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Service provided by:
Thornlea Nursing Homes Ltd

Service provider number:
SP2003002476

Care service number:
CS2003010673

Contact details for the inspector who inspected this service:
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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

Thornlea Nursing Home provides a welcoming, clean and comfortable environment for the people who live there.

The service has a stable staff group, who know the residents well. This supports good continuity of care and support.

What the service could do better

We have asked the service to review and improve it’s sluice facilities.

Progress on care documentation should continue to evidence the actions that staff take.

The service recognises the importance of listening and responding to the comments of people that use its service. This is an on going process that they plan to continue and develop.

What the service has done since the last inspection

The service has met the three requirements made in the last inspection report.
The service has been pro-active in taking steps to ensure that all their care staff will be registered with the Scottish Social Services Council before the date of required registration.

**Conclusion**
Thornlea Nursing Home provides good standards of care in a clean, comfortable and friendly environment.

People using the service are very satisfied with the standard of service they receive.

**Who did this inspection**
Carol Moss
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, 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 Reform (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.

Thornlea Nursing Home is a family run care home service which provides 24 hour nursing care. The service is situated in Loanhead, on the main bus route into the city of Edinburgh.

The service is registered to provide care and accommodation for a maximum of 31 older people. The accommodation is provided on two floors. There are 23 single rooms and four double rooms. Bathing facilities, suitable for people with limited mobility, are provided on both floors. There are two sitting areas and two dining rooms on the ground floor. Stairs and a stair lift give access to the upper floor. There are gardens to the rear and front of the home.

The service's written statement of purpose states:
"We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full."

Based on the findings of this inspection this service has been awarded the following grades:
Quality of Care and Support - Grade 4 - Good
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
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 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
We wrote this report after a series of visits to the service. We made an unannounced inspection visit on Tuesday 9 July 2013, between 3.30pm and 9.50pm, and an announced visit on Thursday 11 July 2013, between 8am and 2pm. To obtain further evidence and to feedback to the service’s management team we made an announced visit on the morning of Thursday 18 July 2013. Care Inspectorate Inspector Carol Moss carried out the inspection.

As part of the inspection, we took account of the completed annual return and self assessment form that we asked the provider to complete and submit to us.

Prior to the inspection visit, we sent out 15 residents and 15 relatives/carers Care Standards questionnaires.

During the inspection we gathered evidence from a number of sources. We looked at a range of documentation, including the following:
Certificate of Registration
Public Liability Insurance Certificate
Notes of residents’ and relatives/carers’ meetings
Activities information
Residents’ personal plans
Medication Administration Records
Staff records
Repairs log and maintenance records
Quality assurance records and reports
Duty rotas
Environmental Health Officer’s report
Service’s participation strategy
Complaints log

We spoke with residents, relatives and carers. We had discussions with a range of staff which included the management team, care staff and house keeping staff. We looked round the accommodation and observed how staff worked.
We also considered the information in the action plan devised by the service to address the requirements identified at the previous inspection and looked at information we had received about the home since the last inspection.

**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
There were three requirements made in the last inspection report dated 24 July 2012. The service sent us an action plan, within the required timescale, detailing how these requirements were to be met.

1. The provider must keep a record of any complaint made about the operation of the service. The record must include; who made the complaint, the investigation and action taken, the outcome of the complaint and a record of complaints must be available to SCSWIS if requested.
This is in order to comply with SSI 2011/28 Regulation 4(1)(b) Records, notifications and returns.
In making this requirement the National Care Standards Care Homes for Older People - Management and Staffing Arrangements is taken into account.
Timescale Within 1 week of receipt of this report.

What the service did to meet the requirement
We have reported the progress the service have made on this requirement under quality theme 1, statement 1, Quality of Care and Support.

The requirement is: Met - Within Timescales
The requirement

2. The provider must ensure that care plans and risk assessments are reviewed and updated regularly.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services), SSI 2011/210, Regulation 5(6), where a provider must review the personal plan.
In making this requirement the National Care Standards Care Homes for Older People - Support Arrangements Standard 6 was taken into account.
Timescale: Within 4 weeks of receipt of this report.

What the service did to meet the requirement
We have reported the progress the service have made on this requirement under quality theme 1, statement 3, Quality of Care and Support.

