Thornlea Nursing Home
Care Home Service Adults
21 Hawthorn Gardens
Loanhead
EH20 9EQ
Telephone: 0131 440 0904

Type of inspection: Unannounced
Inspection completed on: 30 May 2014
Summary

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

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

We gave the service these grades

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<thead>
<tr>
<th>Area</th>
<th>Grade</th>
<th>Description</th>
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<tr>
<td>Quality of Care and Support</td>
<td>5</td>
<td>Very Good</td>
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<tr>
<td>Quality of Environment</td>
<td>4</td>
<td>Good</td>
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<tr>
<td>Quality of Staffing</td>
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<tr>
<td>Quality of Management and Leadership</td>
<td>5</td>
<td>Very Good</td>
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What the service does well

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

Staff know the people they care for well. There is a family type atmosphere, which encourages positive relationships between staff members, people living at the home and their relatives and friends.

What the service could do better

The management of the home continually look at how they can make the home better. They recognise the importance of listening and responding to the comments of people who use its service. This is an ongoing process that they plan to continue and develop.

Improvements were being made to the environment. This included updating the decor, completion of new laundry facilities and improving storage facilities for cleaning equipment.

What the service has done since the last inspection

The service has met four of the five requirements made in the last inspection report and has made progress on the fifth.
Additional training for staff has been sourced.

A programme of redecoration and refurbishment has continued within the home. This ensures the home maintains a good appearance and is a pleasant place to be.

**Conclusion**

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

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

The management team demonstrate that they continue to actively seek out ways to improve the service. Areas for improvement are promptly responded to.
1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com.

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

Requirements and recommendations
If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

* A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

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

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

The service is registered to provide care and accommodation for a maximum of 31 older people. At this inspection there were 31 residents in the home.

The accommodation is provided on two floors. There are 23 single rooms and four double rooms. There are two lounges and two dining rooms on the ground floor. Stairs and a stair lift give access to the upper floor. There are gardens to the rear and front of the home.

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

Based on the findings of this inspection this service has been awarded the following grades:
Quality of Care and Support - Grade 5 - Very Good
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 5 - Very Good

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

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

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

What we did during the inspection
We wrote this report after an inspector made two visits to the service. An unannounced inspection visit took place on Wednesday 21 May 2014, between 7.10am and 2pm. To obtain further evidence and to feedback to the service’s management team an announced visit was made on Friday 30 May, between 9.20am and 12.10pm.

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

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

During the inspection we gathered evidence from a number of sources. We looked at a range of documentation, including the following:

Certificate of Registration.
Service’s Insurance Certificate.
Activities information.
Residents’ personal plans.
Communication diary.
Medication Administration Records.
Staff records.
Repairs log and maintenance records.
Service’s yearly survey results and action plan.
Duty rotas.
Nutritional information.
Residents dependence information.

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

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

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

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

**Inspection Focus Areas (IFAs)**

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

**Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services’ responsibilities for fire safety at www.firelawscotland.org
What the service has done to meet any requirements we made at our last inspection

The requirement

There were five requirements made in the last inspection report dated 18 July 2013. The service sent us an action plan, within the required timescale, detailing how these requirements were to be met.

1. The provider is required to ensure that all residents identified as being at risk with the Waterlow scale have appropriate pressure ulcer prevention plans of care in place to meet their individual needs and level of risk. The content of these pressure ulcer prevention plans should be standardised and include:

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

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4 (1) - Welfare of service users.
This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 6 Support arrangements.

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

What the service did to meet the requirement

We have reported on the progress of this requirement under quality statement 1.3. This requirement is not fully met. We have amended the requirement to reflect our findings.

The requirement is: Not Met
The requirement

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

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4(1)(d). The Provider shall have appropriate procedures for the control of infection. This also takes account of National Care Standards, Care homes for older people, Standard 4 Your environment. Timescale: An action plan indicating how the service would meet this requirement was to be submitted to us within three weeks of receiving the report.

What the service did to meet the requirement

We have reported on how the service was meeting this requirement under quality statement 2.2.

The requirement is: Met - Within Timescales

The requirement

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

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 4(1)(d). The Provider shall have appropriate procedures for the control of infection. This also takes account of National Care Standards, Care homes for older people, Standard 4 Your environment. Timescale: An action plan indicating how the service would meet this requirement was to be submitted to us within three weeks of receiving the report.

