Care service inspection report

Pentland Hill Nursing Home

Care Home Service Adults

23/27 Gylemuir Road
Edinburgh
EH12 7UB
Telephone: 0131 334 2383

Inspected by: Julie Tulloch

Donna Gilmour Team Manager
Rose Bradley Inspector
Saartje Drijver Complaints Inspector
Pauline Davidson Inspector
Therese Glendinning Inspector
Janet Smith Inspector
Marjory Thomson Professional Adviser (Nutrition)
Alison Rees Professional Adviser (Pharmacy)
David Marshall Professional Adviser (Pharmacy)
Joyce O'Hare Professional Adviser (Tissue Viability)

Type of inspection: Unannounced

Inspection completed on: 11 October 2013

Contents

Service provided by:

BUPA Care Homes (CFHCare) Limited

Service provider number:

SP2003002226

Care service number:

CS2003010660

Contact details for the inspector who inspected this service:

Julie Tulloch
Telephone
Email 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	1	Unsatisfactory
Quality of Environment	2	Weak
Quality of Staffing	2	Weak
Quality of Management and Leadership	1	Unsatisfactory

What the service does well

The provider BUPA has continued to engage with the Care Inspectorate since the Improvement Notice was issued on 13 August 2013. BUPA senior management team have had a presence in the home while the home's management team review the systems and processes with a view to improving the outcomes for people who use the service.

BUPA senior management, quality department and the home's management team have welcomed daily discussions about our findings during the inspection visit. We note that these findings have been used to try to improve practice.

However, these actions have not yet led to sustained improvements.

The provider has accepted input from a number of professional advisors from the Care Inspectorate and specialist staff from the NHS in order to improve practice.

What the service could do better

At the last inspection we found that this service performance was weak and unsatisfactory resulting in us grading the service '1' for the Quality of Care and Support and Quality of Management and Leadership and '2' for the Quality of the Environment and Quality of Staffing.

Since the last inspection we have taken enforcement action against the service. This action was taken under s62 of the Public Services Reform (Scotland) Act 2010.

We identified poor performance in medications management, nutrition, tissue viability, care planning, making notifications to the Care Inspectorate, staff training and management and leadership.
As a result of these findings we issued an Improvement Notice dated 13 August 2013 which set out timescales for the provider to make improvements to the quality of service it provides.

This inspection report was written following an inspection to check whether the service had made the required improvements.

We also followed up on any requirements from and since the last inspection where the timescales had been reached.

What the service has done since the last inspection

Since the Provider was issued with an Improvement Notice dated 13 August 2013 following the last inspection they have given us an action plan telling us how they plan to make those improvements.

The service has voluntarily suspended admissions to the home while they make the needed improvements.

At this inspection, we found evidence that BUPA, the provider, was taking steps to make the necessary improvements.
While we found some positive changes, these were not significant enough to meet the necessary improvements in outcomes for people at Pentland Hill Nursing Home.

Conclusion

Evidence from this inspection is that BUPA have made changes to how Pentland Hill is run and managed. However, this work is at an early stage and has yet to deliver improved outcomes for residents. As a result the Improvement Notice dated 13 August 2013 has not been met.

However, in recognition that the provider is taking steps to try to make the required improvements, we have extended the original timescales of the Improvement Notice to 28 November 2013 in relation to those areas of improvement where the timescales have now passed.

We will follow up any progress with further inspection. We will also continue to work with relevant local authorities and with BUPA to support improvements that ensure residents' wellbeing is protected and promoted.

Who did this inspection

Julie Tulloch
Donna Gilmour Team Manager
Rose Bradley Inspector
Saartje Drijver Complaints Inspector
Pauline Davidson Inspector
Therese Glendinning Inspector
Janet Smith Inspector
Marjory Thomson Professional Adviser (Nutrition)
Alison Rees Professional Adviser (Pharmacy)
David Marshall Professional Adviser (Pharmacy)
Joyce O'Hare Professional Adviser (Tissue Viability)

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.

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.
The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

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.
Pentland Hill Nursing Home (referred to in the report as 'the service') is owned and Managed by BUPA (referred to in the report as "the provider") and is registered to provide a care service to a maximum of 120 older people (referred to as "residents" in the report). At the time of our inspection there were 87 people using the service.

The service is situated within a residential area of South West Edinburgh near to local amenities and public transport links. The building has gardens to the front and rear of the building.

The residents' accommodation is in two buildings. Each building has two floors accessed by a lift and stairs. In total there are four units accommodating up to 30 people within each unit. All rooms are for single use and all have en-suite toilets. Each unit has two communal lounges and a dining area within one of those lounges.

The service overall states that they aim to "provide our customers with the highest quality care service. We will use our health and care knowledge, specialist skills and values to deliver an individual service to our customers".

The Home Manager has overall responsibility for the management of the service. Each unit has a team of carers and registered nurses with varying degrees of skill, expertise and qualifications. The service aims to offer a home from which people would not need to move.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 1 - Unsatisfactory
Quality of Environment - Grade 2 - Weak
Quality of Staffing - Grade 2 - Weak
Quality of Management and Leadership - Grade 1 - Unsatisfactory

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 after an inspection which commenced on the 22 September 2013 and concluded on 11 October 2013.

The focus of this inspection was to look at the progress in meeting the Improvement Notice dated 13 August 2013 and follow up on any requirements from or since the last inspection where timescales had been reached.

We made the initial visit unannounced and spent seven days in the home. We visited at various times of the day and evening. We gave feedback to the Manager and a representative of the provider each day. Overall feedback was given to the provider on Friday 11 October 2013.

The inspection was carried out by the following people:
Sunday 22 September 2013 Julie Tulloch Inspector, Donna Gilmour Team Manager, Rose Bradley Inspector, Saartje Drijver Complaint Inspector.

Monday 23 September 2013 Julie Tulloch Inspector, Rose Bradley Inspector, Saartje Drijver Complaint Inspector, Pauline Davidson Inspector.

Wednesday 24 September 2013 Julie Tulloch Inspector, Rose Bradley Inspector, Therese Glendinning Inspector, Marjory Thomson Professional Adviser Nutrition.

Thursday 25 September 2013 Julie Tulloch Inspector, Alison Rees and David Marshall Professional Advisers (Pharmacy).

Friday 26 September 2013 Julie Tulloch Inspector, Marjory Thomson Professional Adviser Nutrition, Pauline Davidson Inspector, Janet Smith Inspector.

Monday 30 September 2013 Julie Tulloch Inspector, Joyce O'Hare Professional Adviser Tissue Viability.

Friday 4 October 2013 Julie Tulloch Inspector, Donna Gilmour Team Manager.

We met with the provider's representatives on Friday 11 October 2013 and gave feedback on progress with the Improvement Notice.

During this inspection we gathered evidence from various sources.

We spoke with:

- the manager,
- regional support manager,
- four clinical services managers,
- BUPA commercial and operations director,
- BUPA director of partnerships UK,
- BUPA director of partnerships North & Scotland,
- BUPA director of care and quality,
- BUPA Chief Medical Officer,
- two BUPA quality consultants,
- a unit manager,
- staff nurses,
- carers,
- housekeeping staff,
- laundry staff,
- the Handy man,
- the Chef,
- catering assistants.

We spoke with residents and relatives as part of the inspection. We have used their views to inform our inspection. No questionnaires were issued as part of this inspection due to the short time since the last inspection, when questionnaires had been issued.

We looked at a range of documents including:
Medicine Administration records (MAR) charts
Care plans and any accompanying documentation such as food and fluid charts and risk assessments
Menus
Nutrition and Hydration policy
Policies and procedures
Staff training plans
Staff supervision records
Quality assurance documents and internal audits
Information from local authority reviews
Accidents and incidents.

We also looked at the environment and equipment and observed how staff cared for residents during the inspection visits. We carried out a number of mealtime observations as part of the inspection on all four units.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

The requirement

The provider must ensure that staff can demonstrate how they will meet residents' social needs which are recorded in their personal plans. This is in order to comply with SSI 2011/210 Regulation 5 - Personal plans. This also takes into account National Care Standards, Care Homes for Older People, Standard 17- Daily Life, Standard 6 - Support arrangement and Standard- 8.1, Making choices. Timescale: 30 November 2012.

