residents, families and staff.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The provider must resolve the issue of the discolouration of the hot water system to the bath and shower outlets.

**National Care Standard Care Homes for Older People 5: Management and staffing arrangements.**

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service Strengths

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was found to have a good level of performance in relation to this statement.

We received positive feedback from both residents and relatives. Relatives said that they were kept fully informed and updated on various aspects of the home.

The service had a suggestion box at the door, however, staff said most people tended to make comments directly to the staff or management.

Please refer to Quality Theme One, Statement One for a full description of involvement.

### Areas for improvement

The manager said she was keen to further develop resident and relative involvement and said that the service would continue to promote opportunities for residents and their representatives to assess the service in a meaningful way.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### Service strengths

Following discussion with residents, relatives, staff and management regarding the training and motivation of staff, the service was found to have a very good level of performance in relation to this statement.

We made a recommendation following our last inspection on 26 July 2012:

- This concerned challenging behaviour training for staff. We noted that many staff had attended training on non-intervention crisis training.

This recommendation has been met. We noted that the management were aware of the need to ensure staff accessed appropriate training where this was required.

We viewed nine staff files of shift staff on duty during our inspection or had recently been employed at the home. We also viewed older records which highlighted that appropriate induction and recruitment systems were in place. We spoke with eight members of staff who said they were supported during their original induction.

The providers' policies and procedures state that:

- staff are recruited in line with their own recruitment policies, legal and regulatory requirements and best practice guidance;
- interviews are held, that at least two references are taken up and staff employed have appropriate skills and knowledge and are fit to be employed for the specific job;
- all staff are Disclosure Scotland (PVG) checked;
- checks professional registers where this is required in accordance with applicable Acts and best practice.

Staff at the home continued to go through induction training and could attend other courses where this was required. We looked at staff files, which highlighted appropriate training for staff and management.



Staff training files indicated that most staff received some form of supervision but we noted that there were still some gaps. The management team had made some improvement with supervision and had started annual staff appraisals (Employment and Development Reviews). Please refer to area of improvement Quality Theme Four, Statement Four.

We noted that the management team were keen to improve and further develop the team meetings and improve supervision and spoke of their ideas.

Staff training had included:

- Fire awareness,
- Continence products training,
- Palliative care and infection control,
- Moving and Assisting,
- Medication procedures,
- Palliative care, oral hygiene,
- Dementia care, and
- other courses specific to the needs of the service.

The manager said staff were encouraged to take part in working towards gaining Scottish Vocational Qualification (SVQ) awards. Information of course details and dates were detailed in staff files and on the central training log planner (evidenced).

We received good feedback from staff saying that it was a friendly place to work and that team work was important. Staff said that morale was a 'bit low' due to the possible impending changes. However staff said that the support of residents was paramount and that they would continue to ensure residents received a high quality of care. We discussed these concerns with the manager who was aware of these issues.

Feedback from both residents and relatives was very positive. Some relatives raised some concerns of the potential cutbacks that they had heard about, however they had no concerns about the quality of care or the staff at Montfield. We have highlighted comments throughout this report.

The skill mix of the staff group met the present needs of the residents at the Montfield Support Service. We discussed training and auditing initiatives with the manager and senior staff during our inspection and have highlighted this in other Quality Themes.

In general staff said they were happy with the training and the support they received from the management and staff team. We noted that there were regular staff meetings for care staff and ancillary staff, including night staff. Meetings were recorded and highlighted actions to be taken. This approach should continue.

We noted that there was a supportive staff ethos which was backed up by the positive comments made by residents and relatives concerning the quality of the care and support at Montfield.

We sent out 20 Care Inspectorate questionnaires for staff to obtain their views about the service but we did not receive any back.

The feedback from staff was very positive and said it was a good team to work in. Staff gave some examples of what made a good team. We noted that there were regular staff meetings. Staff said that there was always an opportunity to raise issues or make suggestions to the management team. The service must continue with this approach.

### **Areas for improvement**

We spoke with the manager of the need to ensure that staff should remember to record their training courses including in-house training in their Continuous Personal Development folder (CPD).

The manager said this would be discussing this during the one to one sessions held with the supervising staff.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## 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

Following discussion with residents, relatives, staff and management regarding stakeholder involvement in assessing and improving the quality of care and support provided, the service was found to have a good level of performance in relation to this statement.

Residents and relatives meetings were held regularly. We noted that the manager was keen to build on stakeholder involvement. We spoke with the manager about re-introduction of the annual service questionnaire.

Please refer to Quality Statement 1, Statement 1, Quality Statement 2 Statement 1 and Quality Statement 3 Statement 1 for further information.

### Areas for improvement

The manager said she would continue to ensure stakeholders continue to play a part in decision-making and the assessing of the service at Montfield Support Services.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### **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**

Following discussion with the staff and management regarding quality assurance and looking at audit systems the service was found to have an adequate level of performance in relation to this statement.

We fully discussed this during the inspection with the manager and senior staff who highlighted the areas that they wanted to further develop and spoke of their plans to improve the auditing of the service. The manager stated that they were keen to progress and improve this area and put meaningful audit tools into place.

We noted that there were regular staff meetings and management team meetings. Staff said they found the meetings helpful and informative and said they usually received regular supervision.

The staff team said that in general communication was good across the service. This was backed up by positive comments made by the majority of the staff, residents and relatives we spoke with during our inspection visit.

Feedback from residents and relatives was very positive and highlighted that overall people were pleased with the quality of care provided by the staff at Montfield Support Service. The general opinion was that residents, relatives and staff had seen some improvement across the service. The service must continue with this approach and continue to build on the improvements that have been made.

### **Areas for improvement**

We noted that some care plan medication administration records were not of the standard expected nor was the protocols for challenging behaviour and the general monitoring and auditing of care plans. Despite have appropriate policies and procedures in place this was not always supported or implemented.

We discussed this with the manager and senior team who agreed to address the auditing shortcomings immediately. We have made a recommendation. Please refer to Recommendation 1.

We spoke with the management team about the need for all staff to familiarise themselves with up-to-date best practice. We discussed with the manager and senior, ways in which this could be enabled throughout the service and in turn audited and monitored appropriately.

We discussed best practice guidance including the social services knowledge Scotland website.

We noted and discussed with the manager and senior team member of the need to improve upon the audit and monitoring systems.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The service must continue to develop basic key audit systems to make sure best practice and monitoring is promoted.

**National Care Standard Care Homes for Older People 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

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.

The service had submitted a completed annual return as requested by the Care Inspectorate. We discussed this with the manager during the inspection visit.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in 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

<b>Quality of Care and Support - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 2	4 - Good
Statement 3	3 - Adequate
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	5 - Very Good
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 4	3 - Adequate

## 6 Inspection and grading history

Date	Type	Gradings
26 Jul 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
19 Dec 2011	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
20 May 2011	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing 3 - Adequate

		Management and Leadership 3 - Adequate
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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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Telephone: 0845 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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