The requirement is: Met - Within Timescales

The requirement

3. The provider must ensure the administration of medicines is properly recorded.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services), SSI 2011/210, Regulation 19 (3) (j), where a provider must keep a record of medicines for the use of service users which are kept on the premises from which the care service is provided.
In making this requirement the National Care Standards Care Homes for Older People - Keeping well - medication Standard 15.6 was taken into account.
Timescale: Within 2 weeks of receipt of this report.

What the service did to meet the requirement
We have reported the progress the service have made on this requirement under quality theme 1, statement 3, Quality of Care and Support.

The requirement is: Met - Within Timescales

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 completed their self assessment form. This gave relevant information relating to each Quality Theme. Areas for development were identified and timescales for these actions were given.

Taking the views of people using the care service into account

Prior to the inspection visit, we sent out 15 residents' Care Standards questionnaires. None were returned.

During our visits we spoke with residents in the communal areas of the home and two in their bedrooms. Direct comments included:

"No complaints"

"A good home"

"Food not bad and I'm fussy"

"Treated with respect"

I would recommend this home."

Not all the residents we spoke with were able to answer direct questions and some were less able to verbally express their views. Therefore we spent time observing the way they interacted with staff and their general demeanour. We saw that residents appeared comfortable and relaxed with staff who were seen to be polite and kindly in their approach.

Taking carers' views into account

Prior to the inspection visit we sent out 15 relatives/carers Care Standards questionnaires. Two of these were completed and returned to us. In response to the statement "Overall, I am happy with the quality of care my relative/friend receives at this home", both strongly agreed. Comments included:

"We have absolute confidence in the staff and whilst we have no concerns we know that if a problem arises we can discuss it with them"

"I am very happy with the care my mother is getting, the staff are always very friendly with everyone and make you feel welcome."
During our visits we spoke with four relatives/carers. All were satisfied with the standard of care provided. Comments included:

“The care is good”

“No concerns about the care”

“Care excellent”

“Staff are kind”

They (staff) chat and smile and have a laugh with the residents.”

One relative told us that it was their first visit to the home and they were very happy with their first impressions of the home. They thought that their relative was looking much better since coming into the home.

Another relative told us that they thought the staff all very kind, and were confident in the care being provided. However they thought that more meaningful activities could be provided. We have reported on this further under quality theme 1, statement 3, Quality of Care and Support.
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: 4 - Good

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
From the evidence we found, we concluded that the service routinely involve residents, relatives and carers in developing the service by using a variety of methods to facilitate their involvement. The service is performing to a very good level in the areas covered by this statement.

In reviewing this statement we looked at progress the service had made on the requirement made in the last inspection report, dated 24 July 2012, that applied to this statement. We also looked round the home and noted any written information that would inform residents, relatives and carers how they could participate in assessing and improving the quality of the care and support provided by the service. We observed staff as they interacted with residents and looked at a sample of care records.

The previous requirement asked that the service keep a record of any complaint made about the operation of the service. The record must include who made the complaint, the investigation and action taken, the outcome of the complaint and a record of complaints must be available to SCSWIS if requested. Within the service’s complaints log we saw that complaints forms included headings and prompts to ensure that appropriate details relating to a complaint were fully recorded. This included recording the details of who had made the complaint, any investigation, actions taken and the outcome of these. This requirement was met.

The entrance area of the home was welcoming with information about a range of activities that take place in the home. On display in this area was a copy of the...
service’s previous inspection report, the service’s complaints procedure, general health information leaflets and good practice guidance.

We saw that staff spend time listening to residents and encouraged them to express their preferences. Staff knew the residents well and were able to pick up on non verbal communication.

Staff gather information to complete life stories on residents. Good practice guidance supports this approach in helping staff to understand these individuals and support person-centred care.

When we looked at a sample of residents’ personal plans we saw that where appropriate the resident and/or their relative/carers had been involved in reviewing their care.

Areas for improvement
The service recognised that meeting this statement was an ongoing process. They plan to continue to encourage people using the service to give comments and offer suggestions. Continuing to review and update their participation strategy will help them to do this. This should reflect what has been successful in gathering feedback and how they are developing opportunities for people to do this, particularly for residents with limited communication skills, due to dementia and or frailty.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

Service strengths
From the evidence we found the service continues to perform to a good level in the areas covered by this statement.

