St. Ronans
Care Home Service Adults
St. Ronans House Residential Home
Maxwell Street
Innerleithen
EH44 6HS
Telephone: 01896 830625

Type of inspection: Unannounced
Inspection completed on: 16 December 2014
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Service provided by:
Scottish Borders Council

Service provider number:
SP2003001976

Care service number:
CS2003009195

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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<td>Quality of Care and Support</td>
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What the service does well

One of the main strengths of this service is the strong value base of the staff team and their evident commitment to the well being of the residents. We saw that staff took time to interact with the residents in a calm and sensitive manner.

Staff feedback included:
"I just love working with the residents. It is important I do my job as best I can. We are here because we care - its more than just a job."
"It is a pleasure looking after and supporting the residents".

We also noted that the service benefitted from a strong senior team who showed good leadership and appeared confident and organised. They shared responsibility for management tasks and appeared to work well together, supporting the rest of the team in their roles. Support workers told us they felt well supported by the senior staff and that there was good team working.

The environment was clean and well furnished. The atmosphere was welcoming and friendly.

It is apparent that St Ronan’s is a valued service within the local community.
**What the service could do better**

It was evident during this inspection that the staff team had worked hard to progress the areas for improvement identified at the previous inspection. However, there were some areas remaining that needed further work and these are detailed within the body of this report.

We have suggested to the provider that they need to review and revise the aims and objectives of the service as beds are no longer being used for the purpose of providing intermediate care, nor is there rehabilitation staff working in the service. Alongside this, we have suggested that the provider reviews the need for a separate dementia unit. It was evident during our inspection that there were residents living with dementia across all of the units within the home, and it was not necessarily the case that those living in the dementia unit had greater needs than others. If the dementia unit is to continue to be part of the registration for this service, we would suggest that clear admission criteria are drawn up and that there is also an exit strategy, agreed with NHS partners.

During our inspection we became aware of a paper which had been produced by a former member of the community health team in 2014. This paper was intended to stimulate multi agency discussion on the possibility of allocating a room in the home for the specific purpose of delivering end of life care. This is an area of care which the service is already recognised as providing well. We would suggest that the provider may wish to reflect on this, linking into the Scottish Borders palliative care needs assessment project which is on-going.

We were advised by the provider that discussions were underway about the future purpose and function of the service. We will monitor this at future inspections.

**What the service has done since the last inspection**

It was evident that the service had made progress on the requirements and recommendations following the previous inspection. This was most noticeable in the work done to revise care plan recordings, which were noted to be person centred, detailed and up-to-date.
Conclusion

St Ronan’s care home is a central part of the local community. From the feedback we received during our inspection, it was evident that it was valued by residents and by their relatives and carers. We also spoke with visiting professionals who echoed this view. The service benefits from a strong staff team who work well together and who share a common value base which respects the individual needs of the residents.

We could see evidence of improvements having been implemented in the service since the last inspection.
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 1st 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. 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 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 Care Inspectorate.

St Ronan’s House is situated within the Scottish Borders town of Innerleithen. It is a purpose built home which is owned and operated by Scottish Borders Council.

The home accommodates a total of 24 residents, across the four units of the home, with twelve beds for permanent residents. Five beds accommodate residents in the intermediate care unit, five in short breaks and two beds for assessment. At the time of this inspection, there were 22 residents living in the home and one resident was in hospital.
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.
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

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection took place on Tuesday 18 November between 8am and 5.15pm. It continued on Wednesday 26 November from 8am to 6.30pm and Friday 5 December from 8.30am to 4pm. Feedback was given to the senior team on Tuesday 16 December 2014.

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

We sent 15 Care Standards Questionnaires to the manager to distribute to residents. Four residents sent us completed questionnaires. We also sent 15 Care Standards Questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned five completed questionnaires before the inspection.

We also asked the manager to give out 15 questionnaires to staff and we received 11 completed questionnaires.

During this inspection we spoke with:

- the manager
- two visiting professionals
- ten residents
- Six relatives
- Six staff.

We also attended a "Friends of St Ronans" group meeting on 2 October 2014 when we met with a number of relatives, some of whom we spoke with again during our inspection visits.
We looked at:

- resident’s care plans
- minutes of meetings - staff and residents
- staff supervision records
- the provider’s staff supervision policy dated 2013
- staff training records
- evidence of registration with the Scottish Social Services Council (SSSC)
- duty rotas
- accident and incident records
- medication administration records (MARS) and medication storage
- dependency assessments of resident need
- information leaflets about the service
- the service’s newsletter
- St Ronan’s participation strategy
- audits and action plans
- questionnaires and action plans
- exit questionnaires for the short stay unit
- suggestions from the suggestion box
- equipment servicing records
- medication fridge temperature records
- the service’s policy manual.