What the service did to meet the requirement

The timescale for this requirement has not been reached. Please refer to quality statement 1.2 for progress on this requirement.

The requirement is: Not Met

The requirement

The provider must ensure the environment is safe and residents are protected. In order to achieve this the provider must:
(i) Ensure staff follow good infection control procedures by washing their own hands between caring for residents and offering all residents hand washing facilities before meals
(ii) Address the malodour in Carnethy and Turnhouse units
(iii) Ensure unsafe, broken or damaged equipment is removed from use
(iv) Ensure repairs are made to the facilities including bathrooms and a leaking soil pipe
(v) Ensure staff have enough pagers so that residents can call on available staff
(vi) Ensure keys are available for staff and residents to open the locked bedroom doors within the home.
(vii) Ensure kitchen checks are carried out and food is stored correctly.
This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI/2011/210 Regulations 4 (1)(a), 10(d) and 14. In making this requirement National Care Standards Care Homes for Older People Standard 4 Your environment.
Timescale:

(i), (vi) and (vii) within 24 hours of receipt of this report.
(ii) and (v) by 2 September 2013
(iii) and (iv) by 12 August 2013.

What the service did to meet the requirement

Some of the aspects of this requirement have been met. Some remain unmet. We have amended the wording of this requirement to reflect our findings at this inspection. Please refer to quality statement 2.2 for progress on this requirement.

The requirement is: Not Met

The requirement

The provider must ensure that all bedding in the home is fit for purpose. This is in order to comply with SSI 2011/210 4 (1)(a),14(b). This also takes into account National Care Standards Care Homes for Older People Standard 4 Your Environment.Timescale: To be completed by 2 September 2013.

What the service did to meet the requirement

Please refer to quality statement 2.3 for progress on this requirement.

The requirement is: Not Met

The requirement

The provider must ensure that infection control procedures are in place and are followed at all times to ensure service users' well being.
In order to achieve this the provider must:

a) review the systems for managing laundry safely to ensure they are consistent
b) ensure all staff are aware of and follow infection control procedures;

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 4(1)d and takes account of the National Care Standards - Care Homes for Older People. Standard 4.3
Timescale: Before 31 August 2013

What the service did to meet the requirement

We made this requirement as a result of a complaint investigation. Please refer to quality statement 2.2 for progress on this requirement.

The requirement is: Not Met

The requirement

The provider must ensure that the home's garden is safe for residents to use.
This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 10 - Fitness of premises
(1) A provider must not use premises for the provision of a care service unless they are fit to be so used.
And
(2) Premises are not fit for the provision of a care service unless they -
(a) are suitable for the purpose of achieving the aims and objectives of the care service as set out in the aims and objectives of the care service; and
(b) are of sound construction and kept in a good state of repair externally and internally.
This also takes account of the National Care Standards - Care Homes for Older People, Standard 4 - Your environment.
Timescale: Within 2 weeks of receipt of this letter. (Letter dated 3 September 2013).

What the service did to meet the requirement

We made this requirement as a result of a complaint investigation. Please refer to quality statement 2.3 for progress on this requirement.

The requirement is: Not Met

The requirement

The provider must adhere to the complaints procedure at all times. This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.SSI/2011/210/18 (3) Complaints. In making this requirement National Care Standards Care Homes for Older People Standard 5.1, 5.2 Management and staffing arrangements; 11.3 Expressing your views have been taken into account. Timescale: Within 24 hours of receipt of this report.

What the service did to meet the requirement

Please refer to quality statement 4.4 for progress on this requirement.

The requirement is: Not Met

The requirement

The provider must ensure that all required notifications are made to the Care Inspectorate.
This is to comply with Regulations 19-24 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) and section 53(6) of the

Public Services Reform (Scotland) Act 2010.
Timescale: To commence on receipt of this report.

What the service did to meet the requirement

Please refer to quality statement 4.4 for progress on this requirement.

The requirement is: Not Met

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

It is recommended that the provider continues to develop the participation strategy to ensure that methods are in place to enable all residents and relatives to assess the quality of the service including quality of care, quality of environment, quality of staffing and quality of management. All staff should continue to receive training in how to deliver the participation strategy. The strategy should be developed to take account of the cognitive abilities of all residents. This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11- Expressing your views

We have commented on this recommendation in Quality of Care and Support statement 1 of this report. We have made this recommendation again.

Relevant staff should receive training to ensure they are aware of the service provider's policies and procedures for handling complaints or requests for information from residents' representatives. This takes account of National Care Standards Care Homes for Older People Standard 5 and Standard 11.

We have commented on this recommendation in Quality of Staffing statement 3. We have made this recommendation again.

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 self assessment when we requested this from the provider prior to our May 2013 inspection. The service identified areas where they thought they were doing

well and told us where they planned to make improvements. The provider assessed themselves as grade 4 (good) across all quality themes and statements. We did not find evidence of this level of performance during our May 2013 inspection.

Taking the views of people using the care service into account

There were 87 residents in the home at the time of our inspection. We spoke with a number of residents in all four units of the home during the course of this inspection. We have used the views expressed to us to inform this inspection.

Taking carers' views into account

We spoke with a number of relatives and friends of residents during the course of this inspection. We have used the views expressed to us to inform this inspection.

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: 1 - Unsatisfactory

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

At the previous inspection we found that the service performance was weak in relation to residents and carers participating in assessing and improving the quality of the care and support provided. We found this after looking at information about participation, how the home communicates and shares information with residents and relatives, minutes of meetings, reviews and questionnaires. The details of this can be found in the inspection report dated 3 July 2013.

The provider held a meeting for residents and relatives to give information about how they proposed to meet the Improvement Notice dated 13 August 2013.

Areas for improvement

We made two recommendations at the last inspection. One of these was that the provider should ensure information within the brochure is accurate and gives correct and clear information about additional charges such as hairdressing, newspapers and chiropody. We were informed that the Manager has rectified the Allermuir brochure to ensure it is clear what services are included as part of the care home fee and which services have an additional charge. We noted that the insert with the confusing information had been removed from the brochures on display in the foyer of the home. This recommendation has been met.
We did not fully inspect this quality statement during this inspection as the purpose of this inspection was to follow up on the Improvement Notice. However we have considered our findings in general with regard to participation. In the action plan, the Manager told us she planned to send an updated participation strategy to all residents and relatives and had requested their feedback on this. The Manager also said a themed focus area had been issued to all staff about participation and that

she planned to explore staff understanding of this at supervision. This work was at an early stage.
We have concluded that we did not find any evidence of improvement in this area which would allow us to increase the grade of this quality statement during the inspection,See recommendation 1.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the provider continues to develop the participation strategy to ensure that methods are in place to enable all residents and relatives to assess the quality of the service including quality of care, quality of environment, quality of staffing and quality of management. All staff should continue to receive training in how to deliver the participation strategy. The strategy should be developed to take account of the cognitive abilities of all residents. This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11- Expressing your views

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

Recreation, social and community activities and personal development are essential to quality of life for people of all ages. These activities benefit health and well-being and supports people to achieve their potential, even when they are frail.

At the last inspection, we found that the performance of the service was unsatisfactory in enabling residents to make individual choices and supporting them to achieve their potential. The details of this can be found in the inspection report dated 3 July 2013.

At this inspection we saw one activity in one unit where housekeeping, care staff and residents were sharing their knowledge of rhythm and using musical instruments. We thought this was positive, but over the seven days of our inspection we noted that this was unusual.

Areas for improvement

We have considered our findings in general with regard to residents being helped to make individual choices and supported to achieve their potential. We have considered choices with meals, choices about residents accessing their bedrooms, choices about

access to the garden and choices about activity. We have concluded that we did not find any evidence of improvement in this area which would allow us to increase the grade of this quality statement during the inspection.

The home should have five staff providing 152 hours of activities per week, including weekends. At the last inspection we found activity provision was poor. Since the last inspection there has been a further reduction in the number of activity staff employed within the home due to recruitment and retention difficulties.
At this inspection there were 40 hours of activity staff time available. This means at this inspection we found there were fewer staff available to plan, organise and carry out activities with residents. Although activity staff were working hard they were unable to meet the needs of the 87 people in the home.

