Bonchester Bridge Care Centre
Care Home Service Adults
Bonchester Bridge
Hawick
TD9 8JQ
Telephone: 01450 860241

Type of inspection: Unannounced
Inspection completed on: 2 October 2014
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Service provided by:
St Philips Care Limited

Service provider number:
SP2003003516

Care service number:
CS2003015517

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

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What the service does well

Staff working in the service deliver care in a respectful and caring manner. There were aspects of care which was good, such as the management of falls and meeting the nutritional needs of residents.

The manager takes action when guidance and direction is given.

What the service could do better

The service needs to review the numbers of staff working in the service and this should be based on the level of needs of the residents.

Some training events need to be planned for some staff to ensure that their practice is current and in date.

What the service has done since the last inspection

One recommendation was met about monitoring mealtimes. Two requirements were met about writing in personal plans and the storage of medications.

Conclusion

Bonchester Bridge was a welcoming and friendly service. Visitors to the service told us this.

Staff were motivated to deliver good care and residents and carers gave us positive comments about life in the home.
There are some areas for improvement in the home but the manager was welcoming of support and guidance.
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 its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

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

Bonchester Bridge Care Centre is owned and operated by St. Philips Care Group. The home cares for up to 28 older people in a large, converted country house in a pleasant rural setting on the edge of Bonchester Bridge, about eight miles from the local towns of Hawick and Jedburgh.

St Philips Care describe their aim “To provide a high quality service provision in all our care facilities through ongoing audit, assessment, action planning implementation and evaluation. We support residents choice, dignity, independence and participation in planning their individual care needs”.

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

Quality of Care and Support - Grade 4 - Good
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.
Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

This report was written after an unannounced inspection which took place over two days.

One inspector carried out the inspection on Tuesday 30 September 2014 between the hours of 10:00 until 17:15 and Thursday 2 October 2014 between the hours of 9:00 until 14:30.

During this inspection we gathered evidence from various sources. We looked at documents and records including:

- Certificate of registration displayed in the service.
- Staffing schedule displayed in the service.
- Dependency assessments of residents in the service.
- Sample of staff duty rotas.
- The annual return sent to us.
- The self assessment.
- Notifications made to us by the service.
- Action plans returned to us following regulatory activity.
- Complaint log.
- Accident/incident records.
- Minutes of meetings held in the service.
- Samples of resident personal plans and relevant documents (for example, monitoring charts).
- Information displayed in the service.
- Audits undertaken in the service.
- Staff training information.

We sent out 20 care service questionnaires to relatives and carers to gain their views of the quality of the care service. Seven were completed and returned.

We sent out 20 care service questionnaires to residents and received four completed. Their views were taken into account as part of our inspection.

We spoke with:

A number of staff working in the service during the days of inspection including the manager of the home and carers (CA).
We spoke with a number of people who used the service, individually and in group settings, when they were carrying out their daily activity. We spoke with family members who were visiting during the course of the inspection.

Some people were not able to tell us about living in the home. We observed interaction between staff and people using the service who had limited ability to express their views.

We looked at the environment as we walked around the service and spend time in each unit.

**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](http://www.firelawscotland.org)
What the service has done to meet any requirements we made at our last inspection

The requirement
The service provider must ensure that medications are stored safely in line with manufacturer’s instructions.

This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services). Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of services users.

Timescale: The provider must do this within 24 hours of the receipt of this report.

What the service did to meet the requirement
We saw that the medication storage area had been fitted with a new air conditioning unit and a new fridge. Records of temperatures were within acceptable limits.

The requirement is: Met - Within Timescales
The requirement
The service provider must ensure that personal plans give clear and detailed guidance to staff on how to support individual residents who are anxious or agitated. All personal plan recording must be legible and accessible to any member of staff who may need to refer to it.

This is in order to comply with the Social Care and Social Work Scotland (Requirements for Care Services). Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of services users.
Timescale: The provider must do this within 24 hours of the receipt of this report.

What the service did to meet the requirement
Samples of care plans seen showed that these were detailed and gave guidance to staff in aspects of care.
We saw that whilst there were some entries where it was difficult to read these were able to be deciphered. The manager was supporting and auditing the content of written information and the quality of writing. We were told that this had improved.

