

Care service inspection report

Pittendreich Care Home

Care Home Service Adults

Pittendreich House

Melville Dykes

Lasswade

EH18 1AH

Telephone: 0131 660 4073

Inspected by: Jan McIntosh

Type of inspection: Unannounced

Inspection completed on: 23 January 2014



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Service provided by:

St Philips Care Limited

Service provider number:

SP2003003516

Care service number:

CS2004062064

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Summary

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

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

We gave the service these grades

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

What the service does well

The care home building and garden had a historic character. Bedrooms and public rooms were individual and the house still had original features from the time before its use as a care home. We saw that residents appeared relaxed and responded well to staff.

What the service could do better

We have asked the provider to make sure that the systems they use to check that staff are following good practice are robust enough. We have also asked the provider to make sure that there are enough suitable activities for residents to choose from.

What the service has done since the last inspection

An Improvement Notice was issued to the provider on 2 December 2013. In this notice we told the provider of the service about the areas of care that needed significant improvement. We found that there had been some work towards making the improvements but there were several areas where more work was needed. Some of the requirements and recommendations from the last inspection had been met.

Conclusion

The manager and the service provider responded promptly to the findings in the previous inspections and implemented a plan to improve the service.

At this inspection we saw some good care practices, but we also found aspects of care and support that were not satisfactory. We have reissued the improvement notice with extended timescales to allow the work to be completed. We have also extended the timescales on requirements that are outstanding.

Who did this inspection

Jan McIntosh

1 About the service we inspected

Pittendreich Care Home provides care and accommodation for up to 27 older people. The home is owned and managed by St Philips Care Limited. There were 14 residents in the home at the time of the inspection.

The home is in the countryside close to the village of Lasswade. There are large grounds and gardens. However some areas have uneven ground and this limits access. The home has three floors with a lift to each floor. There are single bedrooms and one bedroom that can be used as a shared twin room. Fourteen bedrooms have en-suite toilet facilities, the rest have a wash hand basin within the room. There are two large sitting rooms that can be joined into one large room for special occasions and events. There is a separate dining room.

The service provider's mission statement states:

"Our service users are encouraged to maintain their preferred lifestyle in their new home environment.

We support resident's choice, freedom, dignity, independence and participation in planning their individual care needs.

Our aim is to meet the needs of the whole person, physically, psychologically, socially, sexually and spiritually by promoting independence of our service users whilst maintaining a safe environment for all."

The Care Inspectorate regulates and checks care services in Scotland. Before 1 April 2011 this was carried out by the Care Commission. Information on care services is available on our website www.scswis.com. This care service was registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, we may make a recommendation or a 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 based on best practice or National Care Standards.

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

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 2 - Weak

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

This report was written after an unannounced inspection which took place on 14 January 2014. A further unannounced visit took place on 20 January and feedback was given to the manager and representatives of St Philips Care Ltd on 23 January 2014. A representative from Midlothian Council attended the feedback meeting. The Inspector and team manager Stephen Butcher also attended a meeting for relatives of service users which was held in the home on 16 January. The inspection was carried out by Inspector Jan McIntosh.

During the inspection we gathered evidence from a number of sources including:

Speaking with the manager

Speaking with staff including two agency staff nurses (day duty), a senior care assistant, four care assistants, two members of the domestic and laundry staff

Speaking with a Midlothian Council staff member who is working in the home to support staff

Speaking with a manager from another St Philip's Care service who was providing support to the home

Speaking with the regional manager from St Philip's Care who was working in the home during the inspection

Speaking with four residents individually

Observation and speaking with residents in the lounge areas

Observation of meals being served in the dining room

Inspection of the bedrooms and public areas

We looked at documentation including:

Five residents' personal plans

Five residents' mini care plan summaries

Care records including food and fluid records and repositioning charts

Records of staff handover information

Management records of action taken to monitor and improve individual staff performance

Staff training plans

We spoke with family members who attended a relatives meeting in the home and one family member who contacted us during the inspection process.