We also looked at the environment in each area of the home.

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
Requirement 1.
The service provider must review staffing levels in the wing of the care home which provides accommodation to people with dementia to ensure that sufficient staffing is in place to meet the assessed needs of service users including their social and emotional needs.
This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 15 (a) Staffing - a requirement that a provider must ensure that staffing levels are sufficient to meet the needs of service users.

Timescale for implementation: Within one week of the publication date of this report.

What the service did to meet the requirement
We became aware that a review of the staffing levels across the service had been carried out. During our inspection visits, we sampled the duty rotas and dependency assessments. We have discussed our findings in more detail in Quality Statement 1.3.

The requirement is: Met - Within Timescales

The requirement
Requirement 2.
The service provider must make proper provision for the health, welfare and safety of service users by taking action to:

* Review their food and nutrition policy to take into account best practice guidance.
* Review the current food specification to ensure it meets service users’ dietary needs and how these will be met through menu planning and food provision.
* Provide written information about the whole food and fluid provision to service users and carers.
* Undertake a nutritional audit of individual service users using the Care Inspectorate nutritional audit tool.

The service must provide written evidence of the audit to the Care Inspectorate within 2 weeks of receipt of this report. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users- a requirement that a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: Within 4 weeks of the receipt of this report.

We signposted the service provider to the following best practice guidance:
“Food in hospitals national catering and nutrition specification for food and fluid provision in hospitals in Scotland 2008”, Scottish government download from www.scotland.gov.uk/Publications/2008/06/24145312/0 which is applicable to care homes.
“Care Home For Adults Food Fluid and Nutritional Care Model Policy and procedures” Publication code: HCR-0412-051 - www.careinspectorate.com

What the service did to meet the requirement
We were made aware that this was a piece of work being progressed by the provider, though not yet complete. We have therefore repeated this requirement, with some amendments to the wording to reflect the progress made since the previous inspection.

The requirement is: Not Met

The requirement
Requirement 3.
The service provider must ensure that each service user has an accurate, up to date personal plan, which sets out how the service user’s health, welfare and safety needs are to be met. The personal plan must reflect current individual health and care needs and be reviewed
(i) when requested to do so by the service user or their representative or
(ii) when there is a significant change in a service user’s health, welfare or safety needs and
(iii) at least once in every six month period whilst the service user is in receipt of the service. Where there are any legal powers in place, these must be documented, evidenced and understood by staff.
This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 5 (2) (b) (i) (ii) (iii) Personal Plans.

Timescale: Within eight weeks from receipt of this report.

What the service did to meet the requirement
We sampled a number of care plans across the units within the home. We saw that there had been good progress made with respect to this requirement. There was evidence of care plans being written in a person centred way, with a good level of detail about the individual resident - their likes and dislikes, as well as expected outcomes. Whilst there remained some areas for improvement, the majority of this requirement had been met. We have therefore made a new requirement which details the remaining areas which require further improvement.

The requirement is: Met - Within Timescales

The requirement
Requirement 4.
The service must ensure that the care home’s medication fridge is functioning correctly.
This is in order to comply with The Social Care and Social Work improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within 24 hours of the receipt of this report.

What the service did to meet the requirement
We saw that the fridge was working correctly.

The requirement is: Met - Within Timescales
The requirement
Requirement 5.
The service provider must ensure that medication is administered following best practice guidance and as directed in the service’s medication policy.
This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within 24 hours of the receipt of this report.

We signposted the manager to the following guidance:
“Guidance about personal plans, review, monitoring and record keeping in residential care services.”
http://www.careinspectropate.com
NMC standards for medicines management 2010
The Handling of Medicines in Social Care

What the service did to meet the requirement
We observed staff administering medication and we sampled medication administration records. It was evident that this requirement had been met.

The requirement is: Met - Within Timescales

The requirement
Requirement 6.
The provider must ensure the health, welfare and safety of service users by ensuring that at all times residents are free from risk of harm.
This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within 24 hours of the receipt of this report.

What the service did to meet the requirement
We saw that the staff call system linked to the front door and to the door leading off the large dining room to the laundry and former kitchen area was working effectively.

The requirement is: Met - Within Timescales
The requirement

Requirement 7.
The provider must ensure incidents that are notifiable to the Care Inspectorate are
undertaken within the required timescales as detailed within the Care Inspectorate
guidance on notification reporting.
This is in order to comply with The Public Services Reform (Scotland) Act 2010,
Section 53 (6) SCSWIS may at any time require a person providing any social service
to supply it with any information relating to the service which it considers necessary
or expedient to have for the purpose of its functions under this Part.

