

Care service inspection report

Lammermuir House

Care Home Service Adults

East Links Road

Dunbar

EH42 1LT

Telephone: 01368 862 999

Type of inspection: Unannounced

Inspection completed on: 6 August 2014



HAPPY TO TRANSLATE

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Service provided by:

Tamaris (RAM) Limited, a member of the Four Seasons Health Care Group

Service provider number:

SP2007009152

Care service number:

CS2003040714

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com

Summary

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

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

We gave the service these grades

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

What the service does well

Lammermuir House is situated in a scenic location with fine sea views. This was commented on positively by many service users.

The service aims to provide a varied programme of activities and outings for the enjoyment of service users.

What the service could do better

The service needs to make significant improvement to care and support and the quality of the home environment.

The service also needs to improve on the overall management of staff and the way in which staff are deployed throughout the home.

During feedback we spoke to the provider who described their commitment to making improvement in these areas.

What the service has done since the last inspection

The service has made little meaningful progress since the last inspection.

Conclusion

Our observations of the environment, care practices and management of staff indicated that a safe and appropriate level of service was not consistently provided for service users.

We discussed our concerns with the provider during feedback and received assurance that improvements would be made without delay.

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.

Lammermuir House is a purpose built care home that provides nursing and residential care for older people. The service is registered to provide care and accommodation for a maximum of 48 older people. At this inspection there were 47 residents in the home.

The home is situated in a residential area of Dunbar, East Lothian, close to local transport links, shops and community services. Accommodation is provided over four floors in single bedrooms, each with an ensuite toilet and wash hand basin. There are a number of sitting and dining rooms and a large communal seating area in the entrance hall of the home. There is a car park and a garden with seating areas.

The service is owned by Tamaris (RAM) Limited, a member of the Four Seasons Health Care Group who are national providers of health care.

The service's Ethos of Care as stated in their brochure is:

"We are committed to providing the highest possible standards of care possible. Residents will be treated as individuals and cared for with respect and dignity within a safe, comfortable and homely environment which provides stimulation and encourages independence where appropriate".

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

Quality of Care and Support - Grade 2 - Weak

Quality of Environment - Grade 2 - Weak

Quality of Staffing - Grade 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 0345 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

During this inspection we gathered information from a variety of sources including the following.

We spoke with:

The Regional Manager;

The Manager;

The Peripatetic manager;

Five members of care staff;

Three Family carers; and,

Ten service users.

We looked at:

Care practices and interactions between staff and service users;

Personal plans of people using the service;

Medication administration records;

The environment and equipment used;

Staff training records;

Minutes of service users' and relatives' meetings;

Minutes of staff meetings;

Staff supervision records; and

Audits carried out by the provider on different aspects of the service.

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 is required to:

(a) Ensure that all residents with skin conditions or who require prescribed skin care products have a care plan in place detailing their individual needs.

(b) Ensure that there is a clear written record of when a prescribed topical cream or ointment is applied.

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.

What the service did to meet the requirement

Action taken by the provider on this requirement is described under Quality Statement 1.3.

The requirement is: Not Met

The requirement

The provider must ensure that residents' care plans record the needs of people who use it service, in all areas of their life and detail how these needs are being met. This should include personal care - care of nails.

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) requiring proper provision for the health, welfare and safety of service users.

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 14 Keeping well - healthcare.

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

What the service did to meet the requirement

Action taken by the provider under this requirement is described under Quality Statement 1.3.

The requirement is: Not Met

The requirement

The provider must ensure that all residents' personal plans are reviewed on a six monthly basis and that the review outcomes are documented within each resident's personal plan.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5 (2)(b) requiring the review of personal plans at least every six months.

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 intends to meet this requirement should be submitted to us within three weeks of receiving this report.

What the service did to meet the requirement

Action taken by the provider on this Quality Statement is described under Quality Statement 1.3.

The requirement is: Not Met

The requirement

To ensure that all residents consume sufficient fluids the provider must:
Have systems in place to record the fluid intake of residents' identified as having a risk of poor fluid intake so that this can be monitored and acted on.