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 give moving and handling assistance to residents in a safe and comfortable way. In order to achieve this the provider must:

- (i) review staff practice and previous training to identify staff who require moving and handling training and ensure that the training need is met
- (ii) ensure that residents' moving and handling risk assessments and care plans are accurate and up-to-date
- (iii) monitor staff practice to ensure that staff use the correct technique when giving moving and handling assistance including the correct and safe use of equipment.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users and Regulation 15(b) Staffing.

In making this requirement national care Standards, Care homes for Older People, Standard 5 Management and Staffing Arrangements is taken into account.

Timescale: To commence on the date of receipt of this report and for completion by 30 December 2013.

What the service did to meet the requirement

We have written about this under Quality Theme 1 Quality Statement 3

The requirement is: Not Met

The requirement

The care service premises must be kept in a good state of repair externally and internally.

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(2)(b) - Fitness of Premises.

In making this requirement, National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale: To commence on the date of receipt of this report and for completion by 30 December 2013.

What the service did to meet the requirement

We have written about this under Quality Theme 2 Quality Statement 2

The requirement is: Not Met

The requirement

The provider must take action to manage the risk from hot surfaces such as electric and hot water radiators and associated pipe work. Control measures taken must take into account information contained with the Health and Safety Executive Information Sheet, Managing the risks from hot water and surfaces in health and social care.

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

In making this requirement, National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale: To commence on the date of receipt of this report and for completion by 8 November 2013.

What the service did to meet the requirement

We have written about this under Quality Theme 2 Quality Statement 2

The requirement is: Met - Outwith Timescales

The requirement

The provider must ensure that the care services premises, furniture, soft furnishings and care equipment is clean and free from offensive odours. This must include but is not restricted to:

(i) ensuring that furniture, soft furnishings and equipment are cleaned thoroughly and regularly

(ii) a clear understanding of the procedure to clean spillages to equipment and furnishings and that this is applied

(iii) a monitoring system to measure the compliance with cleaning schedules and to monitor the quality of the cleanliness within the home.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) health, welfare and safety of service users and Regulation 4 (1)(d) have appropriate procedures for the prevention and control of infection.

In making this requirement, National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale: To commence on the date of receipt of this report and for completion by 30 December 2013.

What the service did to meet the requirement

We have written about this under Quality Theme 2 Quality Statement 2

The requirement is: Not Met

The requirement

The provider must put in place a system to ensure that refrigerated food is stored safely and correctly. Systems must include:

(i) development of procedures that inform staff of the correct way to store food, including advice on covering foods and date labelling

(ii) regular checking of refrigerators to measure compliance with the procedures and where taking action to correct any unsatisfactory practice.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) health, welfare and safety of service users and Regulation 4 (1)(d) have appropriate procedures for the prevention and control of infection.

In making this requirement, National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale: To commence on the date of receipt of this report and for completion by 30 December 2013.

What the service did to meet the requirement

We have written about this under Quality Theme 2 Quality Statement 2

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that all complaints are investigated fully. The investigation should include a record of the concern, action taken and inform the person reporting the concern of the outcome of the investigation.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 18(4) - Complaints.

This takes account of National Care Standards, Care Homes for Older People, Standard

5 - Management and Staffing Arrangements.

Timescale: To commence on the date of receipt of this report and for completion within by 30 December 2013

What the service did to meet the requirement

We have written about this under Quality Theme 4 Quality Statement 4

The requirement is: Met - Within Timescales

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

We made six recommendations after the last inspection. These were about using life histories to plan activities, action plans from meetings, audits of mealtimes, cleaning arrangements and accounting systems. Five recommendations had been met and one was not. We have written more about these under the Quality Themes and Statements.

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 did not ask the service to update the self assessment for this inspection.

Taking the views of people using the care service into account

We spent time with residents in the lounges during our visits. Some residents were not able to tell us what they thought about the home but we were able to watch how they responded to the staff. Residents seemed comfortable with staff and were happy to accept the care offered.