The requirement is: Met - Within Timescales

What the service has done to meet any recommendations we made at our last inspection
One requirement was met at this inspection about the monitoring of mealtimes.
Information can be seen in Quality of care, statement 3 of this report.

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.
This was completed and gave us information on where the service thought that they had areas of strength and identified where they could improve.
Taking the views of people using the care service into account
There was a number of residents who were unable to give us views about the service verbally. We observed interaction between staff and residents and saw that the residents were calm and settled and appeared to be content in the service. We received the following comments during the inspection process:

"Staff are very nice."
"I don't see the manager often."
"I am enjoying my breakfast and we get a full cooked breakfast at the weekend."
"I think they are so busy that they forget to remind me (in respect of going outside)."

Taking carers' views into account
We spoke with a few carers who were visiting on the days of our inspection. They told us that they were welcomed when they visited the home. One person stated, "This is a great place and I am very much welcomed. I don't think there is enough staff, they definately need more".

Responses to our questionnaires had comments such as:

"We are very happy with the care that xxx receives. Staff are very helpful and staff are prompt and efficient."

"We did not know that there was a key worker coordinating all health matters. It would be useful to have an email once a month.......I would like more communication about the doctor's visits."

"Best home in the Borders. Home from home."

"Excellent."

"I have noticed that not all staff remember every moment has to count......every day."

"It would be good if residents got a bit more fresh air and movement."

"Staff seem really nice to residents and seem kind and caring."

"Sometimes think that the manager does not always know what is going on outside the office."

"Most of the carers are very caring and polite and generally there is a happy atmosphere."
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: 4 - Good

Statement 1

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

Service strengths

This quality statement also takes into account Quality of the Environment Statement 1, Quality of Staffing, Statement 1 and Quality of Management and Leadership Statement 1.

We have assessed that the service was performing at a very good level for this statement. We took into account a range of information we read, spoke with people and observed how staff and residents interacted throughout the days of inspection.

We found that there were a variety of ways in which people could express their views in Bonchester Bridge. Results from consultation was displayed in the home. For example, The method of “You said - we did” showed that actions were taken in respect of making additions to the menus respecting the preferences and choices of residents.

There was evidence of improvement in activity provision. A survey carried out in February 2014 showed that some residents did not like the activity on offer. The activity coordinator had introduced new activities, such as ‘pet therapy’ and ‘zoo lab’ and photographs showed how residents enjoyed this.

A recent fundraising event, which involved the local community, was successful. From the funds raised, residents were being encouraged (through the use of a picture board) to make suggestions on how the funds could best be used.

Complaints were managed by the manager and people were directed to the Care Inspectorate if the wished.
Residents’ meetings showed that there was good discussion about life in the home. Residents were assisted to go through the newsletter to keep them up to date. Residents were supported to choose colours for redecoration of their rooms.

The advocacy service was used well in the home and they had been involved in chairing residents’ meetings.

Reviews of care were carried out and residents and their family were encouraged to contribute to a review of their care. When people were unable to attend, they were contacted and asked their opinion of the care and if anything could be improved.

The manager had an overview of dates that reviews of care were due so that these took place in a timely manner.

The manager held meetings for relatives, however records showed that there were no attendees. The manager said that she had an ‘open door’ policy. Relatives we spoke with told us that they were satisfied with approaching the manager at any time.

**Areas for improvement**

We discussed the layout of the complaint log with the manager. This should be an index of any complaint, who made it and when, the actions taken to address any issue, if and when it was resolved.

The manager planned to implement this. We will review this at the next inspection.

Records of reviews of care we viewed did not have signatures of the people who had been involved. This would be beneficial for the service to show that agreement had been reached.

If individuals were unable to attend, staff should comment on how representatives were involved and how the review outcomes were shared with the relevant people. This would enhance the record keeping. We will review this at the next inspection.

We discussed how records of participation could be enhanced with the manager. For example, not all of the residents attended meetings and it would be useful to see how people’s views had been sought. This may have been through the key worker or advocate or at face to face meetings.