In reviewing this statement we observed staff practice and gathered feedback from staff, residents and relatives/carers about the care given. We looked at a sample of residents’ personal plans to see if residents’ needs were appropriately assessed and planned for. We also looked at the progress the service had made toward meeting the two requirements we had made under this statement in the last inspection report, dated 24 July 2013. Both requirements were met.
We saw that staff were supportive, attentive to residents’ needs and demonstrated a good awareness of residents’ preferences. We heard residents spoken to in a polite and caring manner.

The information shared at shift handover demonstrated that staff used observational skills to assess and update the care they gave. This was particularly useful in assessing the wellbeing of residents with limited verbal communication skills due to frailty and/or dementia. Communication at shift handover also demonstrated that staff knew the residents well.

Both returned Care Standard questionnaires strongly agreed that these relatives or carers were happy with the quality of care provided. We received positive feedback about the standard of care provided.

We saw in care records and learned through discussions with staff that there were good links with an appropriate range of other health professionals including dentists, opticians, dietitians and specialist practitioners. Staff use these effectively to support their work in meeting the needs of the residents.

We had asked the service to ensure that care plans and risk assessments are reviewed and updated regularly. We saw in the personal plans we sampled that a comprehensive range of appropriate assessment tools were completed on admission and then regularly reviewed and updated to assess key aspects of risk including nutritional status and skin integrity. This helped to ensure healthcare needs were identified and appropriate care implemented.

Discussion with staff indicated that staff were aware of which residents were at risk of developing skin damage and observation of how care was organised indicated that staff carried out actions to minimise this risk.

At the previous inspection we had asked the service to ensure the administration of medicines was properly recorded. At this inspection was looked at a sample of medication administration records and found these were clearly written and appropriately signed.

**Areas for improvement**

The written records within residents’ care planning documentation did not always fully reflect the level of care and support staff were providing for residents identified as being at high risk of developing skin damage. It is essential that appropriate records are maintained to support good communication and evidence the care given. The contents of a prevention plan need to be standardised and include:

* Level of risk and skin integrity status
* Type of mattress in use
* Type of chair cushion in use
* Frequency of skin checks
* Frequency of positional changes and whether turning chart in use
* Any prescribed lotions or creams with details of where and how often applied
* Any other relevant individual care interventions.
See below requirement.

The service had identified through evaluating the information gained from their yearly questionnaires the need to raise awareness of the activities being provided and available. This linked with feedback we had received from a relative who thought that more meaningful activities could be provided. We discussed with the management team how more effective use of residents’ six monthly reviews could be used to share this information and also to consider any other action that could be taken.

We discussed the Care Inspectorate’s good practice document “Guidance about medication, personal plans, review, monitoring and record keeping in residential care services”. The service may wish to consider this in reviewing and developing the way medication systems are organised in the home, for example in returning medication to pharmacy.

We will follow up progress of these areas for development at future inspection visits.

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

**Number of requirements:** 1

**Number of recommendations:** 0

**Requirements**

1. The provider is required to ensure that all residents identified as being at risk with the Waterlow scale have appropriate pressure ulcer prevention plans of care in place to meet their individual needs and level of risk. The content of these pressure ulcer prevention plans should be standardised and include:
   * Level of risk and skin integrity status
   * Type of mattress in use
   * Type of chair cushion in use
   * Frequency of skin checks
   * Frequency of positional changes and whether turning chart in use
   * Any prescribed lotions or creams with details of where and how often applied
   * Any other relevant individual care interventions.

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

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 6 Support arrangements.
Timescale: An action plan indicating how the service will meet this requirement should be submitted to us within three weeks of receiving this 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
We concluded that the service was performing to a very good level in the areas covered by this statement.

The strengths identified in quality theme 1, statement 1, Quality of Care and Support also support residents and relatives/carers to participate in assessing and improving the quality of the environment within the service. This includes written information about the service, as well as how they can make suggestions or raise concerns.

The majority of the bedrooms we looked at were personalised with pictures, photographs and ornaments.

