Bonchester Bridge Care Centre
Care Home Service Adults
Bonchester Bridge
Hawick
TD9 8JQ
Telephone: 01450 860241

Inspected by: Dave Hutchinson
Therese Glendinning
Type of inspection: Unannounced
Inspection completed on: 3 July 2013
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Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Care service number:
CS2003015517

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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

<table>
<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tbody>
<tr>
<td>Quality of Care and Support</td>
<td>2</td>
<td>Weak</td>
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<tr>
<td>Quality of Environment</td>
<td>2</td>
<td>Weak</td>
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<tr>
<td>Quality of Staffing</td>
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<td>Adequate</td>
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<tr>
<td>Quality of Management and Leadership</td>
<td>3</td>
<td>Adequate</td>
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What the service does well

The previous inspection report referred to the residents meetings being facilitated by independent advocates. This positive development was continuing. We also found some good examples of the way residents preferences were recorded in the personal plans sampled.

We saw in the personal plans sampled that information was being updated regularly.

What the service could do better

The report describes continued concerns over staffing levels in the care home. Other areas of care and support highlighted as in need of improvement include the provision activities for service users, the need to improve the detail of personal planning in relation to residents who may become anxious or agitated and the legibility of personal plans.

The report lists several concerns in relation to the support provided to residents who choose to smoke. This included the door to the smoking area being left open exposing everyone in the rest of the care home to the dangers of passive smoking.
The need to review the support provided to individuals and improved risk assessment around smoking are also discussed. Other environmental issues discussed in the report include the need to refurbish the main kitchen and the need to review the use of the care homes communal areas.

The report also highlights the need for improvements in staff supervision.

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

Residents, relatives and staff commented positively on the newly in post manager. The majority of requirements made following the last inspection have been actioned. Of eight recommendations made at or since the previous inspection the majority had been met.

**Conclusion**

We received a range of positive comments from residents and relatives and from professional staff who visited the care home. This was the first inspection since the new manager was in post. Staff described the positive support and commitment of the new manager. We noted that improvements have been made particularly to some areas of the physical environment. The report does describe a number of areas for improvement including staffing levels in the care home which continue to be an area of concern. Facilities and support provided to residents who choose to smoke is also a continuing area of concern.

**Who did this inspection**

Dave Hutchinson
Therese Glendinning
1 About the service we inspected

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

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

Requirements and recommendations
If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.
- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Bonchester Bridge Care Centre is owned and operated by St.Philips Care Group. The home cares for up to 28 older people in a large, converted country house in a pleasant rural setting on the edge of Bonchester Bridge, about eight miles from the local towns of Hawick and Jedburgh. At the time of the inspection visit there were twenty one residents. The trend had been for a steady increase in the number of residents.

St Philips Care describe their aim “To provide a high quality service provision in all our care facilities through ongoing audit, assessment, action planning implementation and evaluation. We support residents choice, dignity, independence and participation in planning their individual care needs”
Based on the findings of this inspection this service has been awarded the following grades:

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

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by Dave Hutchinson and Therese Glendinning Inspectors, Care Inspectorate. The inspection involved two visits to the care service. The first visit was carried out between 7 pm and midnight on 1 May 2013. The second visit was conducted between 6.30am and 4.30 pm on 27 June 2013. Feedback to the care home manager was given on 3 July 2013.

We visited the care home during the evening and early morning to look at how staffing levels were effecting the care provided during these periods.

As part of the inspection we took account of the annual return and self assessment forms that we asked the provider to complete.

We sent twenty one Care Standards Questionnaires for the manager to distribute to residents and their relatives. Twelve completed questions were sent back to us. Comments made in questionnaires are included in this report.

We asked the manager to give out ten questionnaires to staff and we received seven completed questionnaires.

We spoke with:

twelve residents,
three relatives (By phone),
the manager,
the depute manager,
five care workers,
an independent advocate who had regular contact with the service.
a visiting health worker.
We looked at:

- staffing rotas,
- menus,
- personal plans,
- daily recording sheets,
- accident and incident records,
- staff meeting minutes,
- supervision records,
- medication records,
- parts of the environment.

We also spent time in communal areas of the care home observing how staff interacted and provide care and support to residents.