We made a requirement at the last inspection as follows; The provider must ensure that staff can demonstrate how they will meet residents' social needs which are recorded in their personal plans.

Although there was evidence of ongoing work to improve personal plans, no progress has been made in recording of social needs. The timescale of this requirement has not yet been reached. We will follow up action to meet this requirement at future inspections. See requirement 1.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that staff can demonstrate how they will meet residents' social needs which are recorded in their personal plans.
   This is in order to comply with SSI 2011/210 Regulation 5 - Personal plans. This also takes into account National Care Standards, Care Homes for Older People, Standard 17- Daily Life, Standard 6 - Support arrangement and Standard- 8.1, Making choices Timescales: 30 November 2013.

Statement 3

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

Service strengths

At the last inspection, we found that the performance of the service was unsatisfactory in ensuring that service users' health and wellbeing needs are met. The details of this can be found in the inspection report dated 3 July 2013.

We issued an Improvement Notice dated 13 August 2013 which required the provider to make improvements in aspects of care which are vital to ensuring the health and wellbeing of people who use the service.

Our professional advisers assisted in the inspection of the medication systems, food, fluid and nutritional care and tissue viability. We have reported on some positive changes on each aspect of the Improvement Notice below. The areas for development section describes and evaluates our findings and reports on what the service still need to do to improve care.

Medication

Our Professional Advisors (pharmacy) have linked the home with a Clinical Pharmacist who will help to review of residents' medicines. The home have responded positively to any assistance offered by us.

During this inspection one of the clinical services managers had started to look at the use of psychoactive medication and any associated care plans.

A system of daily audit had been commenced to identify errors and omissions of medication at an early stage.

Food and Nutritional Care

We found the overall quality of the cooking was very good and the thick and pureed diets were tasty, fresh and well presented. The chef manager had a well organised kitchen. Recently he had consulted residents about the new winter menu. In addition, a new catering comments form had been developed and residents were about to be consulted more generally on catering.

After our daily feedback sessions the home told us they had acted upon our comments. For example;

- snack boxes for night bites had been introduced.
- a pudding option had been introduced at lunchtime.
- the spacing and timing of meal times was being reviewed.
- the calorie and nutritional content of food and drinks was being explored.

During the inspection we were most concerned about the weights of residents on two units. Following our inspection the service has told us that the most recent weights of these residents now show they have stopped losing weight. This indicates that the service's actions may be starting to improve outcomes and that management are taking positive action to monitor residents who are at high risk of undernutrition.

Reviews

At the time of our inspection the service was working with City of Edinburgh Council and other local authorities who had placed residents in the home. Reviews of care were being carried out with each resident to ensure the home could fulfill their needs.

Areas for improvement

Alongside our Professional Adviser (Tissue Viability) we looked at pressure area care. Focusing on tissue viability has allowed us to make a comprehensive assessment of the elements of the Improvement notice. We have been able to look at the service performance in the following areas;

- residents' health and wellbeing needs.
- staff training.
- monitoring of staff practice.
- management and leadership and quality assurance.
- care plans.

The Professional Adviser, (Tissue Viability), findings are outlined below. We have used the evidence from this to assess the services performance toward meeting the Improvement Notice.

Tissue viability policies

The pressure ulcer prevention and management policy was viewed by the Professional Adviser (Tissue Viability). The policy was noted to be based on several sources of best practice. However the policy content does not include;

- best practice and documentation developed by NHS Scotland. To include this would promote continuity and consistency for residents moving between healthcare settings.
- general skin assessment and care. It would be good practice to include this and we have sign posted the home manager to useful information and best practice guidance.
- a pictorial guide to classify skin tear damage would also be a useful visual aid for staff as the policy currently only contains written descriptors about the categories of skin tears.

During our inspection one resident needed care for a minor injury. We noted that the service did not have any dressings or equipment with which the staff could provide first aid for minor injuries.

It would also be useful for BUPA to put in place a 'minor trauma kit' to enable appropriate first aid for this type of injury and ensure suitable wound management products are available for residents at the time of the injury. Staff advised us that when residents did sustain minor injuries, dressings belonging to other residents were having to be used. This is not acceptable practice.

There was also a lack of a prevention care plan for residents who were at risk of regular minor trauma injuries from falls / knocks etc.

Pressure ulcer prevention care plans
We viewed the care plans of six residents' care plans who had pressure damage or were identified as high risk. An appropriate risk assessment tool was in place. Staff in three units were using the tool on a planned basis and when residents' condition changed, in line with best practice. In one unit staff were unclear about when reassessment should take place. This meant staff were not using the assessments consistently. We assessed that further staff training was needed in the proper use of the assessment.

We found care plans lacked detail about the settings of active mattresses to promote optimum pressure reduction when sitting up or lying down. This was also the same for active seat cushions.
Some repositioning charts reflected our observations of when residents were helped to change their position. However, these were not dated or signed, and there were some gaps in the recordings which either indicated that staff were not signing to confirm that they had repositioned the residents or that they were not adhering to the prescribed timescales for turning. We concluded that there was potential for increased risk of skin breakdown.

Wound management
The home management did not have an accurate overview of residents who had pressure ulcers, wounds or skin tears.

We identified six residents with a variety of wounds. All of these residents had the BUPA wound assessment documentation in use to assess and monitor their wounds. Although we found these care plans were in place they did not consider wound cleansing. This means staff did not have all of the information they needed to care for the wounds appropriately and consistently. This could affect the wound healing process.

Photographs of wounds were being taken on a regular basis for monitoring and evaluation of wound healing. We saw two wounds where this was an effective method of evidencing that wounds were healing. This process needs to be improved: some photographs were out of focus, measuring guides should be used to indicate the wound size and staff must ensure consent has been obtained for wound photography.

There was also clear evidence from care plans that staff were not recognising broken skin as stage 2 pressure damage and were inappropriately applying creams instead of using dressings to protect these areas.

The application of a prescribed creams recording system for carers, was not consistently used throughout the home. Medication Administration Records (MAR) did not accurately record that topical medicines were given as prescribed or refer staff to a topical recording system. Care plans in place for skin care needs did not give full details of prescribed topical applications.This means there was no accurate record of the effectiveness of prescribed creams for the relief of symptoms.

Use of therapeutic equipment
We requested an overview of the therapeutic active mattresses within the home. There were 14 residents being cared for on this type of equipment. The home could not demonstrate that this equipment was being allocated on resident's clinical need and level of risk. We saw that these active mattresses had a Portable Appliance Test (PAT) during September 2013, but there was no evidence to support that they were having regular maintenance as per the manufacturer's recommendations. There was also no planned cleaning schedule for any mattresses / seat cushions and also turning or testing of the pressure reducing foam mattresses.

One resident had been removed from an active mattress to accommodate another resident whose condition had deteriorated. The manager assured us that two new mattresses were on order and being delivered that day.

We found mattresses which were dirty, holes in the covers, two pumps that were noisy and two of these active mattresses were not fit for purpose. One of these was replaced with a new mattress which arrived that day. Some active mattresses which were designed as overlays did not have a base mattress underneath to support the person.

We also saw seat cushions in use which had damaged foam and were not clean. We have asked the home to undertake a review of clinical needs, mattresses and seat cushions in use and give us an action plan to ensure that all residents have appropriate equipment to meet their needs. It was agreed that this would be sent to the Professional Advisor (Tissue Viability) by 7 October 2013. This was sent to the Care Inspectorate by 7 October 2013. We will follow this up at the next inspection to ensure these actions have been carried out and have been sustained.

Pressure ulcer training materials
We looked at the training booklets for registered nurses and carers which the home intend to use to meet part of the Improvement Notice. These workbooks covered the key areas of anatomy and physiology. This material could be enhanced by providing NHS Scotland best practice guidance and NHS Education Scotland training material for staff. A system to check staff competency should be implemented.

We have used the above findings to consider Quality of Care and Support, Quality of Environment Quality of Staffing and Quality of Management.

We issued an Improvement Notice dated 13 August 2013, which required the provider to make improvements in aspects of care which are vital to ensuring the health and wellbeing of people who use the service.