Timescale: within 24 hours of the receipt of this report.

What the service did to meet the requirement

On the whole, the service has been notifying the Care Inspectorate as required,
though we noted one incident within the incident report log about which we had not
been notified. We have therefore repeated this requirement.

The requirement is: Not Met

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

Recommendation 1.
The service should ensure that the level of engagement preferred by relatives and
other carers is identified and recorded.
National Care Standards. Care homes for older people - standard 5 - management
and staffing arrangements.

Progress:
From our samples of care plans we noted that a preferred methods/levels of
engagement form had been introduced. We saw that these were being completed
and signed and dated by relatives.

Met.

Recommendation 2.
The provider should develop an effective system for the regular and on-going
participation of all residents, relatives and carers in assessing and improving the
service, including on going consultation about the meals provision. Feedback should
be provided to participants as a result of any consultation undertaken.
National Care Standards. Care homes for older people - standard 11 - expressing your
views.
Progress:
We saw some evidence of this recommendation having been taken forward by the service. We have reworded this recommendation to ensure that the remaining areas for improvement are taken forward.

Not met.

Recommendation 3.
The provider should update the written information to ensure it accurately reflects the current service provision.
National Care Standards. Care homes for older people - standard 1 - informing and deciding.

Progress:
This recommendation has been carried forward as the service is undergoing change. Once the changes have been implemented, all materials explaining the service should be reviewed and revised.

Not met.

Recommendation 4.
The service should ensure that service users and, if appropriate, their representatives are involved in the support plan, risk assessment and review process, and that this is evidenced and documented.
National Care Standards. Care homes for older people - standard 6 - support arrangements; standard 9 - feeling safe and secure.

Progress:
From the care plans we sampled during this inspection, it was evident that this recommendation had been met. We have discussed this in more detail in Quality Statement 1.3.

Met.

Recommendation 5.
The service provider should implement a recognised ulcer risk assessment tool and provide staff training on the implementation and application of the chosen assessment tool.
National Care Standards. Care homes for older people - standard 14 - keeping well - healthcare.
Progress:
We saw evidence of a preliminary pressure ulcer risk assessment tool having been identified and completed earlier in 2014. However, discussions with primary health care colleagues had not progressed beyond April 2014.

Not met.

Recommendation 6.
The care home should provide clear information to all potential residents about whether smokers are catered for.
National Care Standards. Care homes for older people - standard 5 - management and staffing.

Progress:
We saw that the leaflet for the service had been revised to include this information.

Met.

Recommendation 7.
Service users and their relatives should be provided with information about their right to request a carpet for their bedroom if they prefer this to the vinyl flooring currently provided.
National Care Standards. Care homes for older people - standard 4 - your environment.

Progress:
We saw that the leaflet for the service had been revised to include this information.

Met.

Recommendation 8.
The provider should develop a contingency plan in the event that the remaining washing machine becomes non-operational.
National Care Standards. Care homes for older people - standard 4 - your environment.

Progress:
Since the last inspection an additional washing machine had been installed.

Met.
Recommendation 9.
The service manager should ensure that all staff have 1:1 supervision time allocated on a regular basis as directed by the service’s supervision policy.
National Care Standards - care homes for older people - standard 5 - management and staffing arrangements.

Progress:
We sampled a number of staff supervision records and looked at the provider’s supervision policy. We saw that part of this recommendation had been met. We have reworded this to reflect our findings from this inspection and the areas for improvement to be taken forward.

Not met.

Recommendation 10.
The provider should ensure that the training matrix contains accurate and up-to-date records of all staff, and includes records of all training courses attended, training planned and when these have to be up-dated if required. This should include both the mandatory training and any other training planned or undertaken.
National Care Standards. Care homes for older people - standard 5 - management and staffing arrangements.

Progress:
We sampled training records which were up-to-date, with training being scheduled for 2015. We could see that some training for some staff was out of date. Whilst it was evident that there had been work carried out to respond to this recommendation, there were some areas for improvement remaining. We have therefore reworded this recommendation to reflect our findings.

Not met.

The annual return
Every year all care services must complete an ‘annual return’ form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.
Annual Return Received: Yes - Electronic
Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a fully completed self assessment document from the provider.

Taking the views of people using the care service into account

We spoke with a number of residents during our visits to the service. Comments we received included:

- "The girls are all very good. I don’t have to wait long for staff to come when I call for assistance though staff can be rushed, especially at night time. I get a laugh with staff. The day goes in quick. The food is tasty. I feel relaxed here; very content - I don’t feel lonely or isolated."
- "I would tell my family if I wasn’t happy."
- "I feel happy here. The food is good. I have no concerns. The food is good."