This is to comply with the Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI/2011/210 regulation 4 - Welfare of users and regulation 5 - Personal plans.

This also takes account of the 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 intends to meet this requirement should be submitted to us within three weeks of receiving this report.

What the service did to meet the requirement

Action taken by the provider on this requirement is described under Quality Statement 1.3.

The requirement is: Not Met

The requirement

The provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, or who are newly recruited and are capable of achieving such registration within six months of commencing in post, carry out work in the care service in a post for which such registration is required.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 regulation 9(2)(c) which refers to the provisions of regulations 6(2)(a) and 7(2)(d) whereby any person, who in order to perform the duties for which the person is employed in the care service, is required by any enactment to be registered with any person or body and is not so registered; also regulation 15 - Staffing, and regulation 19 - Offences, in particular regulation 19(1) which makes it an offence to contravene or fail to comply with regulation 9(1).

This also takes into account National Care Standards, Care homes for older people, have been taken into account: Standard 5 Management and staffing arrangements.

Timescale: The service should send us details of how it is meeting this requirement within three weeks of receiving this report.

What the service did to meet the requirement

Action taken by the provider on this requirement are described under Quality Statement 3.3.

The requirement is: Not Met

The requirement

The provider must demonstrate that a satisfactory quality of service is consistently provided. To help to achieve this they must have in place systems to ensure that the service carries out internal audits within the home on a regular basis.

This is to ensure that policies and procedures are being followed and that staff practice is of a standard which ensures the safety and wellbeing of all who use the

service. The systems should make provision for any issues found through the audit process to be highlighted and an action plan made with timescales for any actions required to be taken.

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.

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

What the service did to meet the requirement

Action taken by the provider on this requirement is described under Quality Statement 4.4.

The requirement is: Not Met

The requirement

The provider needs to ensure appropriate support and guidance is given to the manager to support effective management of the service. In evidencing this the provider should inform us of the arrangements made to support the manager.

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 and 15 - Staffing.

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

What the service did to meet the requirement

Action taken by the provider on this requirement is described under Quality Statement 4.4.

The requirement is: Not Met

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

Five recommendations were made following our previous inspection.

One of these had been met and had resulted in more up to date information being provided on notice boards.

The remaining four recommendations were relevant to such issues as the environment and staff training.

These are areas where we have made requirements following this inspection due to our overall level of concern. We will not, therefore, be repeating these recommendations in their own right.

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 submitted a fully-completed self-assessment on 01 April 2014.

We found that the self-assessment offered little information on outcomes for service users and was therefore of limited value.

Taking the views of people using the care service into account

People using the service were, generally, positive about the care staff.

Some service users with whom we spoke, however, felt that they were not always listened to when they expressed ideas/choices.

Some examples were:

"I like being here."

"The staff are good."

"I'm bothered by people (other service users) coming into my room."

Taking carers' views into account

We did not meet any carers during this inspection.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service strengths

We found that the service was demonstrating weak practice in areas covered by this Quality Statement.

We found that service users' and relatives' meetings were being held.

We saw examples of service users being involved in discussions about issues which directly affected them.

An example of this was discussion on a possible change of provider of opticians services to the home.

We found that there was information displayed in the entrance area telling people about activities, forthcoming events and how to complain. This helped to keep service users and their families informed about what was going on in the life of the home. A previous recommendation which we made about the need to make sure that this information was kept up to date had been met.

We found some very personalised information about likes, dislikes and choices within some personal plans.

Areas for improvement

We found that personal plans did not routinely reflect the individual choices nor involvement of service users.

Six monthly reviews of care were not routinely carried out. (See Quality Statement 1.3, requirement 1).

We asked two service users for their views about service users' meetings. They told us that they had brought up issues about the quality of food but these had not been addressed.

Despite very person-centred information about choice being recorded in some personal plans we found that this information was not always informing practice.

We found that service users' choices were not always accommodated. One service user told us how they preferred a shower in the evening and had told staff about this. They continued, however, to be offered a shower in the morning.