**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 requirements we made at our last inspection

The requirement

Requirement 1.
The service provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
This is in order to comply with the Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 15(a) Staffing.

Timescale: On receipt of this report. This requirement was made following the inspection carried out during 2010 and repeated at the inspection carried out during September 2011.

What the service did to meet the requirement

We had continued concerns over staffing levels in the care home. These are discussed in Quality Statement 1.3. A requirement about staffing levels is made in this report.

The requirement is: Not Met
**The requirement**

Requirement 2.
The provider must ensure that staffing levels in the care home are reviewed in the light of increased occupancy levels. This should include a review of the support needs of individual residents. The service provider must ensure that all residents’ needs are being met including their social and emotional needs. The Care Inspectorate must be provided with a written record of this review.

This in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 15(a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.

Timescale: The provider must do this within three weeks of this report being published.

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

We had continued concerns over staffing levels in the care home. These are discussed in Quality Statement 1.3. A requirement about staffing levels is made in this report.

**The requirement is:** Not Met

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**The requirement**

Requirement 3.
The service provider must ensure that where the need to record fluid intake has been identified appropriate recording should be consistently and accurately maintained. This should include amounts of liquids consumed, daily totals and the target intake to retain good health.

This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of services users.

Timescale: The provider must do this within one week of the report being published.

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

This area had been improved. Still some work needed but significant improvements noted.

**The requirement is:** Met
The requirement

Requirement 4.
The service provider must ensure that the flooring in the first floor corridor is repaired or replaced to remove a potential trip hazard.
This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/10) 4(1(a) - A provider must make proper provision for the health, welfare and safety of service users.

Timescale: The provider must do this within two weeks of this report being published.

What the service did to meet the requirement
New flooring has been provided.

The requirement is: Met

The requirement

Requirement 5.
The service provider must ensure that the badly scraped and unsightly flooring in the dining room is repaired or replaced.
This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/10) 4(1(a) - A provider must make proper provision for the health, welfare and safety of service users.

Timescale: The provider must do this within six weeks of this report being published.

What the service did to meet the requirement
New flooring has been provided.

The requirement is: Met
The requirement
Requirement 6. The service provider must ensure that room temperatures are maintained at a comfortable level in all areas accessed by service users. Temperatures in all areas of the building should be monitored at regular intervals and particularly during periods of cold weather. This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/10) 10(1)(d) - A provider must ensure that premises are maintained to a standard appropriate for the care service.

Timescale: The provider must do this within 24 hours of this report being published

What the service did to meet the requirement
All areas had functioning radiators.

The requirement is: Met

The requirement
Requirement 7. The service provider must ensure that all staff have access to regular one to one professional supervision. This in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15(a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.

Timescale: The provider must do this within two weeks of this report being published.

What the service did to meet the requirement
Further improvements are needed in this area and a requirement is repeated in Quality statement 3.3.

The requirement is: Not Met

The requirement
Requirement 8.
The service provider must ensure that the boilers in the home are fully functional at all times and that oil is always in sufficient supply to ensure that the service does not run out, leaving the home without heating and hot water.
This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) regulation 4(1) Welfare of users.

Timescale for implementation: With immediate effect on receipt of this letter.

What the service did to meet the requirement
An arrangement for regular deliveries of fuel was now in place.

The requirement is: Met

The requirement
The service provider must follow good practice guidance in relation to recruitment processes. PVG checks must be obtained for staff before they commence employment. Two references must be obtained, one of which is from the applicants current or most recent employer. References should not be accepted from a relative of the applicant.
This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements as to Care Services) Regulations 2011 (SSI 210/2011) Regulation 9 (1) a requirement that a provider must not employ any person in the provision of a care service unless that person is fit to be so employed.

Timescale for implementation: With immediate effect on receipt of this letter.

What the service did to meet the requirement
This was being done.

The requirement is: Met

The requirement
Requirement 10.

What the service did to meet the requirement

The requirement is: Met

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

We made the following recommendations as a result of complaint investigations.

Recommendation 1.
The provider should ensure that residents are consulted about changes to furnishings including carpets in the home. This is in line with Quality Statement 2.1 about ensuring that service users and carers participate in assessing and improving the quality of the environment within the service.
National Care Standards. Care Homes for Older People: Standard 5: Management and staffing arrangements.