Discussion with residents indicated that they were happy with the environment. They told us that they enjoyed using the garden area in good weather.

Residents and relatives/carers were kept informed about improvements to the environment.

Areas for improvement
The service should continue to look at ways of involving residents and their relatives/carers in improving the quality of the environment.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0
Statement 2
We make sure that the environment is safe and service users are protected.

Service strengths
We concluded from the examination of the evidence sampled that the service performed to a good level in the areas covered by this statement.

In reviewing this statement we looked round the home to see if there were any safety issues. We examined some of the equipment used in the home to see if it was maintained.

During our visits, we walked round the home to see all the communal rooms and some of the bedrooms. The home was clean and tidy.

A food hygiene certificate was displayed and confirmed that the service had been inspected by their local authority and met the required legal standard for food hygiene.

Both questionnaires returned to us confirmed that people were confident that their relative/friend was safe and secure in the home. They also confirmed that the home was clean and free from smells.

Staff were seen using safe moving and handling practices when assisting residents.

We examined a free standing hoist and two wheelchairs. This equipment was seen to be clean. Service records indicated the hoist had been appropriately maintained as in keeping with Lifting Operations and Lifting Equipment Regulations (LOLER). The wheelchairs were seen to be functioning correctly and regular checks were completed on them to ensure that they remained safe to use.
Areas for improvement

Staff manually wash commode pots which is not best practice. The service should review the sluice facilities and take action to meet with current infection control best practice. See requirement 1.

Gloves and aprons were seen available for staff to use. However the polythene gloves used were not suitable for use as personal protective equipment in the delivery of care or as an aid to the prevention and control of infection. Polythene gloves are not suitable due to their heat sealed seams which split easily, ease with which they tear, lack of good fitting and permeability. Such gloves are suitable for food handling. We asked the management team to review the type of gloves being provided. See requirement 2.

Grade awarded for this statement: 4 - Good

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider is required to carry out a review of the sluice facilities within the home and take any action necessary to meet with current infection control best practice guidance.

   This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4(1)(d). The Provider shall have appropriate procedures for the control of infection.

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

   Timescale: An action plan indicating how the service will meet this requirement should be submitted to us within three weeks of receiving this report.

2. The provider is required to carry out a review of the type of gloves that are used within the home as personal protective equipment in the delivery of care and/or as an aid to the prevention and control of infection. Action should be taken to meet with current infection control best practice guidance.

   This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4(1)(d). The Provider shall have appropriate procedures for the control of infection.

   This also takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.
Timescale: An action plan indicating how the service is meeting this requirement should be submitted to us within three weeks of receiving this report.
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 4 - Good

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
We concluded from the examination of the evidence sampled that the service performed to a good level in the areas covered by this statement.

In reviewing this statement we looked at three recruitment files of staff who had started in the service since the last inspection visit to see if all appropriate safe recruitment checks had been completed. We looked at their induction records to see if they had received an induction appropriate to their role.

In the staff files we looked at there was evidence that two appropriate references had been received and evidence of a PVG scheme membership which indicated that a Disclosure check had been completed. Disclosure is a document containing impartial and confidential criminal history information held by the police and government departments which can be used by employers to make safer recruitment decisions. See areas for improvement below.

We found that new members of staff completed inductions appropriate to their role. A senior member of staff signed when they had completed each element of the induction programme.

There was a low turnover of care staff in the service which meant new staff could be supported by staff that knew the home and its residents well.
Areas for improvement
The staff files that we looked at indicated that the staff had started prior to the Disclosure check being returned. The management team informed us that this was due to delays in the system at the time and each member of staff was supervised until their Disclosure check came through. The management team confirmed to us that their current procedure is that a Disclosure check must be returned prior to commencing work in the home. We have made a requirement about this so we can ensure ongoing compliance. See requirement 1.

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

Requirements
1. The provider must ensure that its recruitment procedures follow current Protection of Vulnerable Groups (PVG) guidance.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 15 Staffing.

In making this requirement the following National Care Standards, Care homes for older people, have been taken into account: Standard 5 Management and staffing arrangements.

Timescale: Immediately on receipt of this report.

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

Service strengths
The service was performing to a good level in the areas covered by this statement.