We spoke with three residents individually. Residents were generally happy with their care. They told us that they were able to make choices about how they spent their day. Comments included:

"I'm happy"

"I like the food"

"My family come to see me when they want"

Taking carers' views into account

We attended a meeting for relatives that was held in the home on 16 January 2014. The relatives who attended were generally happy with the care being provided. We spoke individually with three relatives who regularly visited residents in the home. Two told us they were very happy with the care in the home and thought there had been improvements recently. The other said that they thought the care varied depending on the time of day they visited and which staff were on duty. Comments included:

"the staff are very helpful"

"I think the activities are getting a bit better"

"some of the carers need to pay more attention"

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

This inspection was focussed on following up the Improvement Notice issued to the service on 2 December 2013 and the requirements and recommendations outstanding from the inspection in September 2013. We did not examine all aspects of this Quality Statement.

The following strengths that were found at previous inspections were still applicable.

The service had a written plan which detailed a range of ways for residents and their relatives to comment on the quality of care and support. These included regular resident and relatives meetings.

We noted that the manager regularly spent time chatting with residents which allowed them to say what they thought about the care they were being given. The activity co-ordinator had started to work on creating life histories for residents. Residents' relatives were being asked to consider taking part in this work and to provide information and mementos relating to residents' lives from before they came to live in the home.

Each resident was allocated a key worker to oversee their personal care and to make sure they had everything they needed for their day-to-day care. There was a notice in each resident's bedroom that described the key workers' job and responsibilities, their name and photograph. This made it easier for residents and their visitors to know what help they could expect from key workers and who to ask for.

The cook assisted with serving lunches and took time to chat to residents and obtain their views on the quality of their meal.

At previous inspections we recommended that records of residents and relatives meetings include a record of the decisions made and who was to carry out decisions (an action plan). We found that this recommendation had been met.

Areas for improvement

A recommendation about life history work was made at the last inspection. We found that some work had been done on developing these as a way of helping staff to get to know the resident. However, the work was at an early stage and the quality of the information in the files we looked at varied. We have carried the recommendation forward to allow the work to progress. (see recommendation 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The home should develop ways for life stories to be used to plan individual care and support. Information from life story work should be used to consider and plan reminiscence activity. Residents who participate in life story work should be offered a copy of their life story or equivalent.

National Care Standards, Care Homes for Older People, Standard 12 - Staying in Touch.

Statement 3

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

Service strengths

This inspection was focussed on following up the Improvement Notice issued to the service on 2 December 2013 and the requirements and recommendations outstanding from the inspection in September 2013. We did not examine all aspects of this Quality Statement.

The following strengths that were found at previous inspections were still applicable.

Residents had a personal plan that had assessments to help staff identify and assess residents' health and care needs. The range of health assessments included:

* Malnutrition Universal Screening Tool (MUST). A tool that helps staff identify

residents who are at risk of putting on too much weight or losing too much weight

* Waterlow assessment. A pressure ulcer risk assessment that helps staff to identify residents who are at risk of developing skin damage or wounds from pressure to the skin.

- * Oral health. An assessment of each resident's mouth care and health
- * Falls risk assessment
- * Dehydration risk assessment. An assessment that helps staff identify residents who may not drink enough fluid to keep healthy.

We saw that staff identified residents who were at risk of losing weight and where appropriate made a referral to the G.P and Community Dietician for advice.

The general cleanliness of the home had improved. In particular the care and hygiene of tooth brushes, hair brushes and denture cups was good.

We made a recommendation about staff practice at mealtimes after the last inspection. While we had some concerns about the management of breakfast arrangements (see under improvement 1 below) we found that the staff who were serving meals did so in a calm and respectful way. The recommendation was met.