We heard one service user making a reasonable request regarding their preference during lunch and noted that their choice was refused by the member of staff present.

We assessed that service user participation and person-centred care was not always encouraged and put into practice by staff.

We concluded that the outcome for service users was a lack of choice regarding basic everyday activities.
(See requirement 1).

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that the service is provided in a way which promotes quality and respects service users' rights to make choices about the service they receive.

In order to achieve this the provider must:

- i) Offer service users and carers suitable opportunities to make their views known and influence the way in which the service is provided; and,
- ii) Be prepared to listen to and act upon the views of service users and carers.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011/210 Regulation 3: Principles
Timescale: By 10 November 2014.

Statement 3

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

Service strengths

We found that the service was demonstrating weak practice in areas covered by this Quality Statement.

Staff, generally, appeared committed to the care of service users.

We noted a number of interactions between staff and service users which were respectful and caring.

Areas for improvement

We made three requirements under this Quality Statement following our previous inspection.

These covered the following areas:

- a) Skin care,
- b) personal care (care of nails), and,
- c) six monthly reviews of care.

We found that none of these requirements had been met and have repeated these with revised timescales for completion.

- a) We found examples of service users who require skin care products who did not have a care plan detailing their specific needs,

We found examples of prescribed topical preparations not being signed for when applied.

(See requirement 1).

We concluded that this would not promote positive care outcomes as appropriate skin care using the correct product was not being promoted. In view of missing signatures, we assessed that it could not be concluded whether the preparation had been applied at all.

- b) We found examples of service users whose fingernails were dirty,

Review of these service users' personal plans showed that there were no care plans in place for care of nails.

(See requirement 2).

We concluded that appropriate nail care was not being promoted.

- c) We continued to find that personal plans were not being reviewed six monthly.

(See requirement 3).

We reviewed medication administration records and found a wide range of errors and omissions.

We concluded from this that it could not be demonstrated that service users were receiving prescribed medication at the correct times and in the correct dose. (See requirement 4).

In view of the large number of errors noted in medication administration and recording we questioned the competence of registered nurses working in the service.

We discussed this, and other issues related to the practice of registered nurses, with the provider during feedback.

We have raised this matter once more in Quality Statement 3.3.

We found that there appeared to be insufficient staff to consistently ensure that the needs of service users were fully met.

We saw examples of service users having to wait for long periods to receive attention. We found that two service users who required a greater degree of observation due to mental health issues had been able to freely access other service users rooms. There were also verbal reports of these service users attempting to break windows.

We saw numerous examples of service users being left unattended;

We witnessed a service user leave the dining room without touching their meal and without staff being aware;

We found that the Manager was unable to demonstrate how sufficient staff were being provided in relation to service users' individually - assessed needs.

The Manager informed us that staffing numbers were informed solely by minimum numbers as indicated by the service's staffing schedule.

This took no account of service users' changing individual needs nor of the range of needs and subsequent demands upon staff which could be presented by service users receiving respite care.

We found that I.O.R.N.s (Indicator of Relative Need) were being carried out in respect of individual service users, but this information was not being used to inform staffing levels. The Manager appeared to lack awareness of this.

Although we found that there was little effective delegation of staff by registered nurses (See Quality Statements 2.2 and 3.3) we assessed that there were insufficient staff to ensure that service users' needs were consistently met.

(See requirement 5).

We reviewed the planned care of two service users who experienced significant mental health issues.

We found a range of anomalies.

One service user's individual dependency assessment had been recently updated but took no account of their current experience of confusion and agitation. This resulted in the assessment not accurately reflecting the service user's needs.

An A.B.C. (Antecedent, Behaviour and Consequence) is a review of events immediately before, during and after an episode of distressed behaviour. It is carried out in an attempt to identify factors which may cause someone to experience distress with a view to reducing distress in the future.

The planned care of one service user included carrying out an A.B.C. after each incidence of distressed behaviour.

Despite this, and despite numerous verbal reports from staff/service users concerning distressed behaviour, an A.B.C. had been completed only twice.

Overall, we found that there was little planned care in relation to mental health issues.