What the service did to meet the requirement

We have reported on how the service was meeting this requirement under quality statement 2.2.

The requirement is: Met - Within Timescales

The requirement

4. The provider must ensure that its recruitment procedures follow current Protection of Vulnerable Groups (PVG) guidance.
This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 15 Staffing.

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

Timescale: The service was asked to comply with this immediately.

What the service did to meet the requirement

We have reported on how the service was meeting this requirement under quality statement 3.2.

The requirement is: Met - Within Timescales

The requirement

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

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

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

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

What the service did to meet the requirement

We have reported on how the service was meeting this requirement under quality statement 3.3.

The requirement is: Met - Within Timescales

The annual return

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

Annual Return Received: Yes - Electronic
**Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate. The service completed their self assessment form. This gave comprehensive information relating to each quality theme. The service identified what they thought they did well, gave areas for future development and how they planned to implement changes.

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

Prior to the inspection visit, we sent out 15 residents' Care Standards questionnaires. Nine of these were completed and returned. Three of these agreed with the statement "Overall, I am happy with the quality of care that I receive at this home". Six strongly agreed with this statement.

There were 31 residents in the home at the time of our inspection. We spoke with residents in the communal areas of the home and three were spoken with individually in their bedrooms during the course of our visits. Comments included:

"It’s nice here”.

"Well looked after".

"Happy here”.

"They’re all very nice”.

"Cannot complain about anything."

Some of the residents were not able to tell us their views of the service. We watched how these residents were cared for by staff so that we could consider the quality of care received. We observed positive interactions between residents and staff.

We have reported further on the feedback received and our observations in the main body of the report under the appropriate quality statement.

**Taking carers’ views into account**

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

“Myself and my family are completely satisfied with the care my mum receives from the care staff.”
"Very happy with my mother’s care, staff always give her time and care".

“We are all very happy with mum’s care at Thornlea.”

“Very happy with all the good care and work of all the staff at Thornlea Nursing Home”.

“A very friendly run family care home. It is very clean and kept smell free. The food is of an excellent quality. The feel of the care home is very homely.”

During our visits we spoke with nine relatives/carers. All were very satisfied with the standard of care provided.

We have reported further on the feedback received in the main body of the report under the appropriate quality statement.
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: 5 - Very Good

Statement 1
We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths
The service continues to perform to a very good level in the areas covered by this statement.

From the evidence we found, we concluded that the service continues to routinely involve residents, relatives, carers and staff in developing the service by using a variety of methods to facilitate their involvement. There was evidence that the service responded to the feedback it received.

The entrance area of the home was welcoming with information about the service provided. This included details of the service’s complaints procedure, a copy of the service’s last inspection report, details of activities and entertainment and a suggestions box. This supports people using the service to make choices, suggestions or raise concerns.

Good practice guidance and codes of conduct for care staff were displayed on notice boards. This makes people aware of the standards that residents should expect to receive and how the service will meet these.

Residents had identified staff called keyworkers who were responsible for coordinating their care and with whom the resident and/or their relative/carer could discuss any care issues.

Staff spent time listening to residents and encouraged them to express their preferences. As staff turnover in the home was low, staff knew the residents well and were able to pick up on non verbal communication.
The service carries out an annual satisfaction survey which asks people using the service to assess and comment on all aspects of the quality of service provided. The service had reviewed these results and used the feedback given to plan how it could further improve the service.

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

**Areas for improvement**

In response to feedback given in the annual satisfaction survey the service was to provide more information to visitors on the weekly activities that took place in the home.

We suggested that the service displayed the results of the annual service and the action plan they had developed in response to this. This would demonstrate how suggestions and ideas are listened and responded to.

We suggested that the service develop a written participation strategy. This would support the service to consider which methods of involving people in assessing and improving the service work well and allow for these methods to be developed.

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

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

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

**Service strengths**  
From the evidence we found the service performs to a very good level in the areas covered by this statement.

In reviewing this statement we looked at the progress the service had made toward meeting the requirement we had made under this statement in the last inspection report, dated 18 July 2013. This was not fully met and has been amended to reflect our findings. We observed staff practice and gathered feedback from staff, residents and relatives/carers about the care given.
In the previous inspection report we asked the service to ensure that all residents identified as being at risk of skin damage have appropriate pressure ulcer prevention plans of care in place to meet their individual needs and level of risk. The content of these pressure ulcer prevention plans should be standardised to include key aspects of care.