The methods how individuals wished, or were able to participate and express their views, should be included in their personal file. We will review whether this has progressed at the next inspection.
We have concluded that the service had some major strengths which have a positive impact on the quality of life for residents in the home. For example there was evidence of changes made to menus and activity following consultation. This showed that residents’ views and opinions were acted upon.

The performance for this statement does not require significant adjustment. They should continue to perform at this level to maintain or improve the grade awarded.

**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**

We did not look at all aspects of healthcare during this inspection. We looked at aspects of nutrition, tissue viability (pressure ulcer prevention), the management of falls, aspects of medication administration and capacity and consent.

We sampled the care of residents’ clothing whilst we looked around the environment. We have assessed that the service was performing at a good level for this statement. We also looked at records, spoke with residents, families and observed staff and resident interaction to make our assessment.

Two requirements were met at this inspection relating to the quality of written information in personal plans and the storage of medications.

Details can be seen in section two of this report, “What the service has done to meet any requirements we made at our last inspection”.

**Nutrition**

We received positive comments about the quality of food in the home. A menu was displayed and we saw that residents were offered choices. A pictorial snack menu was seen in the dining room and included toasties, yoghurt, soup, crisps and pasta.

Staff supported and encouraged residents with meals where necessary. Mealtimes were managed in an organised and efficient manner and there was no lengthy waits in the dining room. Tables were well presented with condiments and adapted crockery to encourage and support independence. This meant that mealtimes were positive for residents.
Monthly assessments were carried out to identify anyone at risk of undernutrition and care plans were updated with the outcome of the assessment.

The manager had an overview of all residents’ weights since admission to the home and records were updated monthly or more as necessary.

Food and fluid charts were in place for residents who needed to have their weights monitored and these were completed well by staff. Staff told us why they monitored resident’s intake and completed charts.

Referrals were made to the GP, dietician or the speech and language therapy team where there were concerns with aspects of nutrition.

Personal files contained individual catering forms which detailed the preferences of the resident. These were very person centred and directed staff in how to support the resident. We saw examples of where the resident’s wishes were respected at mealtimes.

For example, one resident wished to sit in their wheelchair for meals and they wanted a napkin on their knee.

One recommendation was made at the last inspection:

“The service should monitor the support needs of residents during mealtimes to ensure that the staffing levels are sufficient to meet their needs.”

This was met at this inspection.

**Tissue viability (pressure ulcer prevention)**

A range of pressure reducing equipment was in place throughout the home. Monthly risk assessments were carried out to assess resident’s level of risk and recorded in care files.

The manager carried out an audit of mattresses and risk assessments in the home on the first day of the inspection. Orders were placed for mattresses where these were recognised as needed.

There were no wounds as a result of pressure in the home at this inspection.

**The prevention and management of falls**

There was a good range of equipment used to help prevent falls. These included walking aids, pressure mats and bedrials.

These were in place when they were identified as a measure to reduce risks to residents.
Care plans showed that falls risk assessments were carried out monthly and evaluated. There was good information to guide staff in practice, such as detailing when and how assistance and support was needed. Two care files we reviewed showed that both residents had a history of falls prior to admission to the home.

One resident had no falls reported for over a year and the care plan cross referenced to a medication protocol for pain reducing medication. This was needed, at times, to treat the pain from previous injuries after falling.

The other resident did not have any falls reported over an eight month period. Two falls were sustained in September 2014, however staff took steps to review why this had happened. They check out whether an infection may have contributed to the fall and contacted and discussed this with the GP.

Medications
There was a system in place for the recording of topically, prescribed creams and ointments. Documents showed the area of the body where preparations were to be applied and why they were to be applied (for example, to dry skin). Entries were signed and dated when treatment was complete.

Medication administration records (MAR) were in place with photographs of the resident which helped the person administering medications to be assured that it was the correct resident.

Capacity and consent
The manager had an overview of residents who had certificates of incapacity in place (Section 47). Additionally, records were kept of the resident’s status in respect of ‘do not attempt cardiopulmonary resuscitation’ (DNACPR).

These records were kept easily accessible to guide staff.

Clothing
We saw that residents were presented well and clothing was changed when there had been spills or stains.