Progress-We found examples of consultation following this recommendation being made.

Recommendation 2.
The provider should ensure that regular activities are provided to meet the needs of residents.
National Care Standards. Care Homes for Older People: Standard 17: Daily life.

Progress- We had continued concerns in this area this is now the subject of a requirement.
Recommendation 3.
The provider should ensure that water temperature checks are carried out at different times of day and that the time the water is checked is included in the record.
National Care Standards Care Homes for Older People: Standard 5 Management and staffing arrangements.

Progress this was being done. This recommendation has been met.

Recommendation 4.
The service provider should ensure that preferences relating to sharing information with the next of kin are recorded in every care plan.
National Care Standards Care Homes for Older People - Standard 6: Support arrangements.

Progress - This was being done in personal plans sampled.

Recommendation 5.
The service provider should ensure that communication about falls with the next of kin is recorded in the care plan.
National Care Standards Care Homes for Older People - Standard 5: Management and staffing arrangements.

Progress - This was being done.

Recommendation 6.
The service provider should ensure that records relating to falls are recorded consistently and carefully to create an accurate audit trail.
National Care Standards Care Homes for Older People - Standard 5: Management and staffing arrangements.
Progress - This was being done.

The following recommendations were made following the previous inspection.

Recommendation 7.
The service should ensure that overnight checks on service users are based on an assessment of risk and negotiated to take account of the recorded preferences of the individual.
Progress - This was being done in files sampled.

This recommendation has been met.
Recommendation 8.
The provision of activities in the care home should be monitored and recorded to ensure that all residents have access to stimulating activities. 

Progress-We had continued concerns over the provision of activities in the care home. This is now the subject of a requirement.

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment
Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.
We received a fully completed self assessment document from the service provider. We were satisfied with the way that the service provider had completed this and with the relevant information that they had given us for each of the headings that we grade them under. The service provider identified what they thought they did well, some areas for development and any changes that they had planned.

Taking the views of people using the care service into account
People who used this service made positive comments including:

"The staff are lovely,"
"I like it here,"
"good food,"
"I feel safe living here,"
"Theres nothing to worry about."

Taking carers' views into account
Relatives spoken with described their confidence in the care provided and described the manager and staff as "friendly and welcoming."
3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

People who use this service gave positive comments on the care that they received and the approachability of staff. Individuals said staff did consult with them. We saw examples of this happening when we watched how staff interacted with people who used the service. Individuals said they would feel confident confiding in a member of staff if they had a query or concern. Individual residents said they felt staff would listen and respond to any queries or concerns.

Relatives described being made to feel welcome and involved when visiting the care home. Relatives described staff as "very helpful" and spoke about "good communication" with the care home staff. Where relatives had previously been concerned or uncertain over an aspect of their relatives care they gave examples of raising this with the care home manager and described being satisfied they were listened to and any concerns were resolved.

We found continued evidence of residents meetings and surveys. Regular residents meetings were chaired by independent advocates who also provided individual advocacy support to people using the service where this had been requested. One of the advocates who regularly visit the care home felt the service fully supported and promoted their involvement. Working relationships with the care home manager and staff were described in positive terms. The advocate said any issue raised on behalf of a resident would be taken forward by the manager.

We found evidence in personal plans sampled that people using the service were being encouraged to express preferences. Life story work with individuals was progressing.
We also found examples of residents’ preferences being recorded in the personal plans which we sampled.

A recommendation made at the previous inspection about recording residents preferences about overnight checks had been actioned and this information was available in personal plans sampled.