We concluded that the outcome for service users could be a lesser quality of life. (See requirement 6).

During our review of care documentation we found a range of errors and omissions outwith those which prompted requirements 2 and 6 (See above).

These included examples of missing evaluations of skin care, missing dependency assessments and omissions in nutritional care.

Throughout our inspection we experienced concerns about the practice of registered nurses in the service.

We have therefore decided to discuss this issue under Quality Statement 3.3.

Grade awarded for this statement: 2 - Weak

Number of requirements: 6

Number of recommendations: 0

Requirements

1. The provider is required to:

(a) Ensure that all residents with skin conditions or who require prescribed skin care products have a care plan in place detailing their individual needs.

(b) Ensure that there is a clear written record of when a prescribed topical cream or ointment is applied.

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.

Timescale: By 10 November 2014.

2. The provider must ensure that residents' care plans record the needs of people who use the service, in all areas of their life and detail how these needs are being met. This should include personal care - care of nails.

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) requiring proper provision for the health, welfare and safety of service users.
Timescale: By 10 November 2014.

3. The provider must ensure that all residents' personal plans are reviewed on a six monthly basis and that the review outcomes are documented within each resident's personal plan.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5 (2)(b) requiring the review of personal plans at least every six months.
Timescale: The provider must put in place a programme of six monthly reviews by 10 November 2014.

4. The provider must ensure that service users receive medication as prescribed. This is in order to comply with SSI 2011 No 210. A requirement concerning health and welfare.

Timescale for implementation: Within 24 hours of receipt of this report.

5. The provider must ensure that there is sufficient staffing to meet the assessed care and support needs of service users at all times.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for care services) Regulations 2011/210 Regulation 15: Staffing.
Timescale: Within 24 hours of receipt of this report.

6. The provider must review the needs and planned care of service users who experience Mental Health issues.

The provider must ensure that planned care in relation to Mental Health issues reflects service users' current needs and is carried out consistently.
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) requiring proper provision for the health, welfare and safety of service users.
Timescale: By 10 November 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

We assessed that the strengths in relation to this Quality Statement were the same as those demonstrated in Quality Statement 1.1 with regards participating in assessing and improving the quality of the environment.

Areas for improvement

As noted in Quality Statement 1.1

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We found that the service was demonstrating weak practice in areas covered by this Quality Statement.

We brought a large number of issues relating to safety of the environment to the attention of the provider at the end of day one of our inspection. (Some of these are noted under Areas for Improvement) The provider rectified many of these issues prior to day 2 of our inspection. We assessed that this made the environment safer for people using the service.

Areas for improvement

As noted in Quality Statement 1.3 (Requirement 5) we were concerned at the apparent deficit in staffing numbers which we observed. This was, at times, being compounded by additional demands on staffing which arose due to providing a respite service for up to two people.

We concluded that there were insufficient staff to consistently ensure the safety of service users.

We also concluded, however, that registered nurses on each unit were not delegating nor deploying staff effectively, if at all.

One example of this which we saw involved a number of potentially vulnerable service users left in a sitting room with no staff present. After a period of time five members of staff entered the room together with a tea trolley.

We assessed that this lack of safe observation illustrated the fact that registered nurses were not having proper oversight of carers or standards of care.

We also concluded that the Manager did not demonstrate sufficient awareness of issues within the home which affected the safety of service users. This included the practice of registered nurses.

We discussed this matter and the potential for adverse outcomes for service users with the provider.

(See requirement 1).

On day one of our inspection we found a very high number of issues within the environment which could compromise the safety of service users.

A sample of these were as follows:

An unlocked sluice room which was foul smelling and dirty.

This room also had a bottle of bleach, a pair of rusting scissors freely accessible and an upside down commode pan in the sink.

There was damage to a pipe box which gave free access to hot pipes behind the sanitising unit.

A dirty (brown stained) bath mat in use within a bathroom.

A bathroom tap, the temperature of the water from which, when measured by us using a thermometer, was too high for use and could have caused a scald.