We also received comments within the returned care standards questionnaires:

- "The whole thing is brilliant. I have no complaints about anything. I’m glad there are places like this."
- "I fair like this place. I have a nice room. I am very happy here. I don’t want to move anywhere else."
- "Very good: no fault."
- "This is my first experience in a care home. I found it to be absolutely superb. The staff - marvellous. The environment cannot be faulted - it is very clean. What more can I say but superb."

Feedback from residents was very positive.
Taking carers' views into account

We spoke with a number of relatives during our visits. Comments included:

- "No complaints about staff - they look after my relative. If I had a complaint I would report it to the care home manager. I visit almost every day and at different times of day - I have never found staff any different at these times. I see a difference in my relative for the better since they moved here. Staff let me know if there are any issues. No rush in the mornings - my relative can have a late breakfast. Staff take time with my relative - even the domestic staff."
- My relative seems to have moved forward since they moved to the dementia unit. Since coming into St Ronan’s their personal care has improved. They have never once mentioned going home. We visit several times a week - we have observed a very good staff attitude towards residents. Staff are calming and gentle. We don’t have any worries when we go on holiday. It is a huge relief that my relative is here."
- "Don’t have any worries. Would recommend St Ronan’s to others. Staff let my relative eat when they want to eat. Very happy with care and support."
- "Staff are excellent. They do everything in their power to ensure my relative is safe."
- "I am very happy with St Ronan’s - the only care home I have used for respite where I can leave my relative and know they will be as I left them when I get back."
- "The service set up training for staff to link to my relative’s specific needs."

We also received comments within the returned care standards questionnaires:

- "I have seen no deterioration in the level of care my relative receives since they were admitted to St Ronan’s five years ago. The staff group has not changed substantially and that means they know me and my relative well."
- "The staff are so kind to my relative. It was a hard decision for me to put my relative in a care home. I have quality time now with my relative and know they are well cared for and happy. I can only praise the staff for the care they give to the residents and know how lucky I am that my relative is at St Ronan’s."
- "I do have a concern over the increased use of bank staff. The staffing shortage seems to be being covered by bank staff. If this continues I think the quality and continuity of care could be compromised."
“My relative has been at St Ronan’s for about 5 years. We continue to be happy with the care they are receiving. As their dementia gets worse, they are unable to move around as they did but the staff make every effort to get them out in good weather. I have every confidence in the staff to care for my relative and treat them with respect and sensitivity.”

Overall, feedback from relatives was very positive.
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

We saw that the service was operating to a good level in this area. We measured this by reviewing the progress made on the recommendations from the previous inspection. We looked at the service’s involvement strategy and the minutes of residents’ meetings. We also sampled care plan records.

We had made a recommendation that the service should ensure the level of engagement preferred by relatives and other carers is identified and recorded. From the care plans we sampled, it was evident that this had been progressed. We saw that there were preferred levels of engagement forms in care plans which had been completed, signed and dated by relatives. This recommendation had been met.

We had made a further recommendation that the provider should develop an effective system for the regular and on-going participation of residents, relatives and carers in assessing and improving the service, including on-going consultation about the meals provision. We also suggested that feedback should be provided to participants as a result of any consultation undertaken.

From the evidence we sampled, we saw that some progress had been made in response to this recommendation. For example, we saw that there had been a review of the food in April 2014. We saw that feedback had been passed on to the meals provider and that the views of the residents had subsequently been sought of revised menus in June 2014. We noted that the majority of the comments had been positive.
We saw that the service was also seeking the views of those residents who stayed in the home for a short break. Feedback was overwhelmingly positive and comments included:

- “The quality of the food is brilliant.”
- “I hope to come back. I wouldn’t go anywhere else.”
- “The best thing is the kindness and politeness.”
- “I would have liked to have stayed a few more days.”
- “I was comfortable and well looked after.”
- “I always enjoy coming to stay because everyone is so kind.”
- “The best thing is the faultless care and the help of the staff and the quality of the food”.
- “I will come back”.

We saw that there was evidence of regular meetings with residents, all of which were chaired by the care home manager. These had taken place in April, June, July, August, September and November 2014. We noted that a variety of issues were being discussed and the meetings were being recorded. We would suggest that the minutes of meetings could benefit from having action plans to ensure that all action points are followed up at subsequent meetings.

We noted that the “Friends of St Ronan’s” relative’s group had been established. We were invited to attend a meeting of the group in October 2014. A number of relatives were in attendance, all of whom were very positive about the care and support their relative was receiving, whether they were living in the home permanently or coming in for short breaks. The main aim of the group is to support the care home and the staff team.