Areas for improvement
We found some examples of poor recording in the personal plans sampled. Resident’s daily notes contained examples of poor recording which did not promote dignity or respect. We found several examples of the inappropriate use of the word “refused” where a resident had decided that they did not wish to do something. Other examples included “having tantrums” “bad mood” and “continues to be demanding”. After talking with residents and staff and observing interaction we found no evidence this reflected the way that care was being provided. We felt this was about inappropriate recording and the poor choice of terminology used by staff.
(See recommendation 1)

During the second visit to the service the early morning staff handover was being provided in the dining area with two residents sitting in the room albeit at a distance from the member of staff speaking. This however had the potential to compromise the confidentiality of people who used this service. It also infringed on the privacy of the communal space enjoyed by residents.
(See recommendation 2)

When we spoke to people using the service they were not always aware of the choices available to them. Some residents were not aware of the choice available at mealtimes or beverages being available throughout the day and night.
(See recommendation 3)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 3

Recommendations
1. Daily recording should be audited regularly to ensure staff are using appropriate language when describing residents. Additionally staff should receive training in recording to ensure that all records are appropriate and do not undermine the dignity of people using the service.

2. Handover meetings should take place in a private area of the care home and not in an area which undermines the privacy and confidentiality of residents. 

3. Staff should ensure that all people who use the services are aware of the choices that are available to them at mealtimes and the availability of beverages and snacks at all times. 
Statement 3
We ensure that service users’ health and wellbeing needs are met.

Service strengths
Personal plans sampled were being maintained up to date to inform staff about the care and support needs of people who use this service. We found evidence of updated risk assessments. This included risk assessments and care plans to enable residents to retain good health. We also found evidence that personal plans were being audited to ensure the information that staff needed was there and that it was up to date and relevant. Personal plans contained sections on the health care needs and communication needs of people using the service and those sampled were adequately maintained. We found sections describing the contact residents had with health professionals were being regularly updated.

We found evidence of care plans being reviewed and relatives involved in this process. We found evidence of care plans being audited.

Care plans contained information on the communication needs of service users with guidance to staff on how to support the individual with any communication needs.

Residents said they could discuss any concerns regarding their health with staff and they felt confident staff would respond appropriately.

A visiting health care professional described a positive working relationship with the care home saying any requests for a course of action needed to support a residents healthcare needs was always followed by staff. Working relationships were described in positive terms.

Medication records sampled were being correctly maintained.

Areas for improvement
We visited the care home during the evening and early in the morning. On both occasions there were two members of staff on duty. We were concerned over this level of staffing. The care home provides accommodation over three floors. There were several residents who required two staff to assist them with personal care in their rooms when going to bed and when getting up. When there were only two staff on duty this resulted in residents in other areas of the care home being unsupervised. This included residents living with dementia who could become confused or anxious and need reassurance and support at any time of day. We observed periods when residents in the communal area of the care homes did not have access to staff support as both staff on duty were supporting a resident in their room. This included residents being unsupervised in the care homes smoking lounge.
Residents confirmed that sometimes it could be difficult to find a member of staff if they required assistance. This was described as happening particularly during the late evenings and early mornings. We observed residents having to assist other residents due to the lack of an available member of staff. This problem has become more apparent due to the increasing numbers of residents in the care home.

From personal plans and daily recordings sampled and from our observations it was evident the care and support needs of residents overnight could be high. We found reference to residents being anxious and agitated and challenging staff. We found reference to a resident requiring a lot of reassurance overnight. We also found examples of a resident who, on occasions, preferred to sleep in a chair in one of the care home lounges. Daily reports also referred to residents who sometimes wandered at night and needed staff supervision and reassurance.

Staff described early mornings as being a particular problem as there were a small number of residents who preferred to rise early and attending to an individual resident while meeting the needs of residents already up in the communal areas of the care home was difficult.

On the second visit to the care home the need for an additional member of staff at night had been identified and this had been provided on several dates. However this was not being provided consistently due to staffing shortages caused by staff sickness. (See requirement 1)

A requirement about recording the fluid intakes of residents at risk of dehydration was identified at the previous inspection. We found improvements in this area including improved consistency of recording. The manager confirmed night staff would be reminded to complete the charts consistently.