Areas for improvement

We followed up the Improvement Notice issued to the service on 2 December 2013

Improvement 1

By 17 January 2014 you must ensure that the systems that are in place for monitoring staff practice make provision for, but are not limited to:

- a) Keeping a written record of observed practice by individual staff members;
- b) Keeping a written record of the individual staff support and training needs that are identified by the monitoring practice;
- c) Preparing a written plan for how you will meet the training or support needs identified for individual staff members and implementing the plan.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a), Regulation 15(a) and Regulation 15(b)

Inspection findings

As at the last inspection, we found that some staff training was taking place.

The service had implemented a system of daily 'walk-rounds' by the Manager. These were recorded and showed that there were observations of the environment, staff practice and recording systems. The Manager had also kept records of the actions taken to address any issues that he had observed. There were records of individual meetings with staff and group 'supervision' meetings to discuss practice issues. The manager also used a system of memos which were issued to address practice and which were to be discussed at handover meetings when staff came on duty.

Management staff provided documentation to show that there was a new training plan in place and that care records were being audited.

However, although there were records of staff being observed we were unable to determine if all staff had been observed and whether all aspects of their practice including moving and handling, offering choice at mealtimes, providing activities or carrying out personal care had been assessed. It was unclear if the training that was planned for staff members was linked to observed practice or was based on a discussion about general training needs.

During the inspection we observed several examples of poor care practice including

- * A resident in obvious discomfort was left for a lengthy period. Although care staff, senior care assistants and Registered Nurses had been in the lounge at different times no-one had responded to this until the Regional Manager prompted staff to take the resident to their room. When the resident was moved, it was clear they had been incontinent and were sitting in urine. We were concerned the nursing and care staff who were present had not picked up non-verbal signs that the resident was clearly uncomfortable.
- * We observed three examples of moving and handling which, although not unsafe, seriously compromised the residents' dignity by exposing their underwear. Staff did not always speak to the residents during the move to make sure they knew what was happening.
- * On two occasions staff did not clean a chair after a resident had been incontinent
- * We observed night staff speaking to a resident in a dismissive way and not offering the support they had asked for
- * There was a general lack of activities going on (this is addressed further under improvement 2)

In addition we had concerns about the arrangements for serving breakfast. On the first day of the inspection we noted that the breakfast was being served by the activity co-ordinator. We observed that care staff were bringing the residents to the dining room and leaving them. We later found them tidying bedrooms and cleaning toiletry baskets while breakfast was still being served.

The manager told us that the idea was to make the breakfast a 'café' environment and that the activity co-ordinator was using this as a social activity for the residents. While we agree that mealtimes should be a sociable and pleasant part of the day, we were concerned that many of residents in the home require supervision and support with eating and drinking and there were no care staff present to monitor what people were eating and drinking or to provide support. In addition, the activity co-ordinator told us that she had not had formal food hygiene training, although she had been given some information about this. On the first day of the inspection we discussed

these concerns with one of the senior care assistants. During the following visits we were told that the arrangements had been changed as a result of the inspector's comments but there was confusion among the staff group about what the new arrangements were. We concluded that there had been a lack of management oversight of the breakfast arrangements and poor communication about any possible changes.

We also found that, despite records to indicate that care plans were being audited, there were inconsistencies in recording between the main care plans and the mini care plans. There were gaps in the recording of residents' weights in two of the plans we examined.

We observed residents being served drinks at different times. On several occasions, we saw staff remove drinks which had not been finished, but when we checked later, we saw that the fluid charts had been completed to show that the resident had drunk the full amount.

Conclusion:

From our inspection visits between 14 and 20 January 2014, we concluded that, although the records indicated that systems had been put in place for monitoring staff practice these were not robust enough to identify and address continuing poor practice. We judged that the improvement was not fully met.

Improvement 2

By 17 January 2014 you must ensure that service users receive care and support in a manner which promotes quality and affords service users choice in the way in which their care and support is provided. This should include but is not restricted to:

- a) Ensuring service users have accurate information about the choices of food available at mealtimes;
- b) Where residents are less able to voice their wishes, staff must be able to demonstrate that they have taken into account known preferences and past wishes when offering support.
- c) Ensuring there is a planned schedule of activities for residents to choose from, that this is displayed/distributed in a way that makes it easy for residents to see and to choose
- d) Ensuring that activities are delivered in a way that reflects their individual assessed needs and choices. This should take account of their previous life histories and any previous hobbies or interests

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 3 and regulation 4(1)(b)

Inspection findings

In relation to improvements 2a) and 2b) we observed practice by staff in offering choice and observed meals being served at breakfast and lunchtime on 2 days.