We also saw that a committee had been set up involving a number of residents to discuss how best to spend a legacy which had been left to the home.

There had been no complaints made to the service or to the Care Inspectorate since the previous inspection, though it was evident that relatives were aware of how to make a complaint if necessary.

We also noted that there was a participation policy in place specific to St Ronan’s.

**Areas for improvement**

We had made a recommendation that the provider should develop an effective system for the regular and on-going participation of residents, relatives and carers in assessing and improving the service. We looked at the service’s newsletter. We noted that there had been no newsletters produced in 2014. We would suggest that this could be a useful method of sharing information and seeking the views of all stakeholders.
We had made a further recommendation that the provider updates written information about the service to ensure it accurately reflects the current service provision. It was evident that this had not been progressed. The purpose and function of the service has been changing with, for example, some beds being used for long stay which were intended for intermediate care. The provider needs to ensure that the written information about the service is reviewed and revised as appropriate so that it accurately reflects the type of service being provided. This should include the aims and objectives to be achieved. This recommendation has therefore been repeated with some amendments to reflect our findings.
See recommendation 1.

Grade awarded for this statement:  4 - Good

Number of requirements:  0

Number of recommendations:  1

Recommendations

1. It is recommended that the provider reviews and revises all written information about the service so that there is a clear understanding of the extent and limits to what can be provided. This should include a review of the aims and objectives for the service as a whole.
National Care Standards - Care homes for older people - standard 1 - informing and deciding.
Statement 2
We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths
We saw that the service was performing to a very good level in this area. We measured this by sampling care plans and by observing the interactions between residents and staff.

For example, one resident enjoyed going out for a walk, though there was a level of risk if they did this unsupported by staff. During our visits, we noted that the staff were very aware of when the resident wanted to access the outdoors, and on each occasion they supported the resident’s choice to carry out this activity. At no time did we see a negative response from staff.

Relatives told us that they had observed a very good staff attitude towards the residents. They told us “staff are calming and gentle”. We observed an interaction between a resident and staff in the dementia unit. We saw that the resident seemed relaxed and at ease.

We noted a good level of detail in care plans about residents’ backgrounds, their likes, dislikes, needs and wants. Staff seemed aware of this information and it was evident in discussion with them that they were aware of how important it was to promote independence and maximise potential. Care plans were written in such a way that they promoted the skills of the resident and how staff could support the maintenance of these skills. For example:

- for one resident it was important that staff enabled them to choose their own clothes and keep their room tidy.
- In another care plan, we saw a good level of detail in the day and night time routines which described how support was to be provided according to the choices of the resident.
- Another resident had quite an unusual sleep pattern. Rather than encourage the resident to fit into the normal routine, it was evident that staff were very aware of how to meet the needs of the resident in a manner which suited their individual choices and needs.
Areas for improvement

It was evident that the staff team were working in a manner which demonstrated they understood the principles of person centred care and saw the importance of maximising the choices and potential of the residents. This was evidenced in how they recorded interactions and in how they carried these out. This approach should continue to be developed as the service changes and as the needs of residents change.

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 saw that the service was operating to a good level in this area. We measured this by assessing the progress made on previous requirements and recommendations. We looked at staff duty rotas, resident dependency assessments and resident care plan records. It was evident that good progress had been made with care plan recordings, which were detailed, meaningful and person centred.

We had made a requirement following our previous inspection that the provider must review staffing levels in the wing of the care home which provides accommodation to people with dementia to ensure sufficient staffing is in place to meet the assessed needs of service users, including their social and emotional needs. When assessing the improvements made in this respect, we noted the following:

- we became aware that staffing levels had been reviewed across the service in the months of August, October and November 2014
- following previous inspections, we had suggested to the provider that dependency assessments should be carried out for each unit in the home to ensure that there were sufficient staff in the dementia unit to respond to the level of need
- during this inspection, we saw that there were residents living in other units within the home who also had a diagnosis of dementia, some of whom had a greater degree of cognitive impairment than some residents living in the dementia unit.

We therefore looked at the staffing levels overall within the service. To do this, we looked at staff duty rotas.

We also looked at resident dependency assessments. We saw that they recorded some days when there were fewer hours provided than assessed need indicated as being required for individual units. However, we noted that the total hours calculated as being available in the whole service at these times was sufficient to meet the assessed levels of need. We did, however, discuss with the service the need to ensure that the staff hours provided are adjusted if and when these reduce in response to unplanned staff absences.

From the evidence we reviewed, it was evident that this requirement had been met.