In the basement (freely accessible to ambulant service users) we found a dirty fridge whose door was broken. This was in use as a staff area.

Elsewhere in the home we found other possible sources of danger including a fire door which was wedged open.

(See requirement 2).

We brought all of the issues which we found to the attention of the provider during day one of our inspection.

We were encouraged to find that most issues had been dealt with by the provider prior to day 2 of our inspection.

We were concerned ,however, that the Manager had not demonstrated awareness of the extent of these issues and concluded that they did not spend sufficient time out in the home.

We were also concerned that the Manager had not been informed by staff that these issues existed.

We were also concerned that there were maintenance checklists and environmental audits in place which should have identified the issues noted. We concluded that these were not being used effectively.

We will also be making a requirement about the ineffective use of audit in Quality Statement 4.4.

We observed a member of catering staff serving hot items of food with their hands during lunchtime despite gloves and utensils being available.

This had been observed during our last inspection where a recommendation was made.

By their actions we assessed that the member of staff was aware that they were not following good practice.

We concluded that this unsafe practice was not the result of a training need as staff had received training in relation to this and concluded that staff must take responsibility for .

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that the level of care provided takes account of service users' safety and welfare and makes best use of staffing resources.
In order to achieve this the provider must ensure that registered nurses employed in the service maintain proper oversight of staff practice and standards of 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) Welfare of service users.

Timescale: Within 24 hours of receipt of this report.

2. The provider must ensure that the premises used for the provision of the care service are clean, in good repair and free from obvious sources of danger.

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.

Timescale: Within 24 hours of receipt of this report.

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

We assessed that the strengths in relation to this Quality Statement were the same as those demonstrated in Quality Statements 1.1 and 2.1 with regards participating in assessing and improving the quality of the environment.

Areas for improvement

As noted in Quality Statements 1.1 and 2.1 with regards assessing and improving the quality of staffing in the service.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found that the service was demonstrating adequate practice in areas covered by this Quality Statement.

We received a number of positive comments from service users about staff.
We saw a number of positive interactions between staff and service users.
Staff with whom we spoke told us they wanted to do their best for service users.

Areas for improvement

We spoke to a number of care staff and assessed that their morale was low and their motivation was diminishing.

We heard that there were generally no staff meetings unless "something happened."
We heard from some staff that care staff were "really fed up" and "doing the bare minimum."

We heard that care staff received little practical support from registered nurses. Nursing staff, we were told, rarely supervised the work of care staff or carried out practical care tasks themselves. We heard that the Manager rarely left their office and was therefore unaware of issues which affected the service.

These comments mirrored our own observations during the inspection regarding the level of managerial support and the contribution made by registered nurses.

We found that supervision happened infrequently. We looked at an example of a supervision record and assessed that it represented an appraisal rather than a two-way process.

One registered nurse with whom we spoke told us they "didn't have time" to carry out supervision.

These are all issues which the provider should address as a matter of priority. We assessed that a staff group who are demoralised and who feel under-valued cannot contribute to the best possible care outcomes for service users.

We reviewed a selection of staff training records and noted some deficiencies in key areas such as Adult Support and Protection. Some staff told us they would benefit from more training in relation to Dementia.
(See requirement 1).

We considered the practice of registered nurses in light of the number of issues we found in relation to medication administration, care planning and support of care staff. (See Quality Statement 1.3 and 2.2)
We concluded that the provider must satisfy itself that registered nurses employed in the service are competent in their role and safe to practice. (See requirement 2).

In making this requirement we are also mindful of the Registered Nurses' own responsibility to ensure their fitness to practice as stated in the NMC (Nursing and Midwifery Council) Code of Conduct 2010 (NMC should be in full first time so that people know what it means).

Following our previous inspection we made a requirement concerning the need for senior carers to be registered with the SSSC.
We found that not all Senior Carers had registered as yet.
We have therefore carried forward this requirement.
(See requirement 3).

Grade awarded for this statement: 2 - Weak

Number of requirements: 3

Number of recommendations: 0

Requirements

1. The provider must put in place a training matrix noting any deficits in staff training and identifying when this training will be provided.