We found that there was a system in place for offering residents a choice at mealtimes. This involved staff asking residents during the morning to choose from the menu for the meals that day. The menus were on display on the tables and on a board in the dining room. The staff we spoke with had a good understanding of the residents' preferences and made choices for the residents who were unable to choose for themselves.

While we noted that residents were not routinely offered the opportunity to change their mind when the meal was being served, we were satisfied that options were available if they did not like the meal they had been given. We were satisfied that parts a) and b) had been met

In relation to parts c) and d) we watched staff working with residents, spoke to staff, including the activity co-ordinator and examined care records.

The activity co-ordinator had been in post since November 2013 and had no previous experience of this role. She told us that she had not had any training about providing activities to very frail older people. A member of staff from Midlothian Council had recently started working in the home to provide support and was offering suggestions about activities.

We noted that some work had started on compiling life histories for residents. We were told that the activity co-ordinator was carrying out this work as a way of getting to know the residents. We found that the quality of information in the life histories was variable. There was a list of residents and the sort of activities that they enjoyed and an 'activities file' was being developed during the inspection by the member of staff from Midlothian Council but we did not see evidence during the inspection that this was being used by staff to plan activities for each resident.

We observed staff working with residents throughout the inspection visits. At the time of the inspection there were only 14 residents in the home. We saw that most of the residents were in the larger lounge for much of the time. We noted that there had been some group activities such as chair exercises and entertainment arranged which residents had enjoyed. From speaking with staff, we noted that much of this had been suggested or organised by staff from Midlothian Council. However, we found that there were lengthy periods when all the residents were in the lounge with no care staff present. We saw that the television was often on although none of the residents appeared to be watching it and on a number of occasions the television was left on with the sound turned off while other music was playing. When carers were present in the lounge they were often filling in paperwork and there was little engagement with many of the residents, especially those who were more frail and did not respond positively to conversation with staff.

Conclusion

Parts a) and b) of this improvement had been met.

We noted that there were only 14 residents in the home and the Regional Manager told us the provider was continuing to staff at a relatively high level. Despite this, there was a lack of meaningful activities being provided for residents especially those who were more frail. We concluded that although some work had started, supported by Midlothian Council, to develop a programme of activities that would be meaningful to the residents, parts c) and d) had not been met.

A requirement about staff practice when assisting residents with moving and handling was also outstanding after the last inspection. As stated above, we observed poor moving and handling practice during the inspection. The requirement will be carried forward.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that staff give moving and handling assistance to residents in a safe and comfortable way. In order to achieve this the provider must:
 - (i) review staff practice and previous training to identify staff who require moving and handling training and ensure that the training need is met
 - (ii) ensure that residents' moving and handling risk assessments and care plans are accurate and up-to-date
 - (iii) monitor staff practice to ensure that staff use the correct technique when giving moving and handling assistance including the correct and safe use of equipment.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users and Regulation 15(b) Staffing.

In making this requirement national care Standards, Care homes for Older People, Standard 5 Management and Staffing Arrangements is taken into account.

Timescale: To commence on the date of receipt of this report and for completion by 7 March 2014

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

This inspection was focussed on following up the Improvement Notice issued to the service on 2 December 2013 and the requirements and recommendations outstanding from the inspection in September 2013. We did not examine all aspects of this Quality Statement.

See Quality Theme 1, Quality Statement 1 for methods used by Pittendreich Care Home to involve residents and relatives in assessing and improving all aspects of the service, including the environment.