This requirement was not fully met. Care staff were aware of which residents were at risk of developing skin damage. Through discussion with staff about the care provided and observations of practice we saw that staff carried out actions to minimise this risk.

Within residents’ personal plans an assessment of residents’ risk of developing skin damage was carried out and seen to be regularly updated. Staff were aware of changes to these risks and were seen to take appropriate action in providing the care needed to reduce this risk. See areas below for details of areas of improvement.

During the inspection we saw that residents looked well cared for and were dressed in appropriate clean and tidy clothing. We also saw that, where necessary, residents were wearing personal aids such as glasses, which were seen to be clean.

During our visits, we observed the meals and snacks being served. We saw that staff were attentive to people to make sure they received the food they preferred and that they gave help to those who needed it. The general atmosphere within the home was relaxed and friendly.

The management team had developed good systems for overviewing residents’ nutritional wellbeing. The chef and kitchen staff worked together with the care staff to ensure residents’ dietary needs and preferences were met.

From speaking with staff, observing staff practice and listening to staff handover we concluded that staff were very knowledgeable about residents’ personal likes and dislikes and how their care and support should be delivered.

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

Staff reported any changes in residents’ wellbeing to the nurse in charge and this included reporting non verbal communication which may indicate a resident was not well. This information was seen recorded in care records and appropriate actions taken.

The service had established good links with an appropriate range of other health care professionals which included GPs, dentists, opticians, podiatrists and other specialist
health care practitioners. Staff used these effectively to support their work in meeting the needs of the residents.

All Care Standard questionnaires returned to us strongly agreed or agreed that these residents, relatives or carers were happy with the quality of care provided. We received positive feedback about the standard of care provided from people using the service that we spoke with.

Records of communication with relatives and reviews of care indicated that residents and relatives/carers very satisfied with the care provided.

Areas for improvement
Residents identified at risk had a care plan detailing some of the actions that staff should take to reduce this risk. However, some of the key aspects of prevention were not fully listed, for example the type of seat cushion used and frequency of position changes. It is essential that appropriate records are maintained to support good communication and evidence the care given. Therefore this requirement has been amended to reflect our findings. See requirement 1.

The service continues to look at ways of involving residents and their relatives or carers in improving the quality of care and support. We discussed with the management team how the opportunity presented at the six monthly reviews of care could be used more effectively to evidence the standards of care and support provided and how the service has listened to and responded to residents’ and relatives/carers’ feedback.

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

Grade awarded for this statement: 5 - Very Good
Number of requirements: 1
Number of recommendations: 0

Requirements
1. The provider is required to ensure that all residents identified as being at risk of skin damage have appropriate pressure ulcer prevention plans of care in place to meet their individual needs and level of risk. The content of these pressure ulcer prevention plans should be standardised and include:

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

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

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 6 Support arrangements.

Timescale: An action plan indicating how the service will meet this requirement should be submitted to us within three weeks of receiving this report.
Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We concluded that the service continued to perform to a very good level in the areas covered by this statement.

The strengths identified in quality statement 1.1, quality of care and support also support residents, relatives and carers to participate in assessing and improving the quality of the environment within the service. This included written information about the service, as well as how they can make suggestions or raise concerns.

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

A relative of a new resident told us that they had been encouraged to bring in items from their relative’s home to help them settle into their new environment.

People using the service were asked their views about the environment in the service’s annual satisfaction survey. In response to the feedback received the service had improved the car parking facilities for visitors.

Residents, relatives and carers were kept informed about improvements to the environment.
Areas for improvement
During our discussions the management team showed a good understanding of the need to maintain the quality of the environment and develop it to meet the needs of the residents.

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

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

Statement 2
We make sure that the environment is safe and service users are protected.

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

In reviewing this statement we looked at the progress that the service had made toward meeting the two requirements made under this statement in the last inspection report, dated 18 July 2013. These were both met. We looked round the home to see if there were any safety issues and gathered feedback from people who used the service.

We had asked the service to carry out a review of the sluice facilities within the home and take any action necessary to meet with current infection control best practice guidance. This requirement is met. The service had installed an automatic washer disinfectors in the sluice room so that commode pots could be appropriately cleaned.