Areas for improvement
Nutrition
Whilst we saw that choices were offered to residents at meals, we thought that this could be enhanced through providing residents with a visual choice. This is a good way to encourage older people to eat what they like.

We will review this at the next inspection.

Tissue viability (pressure ulcer prevention)
We discussed the audit of pressure reducing equipment with the manager. We acknowledged that additional mattresses were ordered for people who were most at risk.

The risk assessment showed that some residents were identified at 'low risk' but our review of the environment showed that there were instances where residents used divan mattresses. These do not have pressure reducing qualities and do not provide comfort. This is important to reduce risks and to promote sleep.

We will review this at the next inspection.

**The prevention and management of falls**

We did not see any areas for improvement relating to falls at this inspection.

**Medications**

We saw examples of creams which were unnamed and with no dates of opening. It is important that residents are given creams that have been prescribed for their own use and that the medication is not passed it date for use.

There were some protocols in place to guide staff on the use of 'as required' medication. However, these were sometimes in the medication file or personal records of the resident.

We looked at medication administration recordings and found instances where individuals who had been prescribed medications for use when they were required, having been given these routinely.

For example, one resident was prescribed paracetamol, two tablets when required for pain.

On 29 September 2014, this was given on four occasions. There was only one entry made to show the reasoning for the medication (pain) and to show how effective this had been in relieving the pain.

We discussed our findings with the manager.

The care home should refer to our guidance, 'Guidance about medication, personal plans, review, monitoring, and record-keeping in residential care', for advice on how to improve medication management. The home should also refer to Royal Pharmaceutical Society guidance, 2007, ‘Safe Handling of Medicines in Social Care’ and National Midwifery Council (NMC) medication management guidance. (See requirement 1).

**Capacity and consent**

We asked the manager to review the current certificates in place to ensure that these were up to date and that a date for review was highlighted.

Whilst the manager had copies of DNACPR certificates, we noted that some of these did not have timescales for reviews.
Section 47 certificates did not have treatment plans attached. We acknowledged that this was not the responsibility of the manager but that she should be aware of the legislation. We directed her to the Adults with Incapacity Act (AWI) and National Health Service Education for Scotland (2011) Respecting and Protecting Adults at Risk in Scotland - Legislation and Practice.

We will review certificates at the next inspection.

Clothing
Samples of items of resident’s clothing we looked at had labels which were difficult to read. Some drawers and wardrobes would benefit from tidying.

We discussed this with the manager who planned to revisit the management of clothing and reinforce the appropriate policy to take this issue forward.

We will look at the care of clothing at the next inspection.

We found areas of important strengths in this statement, including the management and organisation of mealtimes and the prevention and management of falls. These have a positive impact on the well-being of residents.

There are areas for development which should be addressed in order to maintain or enhance the grade awarded for this statement.

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

**Number of requirements:** 1

**Number of recommendations:** 0

**Requirements**

1. The provider must ensure that medications are managed in a manner to protect the health and welfare of service users. In order to achieve this, the provider must:

   a) Ensure that staff made aware of up to date guidance on medication management.
   b) Ensure that staff implement best practice in relation to medication management.
   c) Ensure that records are maintained to evidence that prescribed topical medical preparations are applied to the correct person.
   d) Ensure that protocols are used by staff to guide them in administration of ‘as required’ medication.
   e) Develop an effective medication audit tool that is capable of identifying any shortfalls in relation to this medication system so that an appropriate action plan is made and the appropriate steps are taken to improve medication practice.
This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1) (a) - a regulation about health and well-being.
National Care Standards, Care Homes for Older People - Standard 15: Keeping well - medication.

Timescale: to commence on receipt of the report and for completion by 31 December 2014.
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
Information in quality theme 1, care and support is relevant to this statement.

Areas for improvement
Information in quality theme 1, care and support is relevant to this statement.

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
To make our assessment of this statement, we sampled a number of bedrooms, en-suite toilets, communal sitting rooms and dining rooms and bathrooms in each of the units. We observed daily activity in the home, and sampled records.

We have included staffing in this statement as this is essential in providing a safe environment.
We have assessed that the service was performing at an adequate level for this statement.