This must include, but not be limited to, training in Adult Support and Protection and Dementia Awareness.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 15(b) A requirement concerning staffing.

Timescale: By 10 November 2014.

2. The provider must assess the level of competence of registered nurses employed in the service, identify any training which may be necessary and ensure that registered nurses are safe to practice.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 15(b) A requirement concerning staffing.

Timescale: By 10 November 2014.

This requirement also takes into account the Nursing and Midwifery Council (NMC) Code of Conduct 2010, Sections 38-41 Keep your skills and knowledge up to date and Sections 42-47 Keep clear and accurate records.

3. The provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, or who are newly recruited and are capable of achieving such registration within 6 months of commencing in post, carry out work in the care service in a post for which such registration is required.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 regulation 9(2)(c) which refers to the provisions of regulations 6(2)(a) and 7(2)(d) whereby any person, who in order to perform the duties for which the person is employed in the care service, is required by any enactment to be registered with any person or body and is not so registered; also regulation 15 - Staffing, and regulation 19 - Offences, in particular regulation 19(1) which makes it an offence to contravene or fail to comply with regulation 9(1).

This also takes into account National Care Standards, Care homes for older people, have been taken into account: Standard 5 Management and staffing arrangements.

Timescale: The service should send us details of how it is meeting this requirement by 10 November 2014.

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

We assessed that the strengths in relation to this Quality Statement were the same as those demonstrated in Quality Statements 1.1 and 2.1 with regards participating in assessing and improving the quality of the environment.

Areas for improvement

As noted in Quality Statements 1.1, 2.1 and 3.1 with regards assessing and improving the quality of the management and leadership of the service.

Grade awarded for this statement: 2 - Weak

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

We found that the service was demonstrating weak practice in areas covered by this Quality Statement

We found it difficult to identify any meaningful strengths.

Areas for improvement

We made two requirements in our previous inspection in relation to:

Putting in place effective Quality Assurance systems in order to ensure the quality of staff practice and maintaining the safety and wellbeing of people who use the service; and,

Ensuring that appropriate guidance is given to the Manager to support effective management of the service.

Our observations in relation to Quality Statements 1.3, 2.2 and 3.3 have demonstrated that the quality of staff practice and safety of service users has not been maintained and that management of the service has been ineffective.

There were some quality assurance audits in place, these were not regularly carried out.

Information gained by audit was not routinely used to inform improvements.

We have no doubt, therefore, that these requirements have not been met. (See requirements 1 and 2).

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must demonstrate that a satisfactory quality of service is consistently provided. To help to achieve this they must have in place systems to ensure that the service carries out internal audits within the home on a regular basis.

This is to ensure that policies and procedures are being followed and that staff practice is of a standard which ensures the safety and wellbeing of all who use the service. The systems should make provision for any issues found through the audit process to be highlighted and an action plan made with timescales for any actions required to be taken.

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.

Timescale: An action plan indicating how the service will meet this requirement should be submitted to us by 10 November 2014.

2. The provider needs to ensure appropriate support and guidance is given to the manager to support effective management of the service. In evidencing this the provider should inform us of the arrangements made to support the manager.

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 and 15 - Staffing.

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

Timescale: An action plan indicating how the service will meet this requirement should be submitted to us by 10 November 2014.

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

Since the inspection, the provider has voluntarily stopped further admissions to the home. The provider has also agreed to suspend provision of its two respite places until improvement is made to the quality of the service.

We consider this to be an indication of the provider's commitment to create improvement.

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

6 Inspection and grading history

Date	Type	Gradings
30 Jan 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
29 Aug 2013	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate
10 Dec 2012	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate

Inspection report continued

27 Jun 2012	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
21 Jan 2011	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing Not Assessed Management and Leadership Not Assessed
16 Sep 2010	Announced	Care and support 4 - Good Environment 4 - Good Staffing Not Assessed Management and Leadership Not Assessed
19 Mar 2010	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
3 Sep 2009	Announced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
3 Mar 2009	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
17 Apr 2008	Announced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 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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