The previous report noted concerns over the provision of activities in the care home. Since then a new part-time activities coordinator has been recruited and we did see some examples of positive activities including residents being supported to access activities in the community. However we had continued concerns over the provision of activities at this inspection. Some activity recording referred to staff providing physical care or residents being supported in activities by relatives and it was not clear how staff time was being planned to provides activities. During the second visit to the care home we observed the majority of contact between staff and residents related to physical care tasks. We found many residents were sleeping in the communal areas of the care home. When we spoke to residents comments made about activities were mixed with the comment “there’s not a lot to do here” being typical of comments made by several residents spoken with. (See requirement 2)
We found temperature recordings for the small room where the medication trolley was stored were regularly over 25 degrees Celsius the maximum temperature recommended by the manufacturer of several medications used. The temperature on the day of the visit in this room was 27 degrees Celsius.
(See requirement 3)

We found reference to residents being anxious or agitated and occasionally this resulted in behaviour which challenged staff. Some information was available in personal plans however clearer guidance should be provided to ensure a correct and consistent response by staff to diffuse any tension and provide reassurance to the service user involved.
(See requirement 4)

We found some personal plans were hard to access due to problems in reading hand written notes due to the nature of the handwriting.
(See requirement 4)

Grade awarded for this statement:  2 - Weak
Number of requirements:  4
Number of recommendations:  0

Requirements
1. The service provider must ensure that adequate staffing levels are maintained at all times. Staffing levels including overnight staffing levels must ensure that residents safety and well being is maintained.
   This in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 15(a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.

   Timescale: The provider must do this within 24 hours of the receipt of this report.
2. The Service provider must ensure all residents have the opportunity to take part in stimulating activities designed to meet their social and emotional needs. Activities should be planned and recorded in a way which allows for the manager to have an overview of the activities provided in the care home.

This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of services users.

Timescale: The provider must do this within two weeks of the receipt of the receipt of this report.

3. The service provider must ensure that medications are stored safely in line with manufacturer’s instructions.

This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of services users.

Timescale: The provider must do this within 24 hours of the receipt of this report.

4. The service provider must ensure that personal plans gave clear and detailed guidance to staff on how to support individual residents who are anxious or agitated. All personal plan recording must be legible and accessible to any member of staff who may need to refer to it.

This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of services users.

Timescale: The provider must do this within 24 hours of the receipt of this report.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 2 - Weak

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

Service strengths
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grading of three "Adequate " awarded in Quality Statement 1.1 to this Quality Statement.

Areas for improvement
The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0
Statement 2
We make sure that the environment is safe and service users are protected.

Service strengths
We found the care home to be clean and tidy throughout. There was no evidence of any malodours with the exception of the odour from the smoking lounge discussed in more detail in areas for development in this Quality statement.

New flooring had been put down in the dining area. The previous flooring had been in a poor condition due to scrape marks and this had been subject to a requirement at the previous inspection. The new flooring had improved the appearance of the dining area.

The first floor corridor had been re-carpeted, this had improved both the look and the safety of this area.

An outdoor patio area had been added which was easily accessed from the main lounge area. This provided a pleasant amenity for service users.

Maintenance and service records sampled were being kept up to date.

Areas for improvement
The care home’s smoking lounge was situated near to the main door of the building. This was a large room with a high ceiling.

We identified a number of problems relating to the smoking lounge and the management of smoking in the care home. There was a strong malodour in the smoking lounge. The door to the room was left open on several occasions during the inspection visits. This resulted in the smell of cigarette smoke being present in the entrance hall way of the building. Everyone in the building was being exposed to the dangers of passive smoking.

We identified a small group of residents who smoked frequently during the inspection. They appeared to spend the majority of their time in the smoking lounge. This is a matter of personal choice however it was not clear what alternatives had been offered to individuals to spend time in the other communal areas of the care home to help them to make an informed choice. We identified one resident who was a non smoker who spent a lot of time in the smoking lounge. We questioned whether they had been made aware of the risks associated with passive smoking and what alternatives had been offered to this individual to make an informed choice.
On several occasions particularly at night and during the early mornings no staff were present or close to the smoking lounge. It was not clear from personal plans the level of support and supervision required by individual residents to ensure they smoked in a way which did not place them or other residents at a risk of being burnt by a misplaced cigarette. We found evidence of several cigarette burns in the carpet. (See requirement 1)

A recent environmental health report described the poor condition of the care home’s kitchen. While other areas of the care home had been the subject of investment to improve the physical environment the kitchen had not been upgraded. Problems identified included broken or missing tiles, flaking paint, the poor condition of work tops and gaps between work and sink units which could lead to a build up of food residues. The manager confirmed this area had been earmarked for refurbishment within this calendar year. Given the importance of providing an environment where high standards of hygiene can be maintained this planned refurbishment should be actioned as a matter of priority. (See requirement 2)