We saw that there was some good areas of practice, such as the management of falls, which we have described in quality of care and support, statement 3.
There was a key pad entry system and a sign in book for visitors to the home.

There were notices to remind people about the availability of flu vaccine, whistleblowing and the local area guidelines for adult protection. These all contributed to enhancing people’s awareness and to help prevent illness or report incidents of concern.
There was a variety of equipment to help maintain the safety of residents and to aid their independence. For example, raised toilet seats, walking aids, moving and handling equipment and pressure mats.

Maintenance records had good clear recording systems to show that checks were complete. Outside contractors carry out six monthly checks of equipment such as hoists and slings and check to ensure that small appliances are fit for use.

The maintenance man has a system of checking new items that are brought into the home until the outside contractor carries out all reviews.

The manager had been given guidance from the community infection control nurse regarding the sluice and laundry areas of the home. Areas for improvement had progressed and the manager had taken steps to improve the cleaning and management of the laundry system.

**Staffing**
The manager maintained duty rotas. Staff told us that they would work additional hours to cover shifts in the event of absences.

A monthly assessment of dependency levels of residents is calculated and this informs the numbers of staff needed to work in the home to deliver direct care.

**Areas for improvement**
Maintenance records did not show that there was a comprehensive check of wheelchairs to show that brakes, fabric and footplates were fit for use.

The manager was aware that the organisation had appropriate paperwork to record these checks and planned to access these. We will review whether this has been implemented at the next inspection.

We discussed the findings from our environmental review with the manager. For example:
Some cupboards needed to be tidied and cleaned for personal belongings to be stored appropriately.
Some areas of the home did not have either liquid soap or paper towels.
Some doors to bedrooms could not be locked, although lockable space was available in the room.
Some signage, such as nameplates could help residents find their rooms easier. We will review this at the next inspection.
Staffing
Staff, visitors and residents told us that they did not think that there was enough staff working in the home. We observed staff working hard to meet the needs of residents and some told us about how they did not take breaks away from the resident areas.

We have stated in areas of strength that the manager calculated dependency levels of residents in the home. We saw that the calculations for some residents would not be realistic for the direct care that was needed.

There was no conversion into staffing hours from the dependency assessments which would help to determine the numbers of staff needed to meet the direct care needs of residents. Staffing levels reduced by one member in afternoon shifts and this left minimal staffing numbers to deliver care.

We discussed this with the manager and she agreed that staffing numbers in the afternoon would be added to and that this would be further discussed with the operations manager.

The manager planned to review the dependency tool and staffing levels in the home. (See requirement 1).

We have graded this statement at 3 - adequate to be fair and balanced in our assessment. We did not see areas of major concern in the care of residents at this inspection. However, there are areas for improvement throughout this report but some of these, for example in the care of residents' clothing and ensuring that there was sufficient supplies of soap and towels, are difficult to be maintained with minimal staffing.

Staff, rightly concentrated on the care needs of residents and the manager agreed to increase staffing numbers in the afternoon.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 1

**Number of recommendations:** 0

Requirements
1. The Provider must review the staffing levels in the home. In order to achieve this the Provider must:

   a) Assess the needs of people who use the service residents taking into account their physical and social, psychological and emotional needs.
   b) Review the roles and responsibilities of staff needed to work in the service.
   c) Ensure that there is sufficient staff numbers working in the service to meet the care needs of residents in the home at all times.
This is to comply with:

The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 15 (a) - staffing.
Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a regulation about health and wellbeing of residents.

Timescale for meeting this requirement: To commence on receipt of this report and for completion by 31 December 2014.
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
Information in Quality of care, statement 1 is relevant to this statement.

Areas for improvement
Information in Quality of care, statement 1 is relevant to this statement.

Grade awarded for this statement: 5 - Very 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
To assess this statement we observed interaction between staff and residents, looked at records and spoke with people visiting and/or using the service.

We have assessed that the service was performing at a good level for this statement. There were important strengths in this statement, namely the respect and dignity afforded to residents and some aspects of care. These have a positive impact on the experience of care for residents. There are however, areas for improvement.

We saw some pleasant interaction between staff and residents. Interactions were calm and residents were treated with dignity and respect. Staff were knowledgeable about the residents in the home.
We received positive comments about the staff working in the service.