We have reported on the areas for development for each aspect of the Improvement Notice below.
1. Medication

(A) By 18 September, you must put in place a system to ensure that:

a) medication is administered as prescribed; this must include administering the preparation as prescribed and following any specific instructions when a covert medication pathway is prescribed. In any circumstances when medication is not given as prescribed, the reason for this must be clearly recorded;
b) the Medication Administration Records are signed each time medication is given;
c) enough medicine is available for service users to receive medication as prescribed;
d) ''as required'' medicine instructions are clear for staff to follow, detailing the reason for administration, the maximum dose and minimum time between doses;
e) appropriate arrangements are in place for securing the medicine trolley for safe storage of medicines;
f) there is a safe method of recording and storage of medicines for return to pharmacy.

This is in order to comply with the Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI/2011/210 regulation 4(1)(a).

Progress

The two Care Inspectorate Professional Advisors (Pharmacy) and an inspector looked at how medicines were managed in three of the four units in the home.

This was to follow up on the medication elements of the Improvement Notice.

The progress in meeting these is detailed below.
We found the following: Medicines were not given as prescribed, in line with manufacturer's guidance or in accordance with the resident's lifestyle. For example;

- a potent steroid/antifungal cream prescribed twice a day but given only once
- a hormone preparation given at the same time as an iron supplement despite guidance which advises this should not happen.
- an antibiotic prescribed three times a day but given at 9am, 1pm and 9pm (antibiotics should be spread evenly throughout the waking period for maximum benefit from the medicine);
- another antibiotic prescribed twice a day and not given twice at night because the resident was asleep at the time of the home's drug round.
- medicines not given because they were not available when needed, including a medicine for treating constipation out of stock for 11 days. A medicine used to treat symptoms of Alzheimer's Disease was not given for at least three days in a seven day period.
- a medicine for treating pain was out of stock for part of a day.

We noted gaps and inconsistency in the administration of creams. While we did not see many gaps in the administration of oral medicines we did see many undefined annotations, making it unclear whether or not the resident received the medicine.

Despite feedback at the last inspection, we found that covert medication was still being administered out with the detailed instructions provided by the pharmacist. The consequence of this is that the medicine may not be as effective.

We found a number of examples of inconsistent/ambiguous recording which caused us concern including:

- gaps in the audit trail of medicines.
- records were often cluttered.
- the records showed one resident prescribed a strong "when required" pain killing medicine but with no medicine recorded as being available.
- changes to the doses of medicines where it was unclear who authorised the change.
- a medicine withheld for a week but with no explanation of why it was not available.
- a medicine used to treat pain prescribed without clear instruction.

We found that medicines fridge in two of the units had temperature records which showed they were above the recommended maximum for much of the current month.

The minimum temperature was recorded as being below the recommended limit on one day in one unit. It is important that medicines are stored at the correct temperature to ensure their effectiveness.

The storage of medicines awaiting return to the pharmacy was secured in one unit but not in another. We had concerns that medicines were being returned despite the resident still being prescribed the medicine. We think this is a waste of NHS resources. While stock levels were not excessive we did note 27 months worth of a vitamin injection for one resident (the injection was given every three months).

Notifications made to us included recent instances where staff have incorrectly returned medicines to pharmacy. This has resulted in residents not receiving their prescribed medicines.

While we saw appropriate facilities were in place for securing the medicine trolleys in each unit, the home's' own audit found that it was only secured 80% of the time when spot checks were carried out. We noted that the home is trying to address this poor practice by ensuring managers make regular checks of the security of the trolley during daily walk rounds.

We found staff lacked knowledge about the potential consequences of crushing modified release tablets and halving enteric coated tablets. When medicines are altered this can change the action of the medicine. There was no evidence that staff had sought advice from a pharmacist about the effectiveness of the medicine or the potential consequences for the resident before giving these medicines in an altered way.

One of our major concerns was the lack of clarity around the use, monitoring and review of medicines. The "when required" protocols/care plans used by the service contained little information on the monitoring of the medicine or the condition for which it was prescribed. We did not see any person centred detail in the plans. We noted residents prescribed three laxatives, and others prescribed two or more psychoactive medicines. These are medicines used to treat behavioural symptoms, like agitation, verbal and physical aggression, wandering and not sleeping.

We discussed the use of psychoactive medicines with the clinical service managers, and their own audit of records concurred that there was a lack of an individual care plan for the use of many medicines, poor understanding of why a medicine was prescribed or what the expected outcome of its use was, and no clear review strategy or assessment of continued need.

We were encouraged that the service had started to look at the use of and monitoring of 'when required' and psychoactive medication following our last inspection.

Daily audits of medicine administration records were carried out by staff. These were

checked each day by the clinical service managers. While these audits may identify gaps in recording of medicines, they will not address the issues of how medicines are used, or the causes of poor practice. A monthly medication audit was also in place and this looked at a wider variety of measures. Despite these daily and monthly audits we still have concerns about how medicines are used.

We have helped the provider to make contact with an NHS Clinical Pharmacist who will help the service make progress with reviewing residents' medicines. This work should help ensure residents' medication is more effective.

This element of the Improvement Notice is Not Met. We have extended the timescales of this part of the Improvement Notice to 28 November 2013.

2. Food/Fluids and Nutritional Care

By 18 September 2013, you must put in place a system to:

a) accurately calculate and record the Body Mass Index of service users according to assessed need;
b) ensure that where there is identified weight loss, the Malnutrition Universal Screening Tool (MUST) guidance is followed, including weighing individuals according to need;
c) review, record your findings and update each care plan as so required to ensure that each service user who needs assistance to eat, drink or maintain their nutritional status has a care plan that describes the specific interventions for that individual;
d) ensure that all service users receive support at mealtimes to meet their assessed needs;
e) ensure service users dietary and fluid likes and dislikes are recorded and these are used to help identify meal preferences for any service user who may be unable to indicate or verbally express choices;
f) ensure that food and fluid charts are completed for those service users who require them;
g) ensure that the content of food, fluid and weight charts are evaluated and the information is used to plan care;

This is in order to comply with the Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI/2011/210 regulation 4(1)(a).
Progress

We found some progress has been made with some aspects of the nutrition improvement notice but, considerable further improvement is still required.

The service has initiated several actions to improve nutritional care, such as;

- Reviewing resident height and weight and MUST score.
- Weighing scales have been recalibrated.
- Reviewing eating and drinking care plans.
- Clinical Services Managers and quality consultants are overseeing and checking practice.
- Daily management meeting to review residents at risk and their nutritional intake.
- Creating a residents' dietary summary list to help communicate resident needs to staff.
- Reorganisation of lunch management in some units.
- Introduction of a Hostess to each unit.

However the effectiveness of these actions on the outcome for residents is variable. We found that management and staff lack the appropriate level of knowledge and understanding of some aspects of eating, drinking and nutritional care, for example, fortified, high calorie diets.

We found management had not identified the root cause of the problems with nutritional care, and so could not fully meet resident's needs. We discussed this in daily feedback to the provider.

We completed a nutritional audit tool of residents in all four units. The overall percentage of residents at medium or high risk of under nutrition is 34%. This is higher than we are currently finding in care homes, which is nearer 20%. In one unit we found 61% of residents were at medium or high risk of under nutrition and in another unit this was 45% of residents. Following our inspection the service has told us that the latest weights for October show that most residents have stopped losing weight.

We found that

- Although the service had reviewed height and weight, there was no robust procedure for taking residents' height and weight to ensure accuracy and consistency of measurements.
- Where a residents' height has been remeasured, the records did not make it clear which measurement should be used to calculate Body Mass Index.

We were advised by management that all care plans of high risk residents had been reviewed and rewritten where necessary. We found some parts of the dietary care plan were person-centred and some were not. For example several care plans stated ''fortified diet'' but there was no information about how this would be implemented based on the residents' usual eating habits and preferences.

We reviewed some care plans of residents who were at risk of under nutrition. We found that the first dietary steps which should be taken within the home to stop residents losing weight were not clearly set out for staff. Clear written guidance would allow staff to improve care planning and improve outcomes for residents. Some residents' care plans stated they needed a fortified diet and/or nutritional supplements. All were still losing weight. We found the evaluation of the care plan stated "refer to the dietician''. We concluded that this was an inadequate evaluation of care because there was no assessment of why, despite the planned dietary care, these residents were still losing weight.