The issue of the smoking lounge raise a wider issue of the use of communal lounges in the care home. There is a large attractively furnished lounge at the west end of the building which appeared to be under utilised. The second largest lounge area is designed as a smoking area. The smaller library area appears to be also underused while a small lounge at the east end of the building was generally busy. This area however is also a circulation route which detracts from the privacy of residents using it. (See recommendation 1)

Ventilation in the library was poor. Only one window opened and this heavy sash window would not remain in the open position. (See recommendation 2)
Grade awarded for this statement: 2 - Weak  
Number of requirements: 2  
Number of recommendations: 2

Requirements
1. The service provider must ensure that arrangements to support residents who choose to smoke maintain the safety, health and well being of all residents.

   The door to the smoking lounge should be kept closed to protect other people in the building from the risks of passive smoking.

   Service users should be given information on the other lounges and activities available to them to reduce the length of time spent in the smoking lounge exposed to the health risks associated with passive smoking.

   The support needs of residents who choose to smoke should be recorded in their care plan and sufficient staffing provided to ensure that any identified support needs can be met.

   This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of services users.

   Timescale: The provider must do this within two weeks of the receipt of this report.

2. The service provider must ensure that the care homes kitchen is furnished and maintained to an appropriate level to ensure that ensures adequate hygiene standards can adhered to at all times.

   This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/10) 10(1)(d) - A provider must ensure that premises are maintained to a standard appropriate for the care service.

   Timescale: The provider must do this within eight weeks of this report being published.
Recommendations

1. The use of the care homes lounges should be reviewed and discussions held with all service users on the range of options available to them on the communal areas that can be used in the care home.

2. Adequate ventilation should be provided in the library area.
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
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grading of three “Adequate” awarded in Quality Statement 1.1 to this Quality Statement.

Areas for improvement
The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 3 - Adequate
Number of requirements: 0
Number of recommendations: 0
Statement 3
We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths
Staff commented positively on the day to day support they received to carry out their roles and responsibilities. Staff also described communication and morale in the service in positive terms. The new manager who had been in post since early 2013 was described as approachable and helpful. Staff said they would be confident in approaching the manager to seek advice or support.

Staff described a strong commitment to meeting the needs of residents and this was evident in the interactions that we observed.

We found evidence that systems to support staff were being maintained including training and staff meetings.

Areas for improvement
While we did find evidence that supervision was being provided and the new manager was progressing this to improve the support provided to staff, this was not however happening within the service providers stipulated timescales for all staff and we identified the need for additional improvement (See requirement 1)

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

Requirements
1. The service provider must ensure that all staff have access to regular one to one professional supervision. This in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15(a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.

   Timescale: The provider must do this within two weeks of the receipt of this report.
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 3 - Adequate

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

Service strengths
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grading of three “Adequate” awarded in Quality Statement 1.1 to this Quality Statement.

Areas for improvement
The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 3 - Adequate
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

Staff said they received feedback on how they carried out their work and this was helpful. The manager was described as being easily available and having a regular presence in communal areas of the care home.

The manager completed a monthly monitoring audit for their line manager covering aspects of care support to staff and maintenance of the environment.

Other areas subject to regular audit included, infection control, the condition of mattresses in the care home, medication and personal plans.

Areas for improvement

The care service should continue to monitor and work to build on, and improve on, the standard achieved in this area. They should ensure that they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0
4 Other information

Complaints
There have been four complaints upheld or partially upheld since the last inspection.

You can find information about complaints that we have upheld on our website www.careinspectorate.com

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

Additional Information
The service gave us an appropriate action plan on 11 January 2013.

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

<table>
<thead>
<tr>
<th>Quality of Care and Support - 2 - Weak</th>
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<tr>
<td>Statement 1</td>
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<tr>
<th>Quality of Environment - 2 - Weak</th>
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<th>Quality of Staffing - 3 - Adequate</th>
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## 6 Inspection and grading history

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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nìthear iarrtas.

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