Areas for improvement

Areas for improvement under Quality Theme 1 Quality Statement 1 also apply to this Quality Statement.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

This inspection was focussed on following up the Improvement Notice issued to the service on 2 December 2013 and the requirements and recommendations outstanding from the inspection in September 2013. We did not examine all aspects of this Quality Statement.

The following strengths that were found at previous inspections were still applicable.

We looked around public areas and some residents' bedrooms to see how the home made sure that the environment was safe for residents. We also looked at some of

the equipment used in the home to see if it was maintained. We found that the overall cleaning of the home had improved.

A regular schedule of checks of the home environment were carried out. These included temperature and hygiene checks of water. There were records of important safety checks of equipment. These included checks of equipment used to lift residents who could not stand or walk independently. These checks were required by law (Lifting Operations Lifting Equipment Regulations - LOLER). Residents who needed the help of this type of equipment each had a sling for their own personal use. This is more hygienic and helps to make sure that the right size and type of sling is used.

We found that there were adequate supplies of gloves and aprons for staff to use when carrying out personal care. We spoke with one of the staff who was responsible for maintaining the supplies in the home and advised that the key for the cupboard where supplies were kept should not be removed from the home. This was to ensure that staff had access to supplies at all times. This was agreed on the first day of the inspection.

We made a requirement that the service provider take steps to ensure that residents were not at risk of scalding from contact with hot radiators. We had spoken to the manager during the inspection in December 2013 about the radiators in the main hallway which had chairs beside them for residents to sit. We noted that no action had been taken to put contingency measures in place while the service was waiting for the supplier to fit new radiator covers. However, measures were put in place during the inspection and the radiator covers had been installed by the time feedback was given. The requirement was met.

We made a requirement about the safe storage of food after the last inspection. This had been met.

We made a recommendation about the cleaning schedules and domestic staffing levels after the last inspection. The recommendation was met.

We made a recommendation about the cleaning of wheelchairs after the last inspection. The recommendation had been met.

We made a recommendation about accounting systems after the last inspection. The recommendation was met.

Areas for improvement

We made a requirement about keeping the premises in a good state of repair after the last inspection. We found routine maintenance was continuing and the home was generally in a good state of repair. However the home had been experiencing intermittent problems with the hot water supplies. This was being investigated during the inspection. The requirement will remain in place until the next inspection to allow

any necessary work to be carried out.

We made a requirement about keeping the premises clean and free from odours after the last inspection. While we noted that new cleaning schedules were in place, we observed that staff did not always clean furnishings effectively after a resident had been incontinent. As a result, some odours were present in some areas during this inspection. This requirement will remain in place until the next inspection.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The care service premises must be kept in a good state of repair externally and internally.

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(2)(b) - Fitness of Premises.

In making this requirement, National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale: To commence on the date of receipt of this report and for completion by 7 March 2014.

2. The provider must ensure that the care services premises, furniture, soft furnishings and care equipment is clean and free from offensive odours. This must include but is not restricted to:

(i) ensuring that furniture, soft furnishings and equipment are cleaned thoroughly and regularly

(ii) a clear understanding of the procedure to clean spillages to equipment and furnishings and that this is applied

(iii) a monitoring system to measure the compliance with cleaning schedules and to monitor the quality of the cleanliness within the home.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) health, welfare and safety of service users and Regulation 4 (1)(d) have appropriate procedures for the prevention and control of infection.

In making this requirement, National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale: To commence on the date of receipt of this report and for completion by 7 March 2014

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

This inspection was focussed on following up the Improvement Notice issued to the service on 2 December 2013 and the requirements and recommendations outstanding from the inspection in September 2013. We did not examine all aspects of this Quality Statement.

See Quality Theme 1, Quality Statement 1 for methods used by Pittendreich Care Home to involve residents and relatives in assessing and improving all aspects of the service, including the staffing.

Areas for improvement

Areas for improvement under Quality Theme 1 Quality Statement 1 also apply to this Quality Statement.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

This inspection was focussed on following up the Improvement Notice issued to the service on 2 December 2013 and the requirements and recommendations outstanding from the inspection in September 2013. We did not examine all aspects of this Quality Statement.