We found several factors which may be contributing to weight loss or lack of weight gain;

- Fortified high calorie diets are not properly understood or implemented by management or staff. Our observation is that the calorie content of residents' diet is not being sufficiently boosted.
- Several residents seemed sleepy, were not up until late morning and fell asleep at the table, even at lunch time. The outcome is that the resident's sleepiness is affecting their ability to eat and drink enough. This had not been identified as a possible part of the cause of their weight loss by the service.
- Meal and snack times were running into each other and so working against residents being able to eat and drink enough.
- Residents were being given nutritional supplements during lunch and there was no staff awareness that giving this during lunch would affect the appetite of residents and their ability to eat lunch.

We found residents' likes and dislikes have been reviewed in their care plan. This information was not detailed enough to allow staff to help residents eat healthily, identify the best food to offer residents when they are unwell or choose foods that residents like if they need a special diet, such as high calorie.

Management advised us that several measures had been introduced to help ensure residents are supported at mealtimes. We found that management oversight and staffing of mealtimes and snacks remains inadequate to ensure residents' dietary needs are met and that they have a pleasant dining experience.
For example;

- We found some residents on a soft diet who were not offered a soft option. They were given food which they were unable to eat
- An agency nurse was not given sufficient instruction and attempted to give unthickened fluids to a resident who required thickened fluids.

- A plate guard was seen in use which allowed a resident independence for one meal. This was not given at the next meal and we observed the resident becoming frustrated and upset.
- The residents' dietary summary and assistance charts contained incorrect information and we found staff had not been properly instructed in its use
- On many occasions the same staff member did not assist a resident with their whole meal
- Staff took their lunch break during the residents' lunch time. This means there were not enough staff available to adequately assist residents and provide a pleasant dining experience.

The service advised us that they now have a unit hostess to help ensure residents eat and drink. Some aspects of this role seemed to work well, for example, they greeted residents when they came into the dining room and started to get some residents their breakfast.

In contrast, some residents were not given adequate assistance. For example;

- A resident who needed full assistance was brought into the dining room for breakfast but waited 30 minutes before staff spoke with them or they were given assistance to have a drink. We were told that this was because too many residents had arrived at the dining room at once.
- At lunch a resident was being helped to eat and drink by a member of staff. There was limited interaction. The member of staff left the resident three times during the course of the meal to assist other residents.

Food and fluid charts were being completed for a number of residents. When we looked at care records it was unclear how staff assessed which residents were at risk of dehydration and should have their fluids monitored.

The BUPA policy states residents should have a minimum of 1500mls of fluid a day. Some residents were having their fluids monitored. The home manager told us that weekly fluid summary charts are completed for these residents. This is reviewed by the clinical service managers. We found that this overview was inadequate. For example, in one unit we looked at five residents' weekly fluid summary charts. We found that three of the five residents had not met a minimum of 1500mls daily average intake over the week. Care plans did not record that residents had not met the target and what staff planned to do to help these residents.

Some food and fluid charts were incorrectly completed. We observed different staff helping the same resident with food and drinks. As a result no one member of staff had an overview of what residents ate and drank. When we looked at food and fluid charts we found in some instances charts did not match our observations of what was eaten or drunk.

We observed a range of breakfast, lunch, evening meal, snacks and supper on all of the units during the seven days of the inspection. We looked at eating, drinking and nutritional care. We found practice was variable, inconsistent and on some occasions put residents at risk.

While the provider has made some steps to identify why the outcomes for residents in the home are poor, much remains to be done.

This element of the Improvement Notice is Not Met. We have extended the timescales of this part of the Improvement Notice to 28 November 2013.

3. Training
(A) By 18 September 2013, you must develop a staff training programme with dates for implementation for:
a) management and leadership, for staff in such roles, who are involved in the provision of the care service;
b) prevention and management of pressure ulcers, including best practice guidance for tissue viability;
c) the calculation of Body Mass Index and use of the MaInutrition Universal Screening Tool (MUST);
d) food, fluids and nutritional care;
e) creating a positive mealtime experience taking account of best practice documents such as, NHS Scotland (2002) Nutrition for physically frail older people best practice statement, and providing assistance with eating and drinking;
f) person-centred care taking account of best practice documents such as, Scottish Executive (2006) Delivering Care, Enabling Health, and the development of appropriate care planning;
g) the safe administration of medication;
h) calling for medical assistance in the event of resident illness or injury;
i) caring for people living with dementia;
j) moving and handling;
k) hand hygiene.

(B) By 25 September 2013, you must provide a copy of the above training programme to the Care Inspectorate.

(C) By 28 February 2014, you must provide written confirmation to the Care Inspectorate that all identified training has been completed.

This is in order to comply with the Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 201 1 ,SSI/201 1/210 regulation 4(1)(a) and regulation 15(b)(i) Staff training.

Progress

The Home Manager has sent us a copy of the training plan as set out in (B) above by the timescale. The proposed training programme includes plans for training in all of the above topics identified in (A) above for certain staff.

For example, there are 129 staff currently employed in the home. All 129 have been identified to receive training in hand hygiene, person-centred care and mealtimes. Training is planned for registered nurses only in care planning, care records and accountability.

We have made some comments on how to improve the proposed training in medicines, food, fluid and nutritional care and tissue viability to the provider. We will monitor how the outcomes for residents in the home is affected by the implementation of this training at the next inspection.

The service has met the aspects of the training part of the Improvement Notice where the timescales have been reached.

4. Monitoring staff practice

By 28 September 2013, you must:

(A) put a system in place to audit and monitor staff practice and competency to ensure that you are making proper provision for the health and welfare needs of service users and to protect them from avoidable risk of harm.
(B) ensure this system must make provision for, but not be limited to:
a. care planning, reviews and other accompanying documentation
b. safe storage of medicines and medicines administration
c. food, fluid and nutrition and the mealtime experience
d. pressure area care
e. calling for medical assistance in the event of resident illness or injury.
f. moving and handling
g. management and leadership
h. hand hygiene
i. staff supervision and clinical observation of practice

(C) ensure you have a system to record where you identify any unsatisfactory practices, including the action to be taken to effectively remedy any such practices.

(D) carry out a review of staffing, including skill mix and deployment of staff, to ensure that you make proper provision for the health and

welfare needs of service users and provide a copy of the review to the Care Inspectorate.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 201 1(SSI 201 1/210), regulation 4(1)(a) and 15 (a).

Progress

We have used the information from our observations of care, looking at medication management, incident forms, food, fluid and nutritional care, pressure area care, care records and supervision records to assess the home's performance in this element of the Improvement Notice. We have also used information from discussion with staff and management.

We have discussed with the provider their review of staffing. We have given clear examples of our observations of care and why we do not think the home is adequately staffed. For example;

- there is a need for extra staff in units where residents have dementia and are unable to use a call-bell or wait for assistance
- residents who need full assistance and are assisted by different staff throughout their meal
- residents with a high level of need in one unit
- lack of activities and social interaction
- the nature of incidents and accidents notified to us.

We also found that deep cleaning was not taking place in one unit and that incidents were not being reported to the home manager. The management of the home had not been aware of this. We concluded that this was an example of unsatisfactory management oversight of practice.

We found that the service had taken positive action to lay down firm foundations which should improve monitoring of staff practice. For example, a number of systems and processes have been started such as clinical risk meetings, competency assessments and staff support and supervision meetings.

However, during this inspection we found that care practices in medicines management, food, fluid and nutritional care, pressure area care, moving and handling, hand hygiene, staff supervision, care planning continue to be unsatisfactory. Although some progress in improving the systems was clear it was not yet possible to evidence the impact of this work. We have concluded that the systems used to monitor staff practice are not yet adequate to improve the outcomes for some residents.

This element of the Improvement Notice is Not Met. We have extended the timescales of this part of the Improvement Notice to 28 November 2013.

5. Management and Leadership and Quality Assurance

By 28 September 2013, you must put in place a system to ensure that
a) management and leadership practices are checked on a regular basis by a suitably qualified and competent person not involved in the day to day operation of the care service. Checks should be recorded and reported to the provider;
b) where you identify any unsatisfactory practices, you keep a record and effectively remedy these;
c) problems identified through any quality assurance audits are rectified.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 201 1/210), regulation 4(1)(a)

Progress

We used information from discussion with the BUPA management and quality assurance team to evidence this part of the Improvement Notice. We also looked at incident records, management of medicines and quality assurance documents and records.