We had made a requirement that the service provider must ensure that the care home’s medication fridge is functioning correctly. We checked this during our visits and noted that this was the case. This requirement had therefore been met.
We had made a further requirement that the service must ensure each service user has an accurate, up-to-date personal plan which sets out how the service user’s health, welfare and safety needs are to be met. The personal plan must reflect current individual health and care needs and be reviewed when requested to do so by the service user or their representative, when there is a significant change in the resident’s needs and at least in every 6 month period. In addition, where there are any legal powers in place, these must be documented, evidenced and understood by staff.

We sampled a number of care plans during this inspection. We could see evidence of some good levels of recording which were being written in a person centred manner. We could see that care was personalised from our observations of staff and resident interactions and this was backed up by the records made by staff in daily notes and in support plans. Care plans were being written in a manner which promoted independence as far as possible and focussed on ability as opposed to disability. We also saw a good level of detail in personal histories and with respect to likes and dislikes.

We noted that reviews were taking place and these were well recorded. It was evident that actions were being followed up. We also saw evidence of one situation where a residents’ level of need had changed rapidly and significantly and that a number of reviews had been recorded during that period.

We could see from care plan recordings that residents were being referred to other agencies as required - for example - the community dietician. The majority of care plan information was up-to-date and recent. During our inspection we saw that staff were linking with the local GP to up-date Adults with Incapacity (AWI) certificates and end of life documentation. We also noted that risk assessments were being updated where required. This level of detail in care plans suggested that staff had a good knowledge of the residents in their care and also a working awareness of the need to ensure that care is consistently delivered.

We had made a further requirement that the provider must ensure medication is administered following best practice guidance as directed in the service’s medication policy. We observed medication being administered and sampled medication administration records during this inspection. It was evident that staff were following best practice. This requirement had been met.

We had made a recommendation following our previous inspection that the service provider should ensure service users and, if appropriate, their representatives are involved in the support plans, risk assessment and review process and that this is evidenced and documented. From the care plans we sampled, it was evident that
families and representatives had been fully involved in this process. This recommendation had been met.

Areas for improvement

In respect of the staffing levels to be provided, the service needs to ensure that when adding up the hours of care provided, any changes to the hours actually worked as a result of filling a shift where there has been unplanned staff absence should be taken into account. We will check this at the next inspection.

We had made a further requirement that the service provider must make proper provision for the health, welfare and safety of service users by taking action to:

- review their food and nutrition policy to take into account best practice guidance
- review the current food specification to ensure it meets service users’ dietary needs and how these will be met through menu planning and food provision
- provide written information about the whole food and fluid provision to service users and carers
- undertake a nutritional audit of individual service users using the Care Inspectorate’s nutritional audit tool. The service must provide written evidence of the audit to the Care Inspectorate within 2 weeks of the receipt of this report.

We became aware that the provider had made some progress with this requirement in discussion with the Care Inspectorate. However, as this remains incomplete, this requirement will be repeated with some amendments to reflect the progress made to date.

See requirement 1.

We had made a requirement that all care plans must be up-to-date and accurate, detailing how a resident’s needs should be met. We saw that good progress had been made in this area. We also noted that there were some areas which could be further improved. For example, we noted one care plan where there had been a medication review carried out in November 2014, but the care plan for medication was dated September 2014 and had not been up-dated to reflect the changes made. We also saw some gaps in the records for oral health care and topical medications. Two care plans of those we sampled lacked the relevant copies of legal documentation referring to third parties with Power of Attorney. We noted that protocols for the administration of “as required” medication were not always in place. Daily notes could benefit from being more detailed about activities and the outcomes for residents. Night staff records also need to be more easily identifiable.
We would suggest a review of support plans for short stay residents to ensure that these are consistently written in either the first or third person.

We have made a new requirement about care plan recording which reflects our current findings, acknowledging the work carried out to date to improve recording. See requirement 2.

We had made a recommendation that the service provider should implement a recognised ulcer risk assessment tool and provide staff training on the implementation and application of the chosen tool. During our inspection we became aware that a preliminary pressure ulcer risk assessment tool had been identified and completed earlier in 2014. However, discussions with primary health care colleagues had not progressed and we were advised that this was still very much work in progress. This recommendation has therefore been repeated. See recommendation 1.

**Grade awarded for this statement:** 4 - Good  
**Number of requirements:** 2  
**Number of recommendations:** 1

**Requirements**

1. The service provider must make proper provision for the health, welfare and safety of service users by taking action to:

   - review their food and nutrition policy to take into account best practice guidance
   - review the current food specification to ensure it meets service users’ dietary needs and how these will be met through menu planning and food provision

   This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

   **Timescale:** within 6 weeks of the receipt of this report.
2. The provider must ensure that all care plans:

- are consistently written in either the first or third person
- include copies of appropriate legal documentation of which staff are aware and understand
- include protocols for the administration of "as required" medication where appropriate
- accurately record the administration of topical medication and oral care
- include a reasonable level of detail in the daily notes about activities and night staff interventions.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within 4 weeks of the receipt of this report.