Improvement 3

Within 24 hours you must ensure that there are adequate systems in place for the

safe recruitment and deployment of staff in the home. This must include but is not restricted to

a) ensuring that, where staff are required by law to be registered with an appropriate professional body, for example the Nursing and Midwifery Council, checks on the validity of such registrations are carried out and results clearly evidenced.

b) ensuring that, where staff will be left in sole charge of the home, they have the necessary skills and experience for the duties they will be carrying out

Inspection findings

We examined the most recent recruitment records and were satisfied that the appropriate checks and assessments had been carried out. This improvement had been met.

Areas for improvement

As stated under Improvement 1 (see Quality Theme 1, Quality Statement 3) some staff training was underway. However we observed some poor practice and considered that there must be better oversight of how staff are working to ensure they are following good practice at all times. The action we expect from the provider is recorded under Improvement 1.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

This inspection was focussed on following up the Improvement Notice issued to the service on 2 December 2013 and the requirements and recommendations outstanding from the inspection in September 2013. We did not examine all aspects of this Quality Statement.

See Quality Theme 1, Quality Statement 1 for methods used by Pittendreich Care Home to involve residents and relatives in assessing and improving all aspects of the service, including the management and leadership.

Areas for improvement

Areas for improvement under Quality Theme 1 Quality Statement 1 also apply to this Quality Statement.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

This inspection was focussed on following up the Improvement Notice issued to the service on 2 December 2013 and the requirements and recommendations outstanding from the inspection in September 2013. We did not examine all aspects of this Quality Statement.

We made a requirement about complaints investigations after the last inspection. We were satisfied that the service had procedures in place for investigating formal complaints and the requirement was met.

Areas for improvement

We have written about management of the home under Improvement 1 (Quality Theme 1, Quality Statement 3)

We were advised during the inspection that the manager was leaving the home. Contingency measures have been put in place by the provider until a new manager has been appointed.

Although the home had procedures for dealing with formal complaints, we found that staff needed some guidance about dealing with concerns from relatives and other visitors to the home to ensure all concerns were taken seriously and dealt with. We have made a recommendation about this.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure that all staff receive guidance about how to deal with enquiries and concerns that they receive from residents, relatives or other visitors to the home to ensure all concerns are dealt with appropriately.
This takes account of the National Care Standards, Care Homes for Older People, Standard 11 - Expressing your views.

4 Other information

Complaints

There has been one upheld complaint about this service since the last inspection. You can find information about complaints that we have upheld on our website www.careinspectorate.com

Enforcements

An Improvement Notice in terms of Section 62 Public Services Reform (Scotland) Act 2010 was issued on the 2 December 2013. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made.

Following this inspection it is considered that significant improvement has been made in respect of improvements 2a), 2b) and 3 of the above notice. It is considered that there has not however been significant improvement in respect of improvements 1, 2c) and 2d). Accordingly, we have decided not to proceed to make a proposal to cancel registration of the service but to extend the timescales for the provider to make the remaining improvements.

Additional Information

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
13 Nov 2013	Unannounced	Care and support 1 - Unsatisfactory Environment 2 - Weak Staffing Not Assessed Management and Leadership Not Assessed
3 Oct 2013	Unannounced	Care and support 1 - Unsatisfactory Environment 2 - Weak Staffing 3 - Adequate Management and Leadership 2 - Weak
13 Aug 2013	Unannounced	Care and support 1 - Unsatisfactory Environment Not Assessed Staffing 2 - Weak Management and Leadership Not Assessed

Inspection report continued

28 May 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak Not Assessed 2 - Weak
21 Jan 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak Not Assessed 2 - Weak
4 Sep 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
15 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate Not Assessed Not Assessed
24 Aug 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good Not Assessed
14 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good Not Assessed Not Assessed
20 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
6 May 2010	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak

Inspection report continued

18 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good Not Assessed
13 May 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
22 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
19 Aug 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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

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ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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