We concluded that there was a clear plan for oversight of the home by the quality team within BUPA, who are external to the home. Plans were in place for an assessment and report completed by the quality team, which would evaluate the management and leadership practices of the home. This report would be sent to the operations team area directors to action areas where improvements needed to be made. This was a new reporting system starting on 1 October 2013.
The provider has given us a leadership and management plan which outlines a range of measures which they plan to use to keep oversight of day to day practice within the home.
Although the service has worked had to put into place a system, this system was not fully operational. Our evidence from the inspection was that we continued to identify areas of poor practice which should have been picked up from an effective quality assurance system.

For example;

- medication management errors
- ineffective pressure ulcer prevention equipment in use
- inadequate cleaning

- failure to notify the care inspectorate of accidents and incidents
- food/fluid and nutritional care.

We concluded that this element of the Improvement Notice is Not Met. We have extended the timescales of this part of the Improvement Notice to 28 November 2013.

6. Care Plans

By 28 November 2013, you must put in place a system to:
(A) ensure that all service users' personal plans (care plans) and other necessary, accompanying documentation including relevant risk assessments are reviewed and updated to include a full assessment of the health and welfare needs of each individual service user together with details of how these are to be met, including all aspects of physical and mental health. This must include but is not restricted to:
a. medication
b. nutrition
c. tissue viability including use of pressure reducing aids and take
d. account of sitting for long periods
e. moving and handling
f. information from accidents and incidents
g. guidance from health care professionals
h. mental health stress and distress
i. oral hygiene
j. hand hygiene
(B) ensure that care plans accurately reflect the outcome of any
(C) assessment and that where risks are identified, appropriate risk, reduction measures are in place;
(D) ensure care plans are regularly and comprehensively evaluated to meet individual need;
(E) ensure care plans are reviewed with the resident and their representative(s) at least once in every six month period.
(F) ensure care plans contain sufficient information to inform staff of the
(G) correct equipment to be used and assistance required in all areas of assessed need;
This is in order to comply with the Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 201 1, SSI/2011/210 regulation 4(1)(a) and regulation 5(a)(b)(c)(d).

Progress

The timescale for the service to achieve this element of the Improvement Notice is 28 November 2013. As this timescale has not been reached we will inspect progress with care plans at the next inspection of the service.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 0

Number of recommendations: 0

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

We concluded that there was no change in the findings of this quality statement since the previous inspection. We graded the service as weak for this quality statement.

The service's methods of participation described in quality theme 1 statement 1 (1.1) also apply to this quality statement and have contributed to the grading of the quality of the environment.

Areas for improvement

We recognise the service has focused on addressing the issues within the Improvement Notice.

We observed the environment had not changed significantly since our inspection in May 2013.

We concluded that the environment could be improved for residents. We did not find any evidence that staff were using information gained from observing residents' habits or behaviours or from their understanding about residents' conditions to make adjustments or improvements to the environment.

Grade awarded for this statement: 2 - Weak

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

Based on the evidence found during this inspection we assessed and graded the service as remaining weak for this statement. We decided this after we looked at the environment and checked records.

The home had a number of environmental checks which were carried out to ensure the environment is safe. These were well established and remained in place.

At the last inspection there were a number of areas of concern which related to safety and dignity of residents and we made a requirement.

We noted that some positive action had been taken to address some of the requirement as follows;

- On Carnethy we saw the cafe had been restored to a useable space for residents and the broken equipment removed.
- Similarly, the quiet lounge on Caerketton had been restored to a space that residents could use.
- We checked the bedroom with the leaking soil pipe and found that a permanent and appropriate repair had been made.
- Some broken furniture and stained chairs had been removed.
- Some residents on one unit were offered wipes before and after some meals
- We did not see uncovered plated meals left out in the kitchen.

Areas for improvement

There are outstanding parts of the requirement we made about the environment which remained not met, as follows;

- We continued to observe staff assisting residents without washing their hands. Handwashing was still not consistently offered to all residents before meals.
- There was malodour in all four units
- In Turnhouse the sitting/ dining room was still excessively hot. Staff told us the air conditioning needed a repair and that parts had been ordered but had not arrived.
- Some of the seat cushions were missing from the armchairs.

We also found that some residents who had been assessed as requiring bedrails only had one fitted on one side of the bed. The side without the bedrail was against a wall. This is not best practice. We found that on one occasion staff had not reapplied the brake to the bed and there was potential for the resident to become injured. We asked staff to correct this on the day of the inspection.

When residents use a call bell there is no audible alert. Staff carry pagers which tell them who needs help and their location. At the last inspection we found a lack of pagers. This means that there was an increased risk that residents who called for assistance had a delay before staff could respond to them. The manager told us that more pagers had been purchased. However, there were not enough pagers for all available staff to have one and the number of pagers available varied during our inspection. The Manager told us that staff sometimes took pagers home accidentally and that this should not happen. We concluded that any system used to ensure staff did not take the pagers home after work was ineffective, resulting in potential delays in responding to residents.

Bedroom doors continued to be locked in some units when residents were not using them. It was difficult for us to find out who had a key. We concluded that residents and families need an easy way to know who can help them access their room when they wish it.

The requirement we made at the last inspection has been amended to reflect the findings of this inspection. Some aspects have been met but the majority remain unmet, See requirement 1.

In the grading of this quality statement we have taken into account the findings of the review of therapeutic equipment used for the prevention of pressure ulcers completed by the professional adviser tissue viability.

We have also taken into account that medicine fridge temperatures have been outwith the acceptable range. These findings can be found in quality statement 1.3.

We concluded that the environment continues to pose potential risks to safety and protection of residents. In addition their dignity was compromised. We have made a requirement about the environment, See requirement 1.

We followed up on a requirement made as a result of a complaint investigation as follows;
The provider must ensure that infection control procedures are in place and are followed at all times to ensure service users' well being.
In order to achieve this the provider must:
a) review the systems for managing laundry safely to ensure they are consistent
b) ensure all staff are aware of and follow infection control procedures.

This requirement was made because laundry labelling systems were unclear. During our follow up we found that there was still conflicting information on display in the sluices as had been found during the complaint. A permanagent staff member said that neither of the conflicting guidance was the system currently used in the home. The home are currently reliant on a high number of agency staff who are unfamiliar with the laundry practices in the home. We concluded that it was reasonable to expect new staff to try to follow the guidance in the sluice, which would be incorrect.
We have concluded that this requirement is not met.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure the environment is safe and residents are protected. In order to achieve this the provider must:
   (i) Ensure staff follow good infection control procedures by washing their own hands between caring for residents and offering all residents hand washing facilities before meals
   (ii) Address the malodour in the units
   (iii) Continue to remove unsafe, broken or damaged equipment from use
   (iv) Ensure staff have enough pagers so that residents can call on available staff
   (v) Ensure keys are available for staff and residents to open the locked bedroom doors within the home
   (vi) Ensure kitchen checks are carried out and food is stored correctly
   (vii) Ensure when assessed as needed bedrails are used appropriately to ensure residents safety
   This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. SSI/2011/210 Regulations 4 (1)(a), 10(d) and 14. In making this requirement National Care Standards Care Homes for Older People Standard 4 Your environment.
   Timescale:
   (i), (iv), (vi)and (vii) within 24 hours of receipt of this report.
   (ii), (iii) and (v) by 28 November 2013.
2. The provider must ensure that infection control procedures are in place and are followed at all times to ensure service users' well being.
   In order to achieve this the provider must:
   (i) review the systems for managing laundry safely to ensure they are consistent
   (ii) ensure all staff are aware of and follow infection control procedures;
   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 4(1)d
   and takes account of the National Care Standards - Care Homes for Older People.

Standard 4.3
Timescale: By 28 November 2013.

Statement 3

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

Service strengths

Our findings of the last inspection meant we graded the service weak for this quality statement. We did not find any evidence of significant improvement during this inspection and the grade remains weak.

Areas for improvement

We found the service had a weak level of performance in this quality statement.