Recommendations

1. The service provider should implement a recognised ulcer risk assessment tool and provide staff training on the implementation and application of the chosen assessment tool.

   National Care Standards - care homes for older people - standard 14 - keeping well - healthcare.
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
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 4 "good" awarded in Quality Statement 1.1 to this Statement.

Areas for improvement
The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

Grade awarded for this statement: 4 - 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 saw that the service was operating to a good level in this area. We measured this by assessing progress made on the requirement and recommendations following our previous inspection. To do this we looked at the staff call system and checked the written information available about the service. We also looked at equipment servicing records and legionella checks.

We had made a requirement that the provider must ensure the health, welfare and safety of service users is maintained at all times. We saw that the staff call system was switched on and alerted staff when residents may use the front door or the door leading from the large dining room to the laundry and former kitchen area. During this visit, there was no evidence that doors were unlocked to cupboards which contained cleaning equipment. This requirement had been met.

We had made a recommendation that the service should provide clear information to all potential residents about whether smokers are catered for. We looked at the written information being provided and noted that this was now included. This recommendation had been met.

We had made a further recommendation that service users and their relatives should be provided with information about their right to request a carpet for their bedroom if they prefer this to the vinyl flooring provided. We looked at the written information being provided and saw that this had been amended accordingly. This recommendation had been met.

We had made another recommendation that the provider should develop a contingency plan in the event that the remaining washing machine becomes non-operational. It was evident that a second washing machine had been purchased and was in use. This recommendation had been met.

We looked at legionella checks. We saw that these were being carried out annually as required.

We also sampled equipment servicing records. We noted that these were well organised and the information was easy to access. We noted that all servicing was up-to-date.

We saw that the home was clean and well furnished.
Areas for improvement

During our inspection we observed a boiling pot on the cooker hob within one of the units. This had been left unattended and the kitchen door was open. Staff must ensure that they do not leave the kitchen areas unattended when using the equipment therein.

We also noted that although bath temperatures were being checked these were not being recorded. See requirement 1.

We would suggest that the provider may wish to review the level of signage within the building to ensure that this maximises resident independence in finding their way around.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that kitchen areas are safe and free from hazards at all times and that water temperature checks for bathing are recorded. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within 24 hours of the receipt of this report.
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
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 4 "good" awarded in Quality Statement 1.1 to this Statement.

Areas for improvement
The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

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
We saw that the service was operating to a good level in this area. We measured this by looking at staff supervision records and notes of staff meetings. We also looked at staff training records and checked Scottish Vocational Qualification (SVQ) levels and registration with the Scottish Social Services Council (SSSC).

We had made a recommendation following our previous inspection that the manager should ensure all staff have 1:1 supervision time allocated on a regular basis as directed in the service’s supervision policy. We sampled some staff supervision files. We looked at the service’s supervision policy dated May 2013. We noted that some staff were receiving supervision on a regular basis. Discussion about residents and staff were appropriately recorded, being mindful of confidentiality. We could see that supervisors had been talking to staff about methods for improving care plan recordings to ensure these were meaningful. We also saw that reflective accounts were being used as a discussion tool to support on-going learning.

We had made a further recommendation that the provider should ensure the staff training matrix contains accurate and up-to-date records of all staff and includes records of all training courses attended, training planned and when training is to be up-dated. During our inspection we sampled training records and looked at the training matrix. We saw that staff were undertaking training on a range of subjects, including moving & handling, the prevention and management of violence and aggression, adult support and protection, continence management, equality and diversity, falls management, fire safety, foot care, Huntingdon’s disease, medication, first aid, food hygiene, infection control and nutrition. We could see that training records were up-to-date and that training was being planned for 2015.

There are a total of 36 social care staff working in St Ronans care home. This includes the care home manager and four relief support staff. All of these staff are in the process of or have gained a social care qualification. There are 23 staff who have an SVQ 2, with two in the process of undertaking this qualification. Six staff have an SVQ 3 and nine staff have a Higher National Certificate (HNC), with a further three undertaking this qualification. At the time of our inspection, the majority of social care staff were registered with the SSSC as required, with a further six awaiting their registration certificate to be issued. We also noted that some of the senior staff had undertaken additional qualifications. This is a good level of qualification within the service and suggests a strong sense of professionalism and a positive approach to learning.
We noted that the provider was beginning to organise and roll out dementia training to the level recommended by the "Promoting Excellence" framework. We will monitor how this has progressed at our next inspection.