We had asked the service to carry out a review of the type of gloves that were used within the home as personal protective equipment as the type being used were unsuitable. This requirement is met. The service told us in their action plan that the type of gloves had been changed. They were using latex gloves with staff being informed about latex intolerance and nitrile gloves were also made available. Stocks of gloves were seen made available within the home. See areas for development below.

At each of our visits, we walked round the home to see all the communal rooms and some of the bedrooms. The home was seen to be clean and tidy. All Care Standard questionnaires returned to us confirmed that people were confident that they or their relative/friend felt safe and secure in the home. They also confirmed that the home was clean and free from smells.
Staff were seen using safe moving and handling practices when assisting residents. Service records confirmed that the equipment being used had been appropriately maintained as in keeping with Lifting Operations and Lifting Equipment Regulations (LOLER).

A “Pass” food hygiene certificate was displayed in the entrance area to the kitchen which confirmed that the kitchen had been inspected and met the required legal standards for food hygiene.

The management team carry out regular checks of the environment to ensure the home remains a clean and safe place.

Risk assessments were in place for residents needing to have bedrails. An external company conduct checks on the bedrails six monthly. Care staff refer to the Medicines and Healthcare products Regulatory Agency (MHRA) guidance to ensure that the fittings of these remain correct in between these checks to ensure resident safety.

Areas for improvement

Although latex gloves provide the required level of personal protective equipment, given the rise in latex allergies within the general population, it was recommended that the service considers substituting to another glove material, where appropriate, to reduce or eliminate the risks of using latex gloves. See recommendation 1.

The service was in the process of improving their laundry facilities which when completed would create additional space for improved facilities to be provided for the storage of cleaning equipment.

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

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

Recommendations

1. It is recommended that the service considers substituting latex gloves for another glove material, where appropriate, to reduce or eliminate the risks of using latex gloves.

   This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.
Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

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

Service Strengths
The service performs to a very good level in the areas covered by this statement.

The strengths identified in the quality statement 1.1, quality of care and support, also support residents, relatives and carers to participate in assessing and improving the quality of staffing in the service.

The manager conducts yearly reviews of performance on all staff. Feedback from people using the service was seen to be gathered as part of this process.

Areas for improvement
The areas for development noted in quality statement 1.1 are also relevant to this statement.

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

Statement 2
We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

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

In reviewing this statement we looked at two recruitment files of staff who had started in the service since the last inspection visit. This was to see if progress had been made on the requirement we made in the last inspection report. This was to ensure that the service’s recruitment procedures followed current Protection of Vulnerable Groups (PVG) guidance. This requirement was met.
In both the staff files we looked at there was evidence that two appropriate references had been received and evidence of a PVG scheme membership which indicated that a Disclosure check had been completed prior to the staff members starting in the home. Disclosure is a document containing impartial and confidential criminal history information held by the police and government departments which can be used by employers to make safer recruitment decisions.

New members of staff completed inductions appropriate to their role. The induction records were signed by a senior member of staff when the new member of staff had completed each element of the induction programme.

Many of the staff in the home had been there for a number of years and knew the home and the residents well. Therefore they were able to provide good support for new staff.

Residents and relatives we spoke with were happy with the quality of staff in the home. This helped to demonstrate that the service’s recruitment processes were effective in ensuring that people with the right skills were recruited.

**Areas for improvement**
Keeping notes made at interview would also evidence the careful consideration that management make when considering the suitability of potential staff.

The service should continue to routinely review their recruitment and induction procedures to ensure that they continue to follow current legislation and best practice guidance.

**Grade awarded for this statement:** 4 - Good
**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**
The service was performing to a good level in the areas covered by this statement.

In reviewing this statement we looked at the progress the service had made toward meeting the requirement we had made under this statement in the last inspection report, dated 18 July 2013. This was met. We also observed staff in the course of their
work, looked at how staff were kept up to date with current best practice and gathered feedback from people who use the service.

At the previous inspection we had asked the service to keep a record of the assessment that identifies the minimum staffing levels the current resident group needs. This requirement was met. The service used a dependency monitoring tool, along with observing practice and listening to feedback to assist with planning staff numbers, allocation and skill mix.

From the feedback we received and from the very good standards of care presently given we assessed that there was sufficient staff to meet the present residents’ needs.

Staff demonstrated good infection control practices including the appropriate use of personal protective equipment such as aprons and gloves.

Staff had a good knowledge of residents’ care and support needs and were aware of any recent changes. Staff were respectful in describing the care given. From listening to staff handover and how staff communicated with each other we identified that there was a strong team approach to providing care.