Following an upheld complaint we made the following requirement;
The provider must ensure that the home's garden is safe for residents to use. As a result of this requirement the Home Manager had carried out a general risk assessment of the garden and an assessment of the garden to make it more suitable for residents with dementia. This had resulted in an action plan. Some of the planned actions are;

- to add fencing to the garden to create a safe courtyard space
- improved planting
- to create points of interest such as a greenhouse, garden shed, bird feeding area and planters
- changing the garden door
- adding signage to guide people to the garden entrance
- fitting of a handrail on the sloped leading to the garden
- adding safe seating

The general risk assessment said that there would be a daily walk round of the garden area to remove broken glass, ceramics and other objects such as continence aids. When we checked the garden during our inspection we found that the planned work had not commenced and we found a knife, furniture, a cushion and continence aids in the garden area. We concluded that this requirement has not been met and we have made it again, See requirement 1.
We made a requirement at the last inspection as follows;
The provider must ensure that all bedding in the home is fit for purpose. This is in order to comply with SSI 2011/ 210 4 (1)(a),14(b). This also takes into account National Care Standards Care Homes for Older People Standard 4 Your Environment.

We carried out an audit of the environment on three of the four units of the home and looked at bedding while checking pressure reducing equipment with the Professional Adviser Tissue Viability. We found bedding was still inadequate. We looked at sheets on some beds and found them to be thin and stained. We spoke

with staff and found there was no clear guidance about when bedding should be changed. We have made this requirement again, See requirement 2.

We looked at the environment in relation to providing a positive quality of life at the inspection of 3 July 2013.

A well planned and considered environment can play a crucial role in improving the quality of life for older people generally and particularly for those with cognitive problems such as dementia. We thought that more work was needed to improve the environment. For example the corridors were bland and clinical, there were no points of interest where people who liked to walk could stop and touch tactile art work or look at photographs. We thought that the signage could be improved to help residents find their bedrooms.

In some units we observed that increasing noise levels was distressing for some residents. Noise needs to be kept at a level that allows residents to feel relaxed and to concentrate. During mealtimes on some units we saw that sudden and frequent noise from the kitchen area startled some residents. This had not improved since our last inspection.

At this inspection we found that the quality of the environment had not changed in a way which would lead to an improved experience for people.

Overall we have assessed the quality of the environment as weak. Lack of understanding and consideration of the potential impact of the environment resulted in poor outcomes for some residents. We have used the information from the other quality statements which affect the quality of life of residents to grade this quality statement.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that the home's garden is safe for residents to use. This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 10 - Fitness of premises
   (1) A provider must not use premises for the provision of a care service unless they are fit to be so used.
   And
   (2) Premises are not fit for the provision of a care service unless they -
   (a) are suitable for the purpose of achieving the aims and objectives of the care service as set out in the aims and objectives of the care service; and

(b) are of sound construction and kept in a good state of repair externally and internally.

This also takes account of the National Care Standards - Care Homes for Older People, Standard 4 - Your environment.

Timescale: by the 28 November 2013.

2. The provider must ensure that all bedding in the home is fit for purpose. This is in order to comply with SSI 2011/210 4 (1)(a),14(b). This also takes into account National Care Standards Care Homes for Older People Standard 4 Your Environment.
Timescale: To be completed by 28 November 2013.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service Strengths

Based on the evidence found during this inspection we graded the service as weak for this statement. We decided this after we looked at the ways in which service users and carers can participate in assessing and improving the quality of staffing in the service.
The comments described in Quality of Care and Support 1.1 are relevant to this statement.

Areas for improvement

Staffing changes continued to take place in the home. We spoke with the provider about staffing. We acknowledged that they had taken positive action to improve recruitment to the home and had made some staff appointments. These staff had not yet commenced in the home. Therefore there was still a lack of continuity of staffing in the home and the units. Relatives told us they found it difficult to keep up with the staffing changes.

Grade awarded for this statement: 2 - Weak

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

Based on the evidence found during this inspection we graded the service as weak for this quality statement. We decided this after looking at training, staff supervision and observation of staff practice. We have also taken into account evidence detailed in the other quality statements to grade this quality statement.
The provider had a comprehensive induction package which included training for all new staff. A further training package was planned for all staff as part of the providers action to address the Improvement Notice.
Experienced clinical services managers had been brought into the home. All four units had a clinical services manager who was responsible for teaching clinical skills and providing oversight of staff practice.

Two BUPA quality consultants had been brought into the home. Their role was to support the clinical services managers and the Home Manager to implement best practice.
Each member of staff had an individual learning plan which proposed to deliver training in a modular form and included e-learning.
Staff continued working hard to try to deliver care. Many were committed and caring.

Some good practice was observed in all 4 units of the home, in some aspects of care, but this was inconsistently applied.

Areas for improvement

From our observations over the days of the inspection we concluded that staff were not operating to National Care Standards, legislation and best practice. We found there was still an emphasis on completing tasks instead of person-centred care that we would expect to see.

Clinical Services Managers had been appointed to the units to guide practice and provide management and leadership. There were signs of improvement in some communication and some staff said they felt more supported. The impact of this role in changing cultures and improving practice had not yet been fully established.

Due to high staff turnover and recruitment and retention problems staffing of the units involved use of many agency workers who were unfamiliar with the residents. We noted that the provider had requested that the same agency staff returned where possible. We saw this was not always possible and due to sickness and absence agency staff were moved between units.The impact of this was that agency staff were not always given sufficient information to help them care for residents. We saw examples of this during our inspection where agency staff had not been informed

that a resident needed their fluids thickened before offering them a drink. The potential outcome is that residents who need thickened fluids but do not receive them can aspirate the fluid into their lungs and become unwell.

We noted that those in a unit manager or acting unit manager position did not always receive the supernumerary time allocated.

Notifications which have been made to us continue to support the view that staff are not following best practice in moving and handling and medicines management.

When we observed staff practice we saw some staff appeared to lack the information, knowledge and skills needed to support older people with dementia;

- at mealtimes staff did not offer appropriate assistance to help those who needed supervision or prompting to ensure their nutritional needs were met.
- staff were not aware of the impact on the residents of the noisy environment during mealtimes
- staff did not know why some residents were not assisted to get out of bed
- there was a lack of interaction initiated by staff when they assisted residents who needed help with eating and drinking.

Some staff attributed residents' confusion and dementia for all of their difficulties, needs and behaviours; other explanations were not considered.

A staff training plan had been submitted to us. The training for staff had not yet taken place.
A home based trainer had started in the home. They were responsible for induction and ongoing mandatory training of staff. Their role was to provide training within the care home setting. BUPA management told us this had not worked out as planned at Pentland Hill and BUPA now planned to provide trainers for specific topics instead.

Staff training is subject to enforcement by the Care Inspectorate and is reported in detail in quality statement 1.3 of this report.

Following two upheld complaints we made a requirement that service users are referred for appropriate medical advice as soon as possible when they show signs of illness or injury. During this inspection we saw that on the whole staff called for medical assistance when appropriate and residents received medical advice and care they needed. We will continue to monitor the service performance of this through notifications made to us and at future inspection to ensure this is sustained.

Referral for medical advice is subject to enforcement by the Care Inspectorate and is reported within quality statement 1.3 of this report.

Staff supervision and oversight of practice is subject to enforcement by the Care Inspectorate and is reported within quality statement 1.3 of this report.

As a result of an upheld complaint we made the following recommendation; Relevant staff should receive training to ensure they are aware of the service provider's policies and procedures for handling complaints or requests for information from residents' representatives.

The action plan sent to us by the home identified that nursing staff in Turnhouse Unit would receive themed supervision about BUPA's managing customer expectations procedure and the procedure for requests for resident information by 7 June 2013. There was no evidence that this had been completed by the given date or considered within the training planned. We have made the recommendation again, (see recommendation 1).

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Relevant staff should receive training to ensure they are aware of the service provider's policies and procedures for handling complaints or requests for information from residents' representatives. This takes account of National Care Standards Care Homes for Older People Standard 5 and Standard 11.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 1 - Unsatisfactory

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 there was no change in the findings of this quality statement since the previous inspection. We graded the service as weak for this quality statement.