Thornlea Nursing Home has a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice. We concluded this after we observed staff in the course of their work, looked at how staff were kept up to date with current best practice and gathered feedback from people who use the service.

We talked to staff who told us they enjoyed working in the home. This was also demonstrated in their approach to their work, in their good team work and the low turnover of staff.
Staff encouraged residents to make choices and provided care in a way that was respectful and dignified. From the way in which staff worked it was clear that staff knew the residents well and understood how to communicate with each of them.

There was good day to day supervision of staff by management. This helps to make sure that staff have the support they need and the chance to discuss any problems or guidance they might need.

Both Care Standard questionnaires returned to us confirmed that the people who completed them were confident that staff had the knowledge and skills to care for their relative/friend and staff treated them politely at all times. Residents and the relatives/carers we spoke with told us that they felt the staff were kind and caring.

Good practice guidance was seen available in the home and staff had access to the service’s policies and procedures. Notes in the staff communication diary indicated that staff were kept up to date on advice from visiting healthcare professionals.

Staff records indicated that yearly reviews were carried out which provided a good opportunity for the member of staff and the manager to review and plan the individual’s training needs.

The service has been pro-active in taking steps to ensure that all their care staff will be registered with the Scottish Social Services Council (SSSC) before the date of required registration. The SSSC is responsible for registering people who work in social services and regulating their education and training. This helps to make sure that people receive effective services from a safe and skilled workforce.
Areas for improvement

As one of the service’s previous moving and trainers had left the manager was in the process of finding suitable update training for other moving and handling trainers within the home.

The service uses a variety of assessment tools to identify the physical dependence of residents in the home. These did not appear to take into account the aggregated information of social, psychological and recreational needs in relation to delivery of care as required in the records we ask care services to keep. From the feedback we received and from the good standards of care presently given we felt that there was currently sufficient staff to meet the present residents’ needs. However it is essential that the service is able to fully assess and therefore respond by increasing the staffing levels and/or altering their deployment if the number and/or dependency of the residents increases. See requirement 1.

We will follow up progress of these areas for development at future inspection visits.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The service should keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals, also taking into account the physical layout of the building, staff training and staff supervision needs.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4(1)(a) and Regulation 15 Staffing.

In making this requirement the following National Care Standards, Care homes for older people, have been taken into account: Standard 5 Management and staffing arrangements.

Timescale: The service should send us details of how it is meeting this requirement within three weeks of receiving 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
We concluded that the service was performing to a very good level in the areas covered by this statement.

When we reviewed this statement we found that the strengths identified in the previous participation statements also supported residents, relatives and carers to participate in assessing and improving the quality of the management and leadership of the service.

When we spoke to people who use the service, they all told us that they felt they could speak to one of the nurses or the management team if they had any concerns. They told us that they felt confident that the management would address any issues raised.

Areas for improvement
The service recognised that meeting this statement was an ongoing process. They should continue to encourage people using the service to give comments and offer suggestions.

Grade awarded for this statement: 5 - Very Good
Number of requirements: 0
Number of recommendations: 0

Statement 4
We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths
The service demonstrated good practice in the areas covered by this statement.
Our inspection findings indicated that good standards of care and support were given. Listening and responding to feedback from residents and their relatives/carers supports the service in achieving this.

The management team carry out regular checks to make sure that things are running well in the home. The examples we saw at inspection included:
* Observation of staff practice
* Environmental checks
* Following up all accidents and incidents to ensure appropriate action has been taken
* Gathering the views of people who use the service.

The strengths identified in the previous participation statements support residents, relatives and carers to participate in assessing and improving the quality of the service.

The management team takes action on areas identified as needing to improve and recognises that meeting this statement is an ongoing process. The service had met the three previous requirements that we made at the last inspection visit.

**Areas for improvement**

Actioning the requirements made in this report will support the service to meet this statement and ensure improved outcomes for people using this service.

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

**Number of requirements:** 0

**Number of recommendations:** 0
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
The service’s current Certificate of Registration and staffing schedule were seen displayed in the entrance area of the home.

Action Plan
Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).
## 5 Summary of grades

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<th>Quality of Care and Support - 4 - Good</th>
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<td>Statement 1</td>
<td>5 - Very Good</td>
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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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