**Areas for improvement**

Acknowledging the progress that had been made with staff supervision, we saw that some of the records of these meetings could be clearer about whether these were 1:1 meetings or group sessions. We would also suggest the supervisor needs to ensure that actions to be taken forward are recorded and it is identified who is responsible and within what timescale. We noted that some supervision records could benefit from being more detailed. The service should also ensure that all staff have regular supervision in line with the policy. Given our findings from this inspection, we have made some amendments to the wording of the previous recommendation. See recommendation 1.

Though progress had been made in respect of up-dating the training matrix, there were some areas which still required improvement to respond to this recommendation. For example, we could see that some training for some staff was out-of-date. We have reworded the recommendation from the previous inspection to reflect our findings. See recommendation 2.

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

**Number of requirements:** 0

**Number of recommendations:** 2

**Recommendations**

1. It is recommended that the service should review how it records supervision so that sessions are appropriately detailed with action plans and it is clear if sessions are 1:1 or group. All staff should receive regular supervision in line with the policy.
   
   National Care Standards - care homes for older people - standard 5 - management and staffing arrangements.

2. It is recommended that the provider ensures that all staff receive regular training up-dates for their role as required.
   
   National Care Standards - care homes for older people - standard 5 - management and staffing arrangements.
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
Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 4 "good" awarded in Quality Statement 1.1 to this Statement.

Areas for improvement
The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

Grade awarded for this statement: 4 - 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
We saw that the service was operating to a good level in this area. We measured this by looking at the effectiveness of audit systems. We also looked at how the service had been seeking the views of others about the service being provided as well as minutes of staff meetings.

We saw that a review of the food provision had been carried out during 2014.

It was evident that the service was seeking the views of those staying in St Ronan’s for short breaks. We have referred to these processes in more detail in Quality Statement 1.1.

We noted that the service had a suggestions box in place. It was evident that suggestions were being made and actions were being taken in response to these - for example - in respect of the use of the conservatory.

We looked at minutes of staff meetings. We saw that meetings involving Scottish Borders Council care home managers (which included the St. Ronans manager) were taking place monthly. It was evident that a range of issues were being discussed including how to take forward actions from inspections. We saw that senior staff meetings had been taking place on a fairly regular basis. It was evident from the minutes of these meetings that staff were being reminded about the need to register with the SSSC. We also noted that there had been some discussion about the importance of taking a person centred approach when documenting care plan information.

Staff told us they felt able to vocalise their views at staff meetings.

Areas for improvement
We had made a requirement following our previous inspection that the provider must ensure incidents notifiable to the Care Inspectorate are undertaken within the required timescales as detailed within the Care Inspectorate guidance on notification reporting. We noted that the approach to the timing of notifications being made could be more consistent. We also noted an incident within the service’s incident log which should have been notified to the Care Inspectorate but this had not taken place. We have therefore repeated this requirement. See requirement 1.
We saw that the frequency of some staff meetings was variable. For example, we saw no records of night staff meetings beyond February 2013. We also noted that minutes of meetings did not always have action plans, so it was unclear how actions were being followed up, within what timescale and by whom.

See recommendation 1.

We saw that the service was completing a monthly review of all falls which had occurred within the service. We would suggest it may be useful if this process highlighted any residents at particular risk and that this information linked back into their individual care plan.

We saw that a number of the provider’s policies were out of date. We will check how this has been progressed at the next inspection.

We looked at the audits being carried out in the service. We saw that a number of audits had taken place during 2014 - for example - hand hygiene, the use of protective clothing, the general environment, laundry, waste disposal, daily records, care plans, medication and falls. We noted two areas of non-compliance which did not have any follow up actions recorded. We will review the audit process at the next inspection to ensure that all actions identified are being taken forward.

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

**Number of requirements:** 1

**Number of recommendations:** 1

**Requirements**

1. The provider must ensure that incidents notifiable to the Care Inspectorate are undertaken within the required timescales as detailed within the Care Inspectorate guidance on notification reporting.

   This is to comply with The Public Services Reform (Scotland) Act 2010, section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this part.

   Timescale: within 24 hours of the receipt of this report.
Recommendations

1. It is recommended that the manager sets up a timetable for staff meetings to ensure that all staff have a regular and formal forum at which to raise and discuss any issues, share best practice and to be involved in the development of the service.

National Care Standards - care homes for older people - standard 5 - management and staffing arrangements.
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

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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<th>Quality of Environment - 4 - Good</th>
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<th>Quality of Staffing - 4 - Good</th>
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6 Inspection and grading history

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<td>Environment 4 - 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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