Staff spoken with were committed to working in the home and told us that they thought that they worked well as a team. They felt that the manager was approachable and that they were able to raise issues at staff meetings.
Staff meetings were used to give direction and updates to staff. This included discussing access to training, introductions to new staff members, changes in practice and the outcomes of inspection reports. For example, direction was given about introducing topical medication recording sheets in each resident’s room and how this was to be achieved. We noted that this had happened.

The manager was kept updated of events in the organisation through manager meetings of St. Philip’s Care. She acted on information shared, such as ensuring that the ‘whistleblowing’ policy was clearly displayed in the service.

We saw that there were some aspects of ‘best practice’ in place in the service, for example, the management of covert medications.

Staff training records were maintained and a matrix showed training events attended by each staff member. The system highlighted training that needed to be prioritised.

A training planner was displayed for staff to show what was on offer and staff told us about events they had attended.

There was a system of supervision and appraisal and staff told us that they used these for discussion and to raise any issues they wished. The majority of staff had two sessions of supervision this year. Permanent staff had a range of between four and five.

Where records showed that staff had raised issues, these were addressed by the manager, for example when an individual wished to change shift patterns.

We saw and heard a newly recruited staff member being inducted into the service. They were given information on the expectations of the provider, the National Care Standards and the aims of the service.

**Areas for improvement**

From the training matrix we saw that there were a number of staff who needed to be updated in infection control, adult support and protection, dementia care and moving and handling. (See requirement 1).

Staff supervision records showed that staff did not always sign these to agree that they were accurate. There were often no comments from staff and no tasks set for the next session. Staff told us that they had supervision and that they could contribute.
However, we thought that by encouraging and supporting staff to use the system well and to document discussions and reflect on their practice, this may benefit the service. We will review supervision records at the next inspection.

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

Requirements

1. The provider must ensure that staff are trained to carry out their duties. In order to achieve this, the provider must:

   Ensure that staff, without current updates, have training planned in the following:

   Moving and handling.
   Infection control and adult support and protection.

   This is to comply with:

   The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1) (a) - health and welfare. Regulations 2011 SSI 2011/210 Regulation 15 - to ensure that people employed have training appropriate to the work they are to perform and to ensure that there is a competent workforce.

   National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.
   Timescales: For a plan to be put in place by 30 November 2014.
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 4 - Good

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

Service strengths
Information in Quality of care, statement 1 is relevant to this statement.

Areas for improvement
Information in Quality of care, statement 1 is relevant to this statement.

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
To assess this statement we took into account our findings throughout this inspection and looked at the system of audit in the home. We spoke with staff, carers and residents during the inspection.

We have assessed that the service was performing at a good level for this statement.

The manager’s office was organised with ‘at a glance’ information displayed clearly to show numbers of residents, rooms occupied and relevant telephone contacts.

A system of audit was in place and carried out monthly, quarterly or yearly. The manager acted on issues which were found as a result of audits. For example, to remind staff of the need to use allocation sheets and wear their name badge or to remove toiletries from communal areas.

Analysis took place of the number of falls in the home on a monthly basis and alerted staff to the key areas where falls happened and the times.
The manager had an overview of all resident’s risk assessments for risks of malnutrition and development of pressure ulcers. There was ready access to dates of when reviews of care were due and when any legal certificates needed updated.

**Areas for improvement**

We have stated in other sections of this report where there are areas for development. These included the need to make sure that legal certificates were reviewed and that staffing levels in the home were based on the dependency levels of residents.

We have graded this statement at 4- good. This is a grade which implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement.

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

**Number of requirements:** 0

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

Complaints
There has been no upheld complaints against this service since the last inspection.

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

Additional Information
No Additional Information.

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

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

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<td>Environment 3 - Adequate</td>
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<td></td>
<td>Staffing 4 - Good</td>
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<td>Management and Leadership 4 - Good</td>
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<td>3 Jul 2013</td>
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<td>Management and Leadership 3 - Adequate</td>
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<tr>
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<td>Unannounced</td>
<td>Care and support 3 - Adequate</td>
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<td>Environment 3 - Adequate</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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