The management team provided good day to day supervision of staff. This helped to make sure that staff had the support they needed and the chance to discuss any problems or guidance they might need. Staff records indicated that yearly reviews were carried out which provided a good opportunity for the member of staff and the manager to review and plan the individual’s training needs.

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

Staff were being provided with the necessary training to register and/or maintain their registration with the SSSC.

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

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

**Areas for improvement**

A member of staff had recently completed a moving and handling trainers course. This will support the service to ensure that all staff receive regular updates on moving and handling and enable on-going assessment of staff practice in this area. We will follow up progress of this at the next inspection.

The service was arranging for staff to attend training on supporting people living with dementia. This training linked into the Promoting Excellence Framework. This is a framework which can be used to develop the knowledge and skills for all health and social care staff working with people with dementia, their families and carers. The framework outlines four levels and each level is specific to the workers role and responsibility. We would encourage all staff, whatever their role, working in a care home to complete Level 1 - Informed about Dementia.

The manager told us that staff were receiving training on the Malnutrition Universal Screening Tool (MUST). A recognised good practice tool for assessing residents' nutritional risk. This tool would be used to further develop the good systems the service had for monitoring residents' nutritional wellbeing.

We discussed with the manager how reviews of accident and incident rates could be used with the collated dependency monitoring information to further evidence the decision making process behind the planning of staff numbers, skill mix and deployment of staff. This will support the service to more accurately assess the care hours they are able to provide.

From reviewing a previous pharmacy audit and looking at the current medication administration records and medication storage areas we saw that staff had made improvements following the audit. There remained some further areas of improvement we identified which included ensuring that bottles of medicine were dated when first opened and ensuring that stock counts were completed for medications that were carried forward from the previous cycle.

This will help to enable a clear audit trail of medications used. As the service had a pharmacy audit on the first day of our visit we will follow up any actions taken on this and stock control at the next inspection.

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

**Number of requirements:** 0

**Number of recommendations:** 0
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 5 - Very Good

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

Service strengths
The service continues to perform to a very good level in the areas covered by this statement.

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

Areas for improvement
Areas for improvement identified in the quality statement 1.1, quality of care and support, when applied to this statement would help the service to further develop the very good systems already in place.

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

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

Service strengths
The service demonstrated very good practice in the areas covered by this statement.

Our inspection findings indicated that very good standards of care and support were provided.

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

The strengths identified in the previous participation statements supported residents, relatives, carers and staff to participate in assessing and improving the quality of service that Thornlea Nursing Home provide. Residents in the home told us that they were very satisfied with the quality of service provided. Relatives and carers we spoke with during our inspection also confirmed this.

Accident and incident records were maintained in the home. We had received notification of any accidents or incidents that required to be reported to us. These included any actions taken as a result of the accident or incident.

The management team takes action on areas identified as needing to improve and recognises that meeting this statement is an ongoing process. The service had met four of the five requirements made in the last inspection report and has made progress on the fifth.

**Areas for improvement**

The service has developed very good standards of care and support with management and staff continuing to look at different ways to keep improving the service. We would support the continued use of the service’s quality assurance systems to enable areas for improvement to be identified and acted on.

Actioning the areas for improvement recorded in this report will support the service to meet this statement and ensure improved outcomes for people using this service.

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

**Number of requirements:** 0

**Number of recommendations:** 0
4 Other information

Complaints
No complaints have been upheld, or partially upheld, since the last inspection.

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

Additional Information
The service’s current Certificate of Registration and staffing schedule were seen displayed in the entrance area of the home.

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

<table>
<thead>
<tr>
<th>Quality of Care and Support - 5 - Very Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 3</td>
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<thead>
<tr>
<th>Quality of Environment - 4 - Good</th>
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<tr>
<td>Statement 1</td>
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<td>Statement 2</td>
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<thead>
<tr>
<th>Quality of Staffing - 4 - Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 2</td>
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<table>
<thead>
<tr>
<th>Quality of Management and Leadership - 5 - Very Good</th>
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<tbody>
<tr>
<td>Statement 1</td>
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<td>Statement 4</td>
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6  Inspection and grading history

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<tr>
<th>Date</th>
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<td></td>
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<tr>
<td>20 Dec 2010</td>
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<td>Care and support 5 - Very Good</td>
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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