The service methods of participation described in quality theme 1 statement 1 (1.1) also apply to this quality statement and have contributed to the grading of the Quality of the Environment.

We saw some of the positive elements which were in place when we previously considered this quality statement remained in place. These were as follows;

- There were details within the home about how residents, relatives and their representatives could raise concerns directly with the provider. We found evidence that some families used this route to raise concerns.
- There was information in the home about how to contact the Care Inspectorate with concerns and complaints.

Since the last inspection the provider had held a residents' and relatives' meeting to give information and answer questions about the management and leadership and the enforcement action which we have taken against the service. The meeting was attended by the Care Inspectorate and the City of Edinburgh Council.

Areas for improvement

The areas for improvement described in Quality of Care and Support 1.1 also apply to this quality statement.

We could not find any evidence within the minutes of meetings, newsletter, notices or other written communications that residents and relatives had been consulted about changes to the management of the home or the units.

Independent advocacy was not actively promoted or used routinely to help residents express their views.

We did not find evidence of significant change in the way participation of residents and relatives could influence the operation of the service.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths

Leadership and Management is subject to enforcement by the Care Inspectorate.

We have commented on the progress with leadership and management part of the Improvement Notice in section 1.3 of this report.

A number of systems and processes have been started which should improve the quality of care through promotion of leadership values. For example;

- Since the last inspection the provider has brought in a Home Manager
- An experienced Clinical Services Manager has been assigned to each of the four units to work directly in the unit, reinforcing good care and identifying poor practice
- The provider has decided to recruit and appoint a house manager to each unit to provide leadership.
- Clinical risk meetings take place daily to identify residents who need specific interventions to improve or maintain their health and well being
- Care plans were being reviewed
- The Home Manager visits each unit every day to find out about the residents
- Checks of staff competency are at an early stage
- The provider was recruiting new staff.

We concluded that the provider had taken positive action. However, the systems and processes were at an early stage of implementation. Currently they were not well enough established or sufficient to make an impact on the quality of care or outcomes for people who use the service.

Based on the evidence found during this inspection we have not changed the grade of the service. The grade remains unsatisfactory for this statement.

Areas for improvement

There has been a high level of staff turnover in the home. We found that the provider used agency staff to cover staff shortages. During the inspection we found some agency staff were not given sufficient detail about residents' care to allow them to meet their needs. We asked that this be addressed during the inspection. A handover sheet had been produced for agency staff which provided essential information that agency staff must know before caring for residents.

During the inspection we were informed that the home manager would be changing. A new manager had been appointed and would be taking up post within weeks. The impact of the change will be assessed at future inspection.

During the inspection we found evidence of unsatisfactory medicines management, food, fluids, nutritional care and tissue viability. We concluded that while the provider was taking positive action to address our concerns the issues remained, providing unsatisfactory outcomes for some residents and increased risk for others.

Leadership and management is part of the Improvement Notice. Further comments can be found under progress with the improvement notice in Quality of Care and Support statement 3 (1.3) of this report.

Grade awarded for this statement: 1 - Unsatisfactory

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

Quality assurance is included in leadership and management which is subject to enforcement by the Care Inspectorate.
We have commented on the progress with quality assurance, leadership and management part of the Improvement Notice in section 1.3 of this report.
Based on the evidence found during this inspection we graded the service as unsatisfactory for this statement. This was because although we found evidence of positive action which had been taken by the provider to put into place a framework of quality assurance systems and processes these had not been sufficiently established to have a significant improvement for residents.

Areas for improvement

During this inspection we found the provider had made changes to the organisational structure of the home. At the residents' and relatives' meeting on 26 August 2013 the home manager was introduced and we saw that the manager had written to residents and relatives to give them some background information and introduce herself. Since then another new manager has been appointed. Residents and relatives will take time to have confidence that leadership and management issues will be addressed by the home manager.

Although medication rounds had been reviewed by the provider, there were still serious problems with medications management. We have been able to arrange for a Clinical Pharmacist to assist the home with the review of medicines management.

Following two complaints made to us we made a requirement that the service must adhere to the complaints procedure at all times. In order to achieve this the provider told us that themed supervision would be carried out. We could find no evidence that this had been carried out. This was evidence of poor management and leadership which is subject to enforcement by the Care Inspectorate. The provider has put into place a number of systems and processes, and has planned staff training which should improve complaints handling and investigation. Relatives told us they continued to be dissatisfied with how complaints were handled within the home. The provider has not made sufficient progress for us to remove this requirement. We have made the requirement again. See requirement 1.

Care service providers must inform the Care Inspectorate of certain events when they happen in the home. These are called notifications. Notifications can change our assessment of risk in the home and can influence when we carry out our inspections. These can help us assess whether the home has responded appropriately to events and if the provider is ensuring the health and wellbeing of residents. At our inspection

in May 2013 we were aware of a number of incidents, accidents and deaths which had not been notified to us. We made a requirement about this.
Since May 2013 it appeared that the home had improved and were sending notifications as they were required to do so. However during this inspection we found a number of incidents, accidents and a death which had not been notified to us. This requirement is not met. See requirement 2.
These findings add to our assessment of continued poor management and leadership in certain areas in the home.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must adhere to the terms of its complaints procedure at all times and ensure that any complaint made is fully investigated. This is to comply with the Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 SSI/2011/210 Regulation 18(3) Complaints. This also takes into account National Care Standards Care Homes for Older People Standard 5.1, 5.2 Management and Staffing arrangements, 11.3 Expressing Your Views.
   Timescale: To commence within 24 hours of receipt of this report and show sustainment by 28 November 2013.
2. The provider must ensure that all required notifications are made to the Care Inspectorate.
   This is to comply with section 53(6) of the Public Services Reform (Scotland) Act 2010.
   Timescale: To commence upon receipt of this report show sustainment by 28 November 2013.

4 Other information

Complaints

There have been two upheld complaints since the last inspection on 3 July 2013. This resulted in requirements and a recommendation which are reported in this inspection report. You can find information about complaints that we have upheld on our website www.careinspectorate.com

Enforcements

Since the last inspection, we have taken enforcement action against the service. This action was taken under s62 of the Public Services Reform (Scotland) Act 2010. We issued an Improvement Notice to the service dated 13 August 2013.
Subsequently we have extended the timescales of this notice.
The Improvement Notice and extension of timescales can be found on our website www.careinspectorate.com.

Additional Information

As part of this inspection a feedback meeting was held with senior BUPA management and the home manager on 11 October 2013. At the meeting we discussed the enforcement action we have taken against the service. Our concerns about the potential risk to residents if improvements are not made and the lack of improved outcomes for residents since we have issued the Improvement Notice (13 August 2013) was also discussed.

Senior BUPA management was informed that the Care Inspectorate would extend the timescales of the Improvement Notice where these had been reached. This is to give BUPA the opportunity to fully implement the work already begun to meet the necessary improvements. Senior BUPA management reinforced that they would make any necessary improvements.

The provider had already agreed to voluntarily suspend admissions to the home until the Improvements have been made.

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

Quality of Care and Support - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 2	1 - Unsatisfactory
Statement 3	1 - Unsatisfactory
Quality of Environment - 2 - Weak	
Statement 1	2 - Weak
Statement 2	2 - Weak
Statement 3	2 - Weak
Quality of Staffing - 2 - Weak	
Statement 1	2 - Weak
Statement 3	2 - Weak
Quality of Management and Leadership - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 3	1 - Unsatisfactory
Statement 4	1 - Unsatisfactory

6 Inspection and grading history

Date	Type	Gradings	
3 Jul 2013	Unannounced	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory 2 - Weak 2 - Weak 1 - Unsatisfactory
14 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate

14 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
18 Jun 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
20 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
30 Sep 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
6 May 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 3 - Adequate
17 Jan 2011	Re-grade	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed Not Assessed
1 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good Not Assessed
13 May 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
26 Jan 2010	Unannounced	Care and support	2 - Weak

		Environment Staffing Management and Leadership	2 - Weak 2 - Weak 3 - Adequate
10 Nov 2009	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
18 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
18 Feb 2009		Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

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

To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: www.careinspectorate.com or by telephoning 0845 600 9527.

Translations and alternative formats

This inspection report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527
Email: enquiries@careinspectorate.com
Web: www.careinspectorate.com