Eildon House
Care Home Service Adults
23 Eildon Street
Edinburgh
EH3 5JU

Type of inspection: Unannounced
Inspection completed on: 5 February 2015
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Service provided by:
Eildon Care Limited

Service provider number:
SP2013012074

Care service number:
CS2013317488

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

There was some pleasant and respectful interaction between staff and residents. Some staff knew residents well. We saw that some people were given encouragement to eat and drink.

Lounge areas were bright and spacious and residents who wished spent time in their rooms.

Action had been taken since the last inspection to rectify the malodour from the lift shaft.

What the service could do better

Records to evidence that care had been delivered need to be improved.

Some aspects of cleaning need to improve.

There required to be a review of all staffing needed in the service.

What the service has done since the last inspection

Some changes had been made to the conditions of the registration of the service which were applied at the time of registering with us.

One requirement was met and was about care plans for the management of stress and distress.

There had been a review of legal certificates in the home and a matrix was in place to show the status of staff training.
Conclusion

Whilst we acknowledge that some issues we raised at the last inspection had been addressed, there were some concerns about the lack of reporting of incidents to us and the safeguarding team. We were told that there were problems with the recruitment of staff, in particular registered nurses. The manager of the service worked to fill in gaps at times. This meant, however that the service lacked a consistent focus to make improvements in the care.
1 About the service we inspected

Eildon House is a care home which is situated in a residential area of Edinburgh with a pleasant, open outlook to a park area. The home is close to local transport links, amenities and near to the city centre. It is registered to provide care and accommodation for 24 older people. The accommodation for residents is provided over three floors with stairs and a lift giving access to the upper floors.

All of the resident bedrooms have ensuite facilities. Additional bathing and shower facilities are available. There are a number of lounges and dining rooms. The service areas and staff facilities are situated in the basement. The home has an enclosed small seating area for people using the service. The service is provided by Eildon Care Limited and the stated aim of the service is to "provide the highest standard of nursing care 24 hours each day in a safe and welcoming environment."

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

- Quality of Care and Support - Grade 3 - Adequate
- Quality of Environment - Grade 2 - Weak
- Quality of Staffing - Grade 3 - Adequate
- Quality of Management and Leadership - Grade 3 - Adequate

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.
2 How we inspected this service

The level of inspection we carried out
In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection
This report was written after an unannounced inspection which took place over two days. One inspector carried out the inspection on Wednesday 4 February 2015 between the hours of 9:30 until 17:00 and Thursday 5 February 2015 between the hours of 13:00 until 14:30 approximately.

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.
The self assessment completed and sent to us.
Notifications made to us by the service.
Complaint log.
Accident/incident records.
Samples of cleaning schedules.
Samples of resident personal plans and relevant documents (for example, monitoring charts).
Information displayed in the service.
Audits undertaken in the service.

We spoke with:

A number of staff working in the service during the days of inspection including the manager of the home and the operations manager, the chef, registered nurses (RN) and care assistants (CA), laundry assistant and domestic staff.

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

The requirement
The provider must ensure that residents who exhibit symptoms of stress and distress or whom staff report as having behaviours that challenge them has a personal plan to guide staff. In order to achieve this, the provider must:

a) Ensure there is a personal plan which sets out the triggers that may contribute to stress and distress.
b) Include in the personal plan signs of stress and distress and how this is displayed in each individual.
c) Include guidance for staff on how to support residents by early intervention, minimising distress and helping residents feel calm, safe and secure.
d) Ensure that staff are guided on when and how to document when residents show signs of stress and distress.

This is in order to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services).
Regulations 2011, SSI 2010 / 210 Regulation 5(1)- Personal plans.
Regulation 2011 (SSI 2011 / 210) 4(1) (a) - a regulation about health and well-being.
National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

Timescale for meeting this requirement: To commence on receipt of this report and for completion of care plans by 30 September 2014.

What the service did to meet the requirement
Progress can be seen in Quality of care statement 3 of this report.

The requirement is: Met - Within Timescales

The requirement
The provider must ensure that the environment is safe and service users are protected and that the accommodation is fit for use. In order to achieve this, the provider must:
a) Ensure that storage of food items in fridges are clearly marked with dates of opening.
b) Ensure that each area of the home is schedules for cleaning.
c) Ensure that each area of the home is free of malodours.
d) Ensure that there is a system in place to clean items of equipment routinely.
e) Ensure that there is a system in place to monitor infection control practices in the home.

This is to comply with:
The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 10 (1) (2) a,b,d fitness of premises.
Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a requirement about health and wellbeing.

Timescale: To commence on receipt of this report and for completion by 30 September 2014.

**What the service did to meet the requirement**
Progress can be seen in Quality of environment statement 2 of this report.

**The requirement is:** Not Met
The requirement
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) Begin a process to recruit staff to the roles identified in the above review.
d) 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: to commence on receipt of this report and for completion by 30 September 2014.

What the service did to meet the requirement
Progress can be seen in Quality of environment statement 2 of this report.

The requirement is: Not Met

What the service has done to meet any recommendations we made at our last inspection
One recommendation was made since the last inspection. Details can be seen in Quality of environment statement 2 of this report.
This was in respect of records and monitoring of the cleaning of the kitchen. This was 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.
This was completed before the last inspection.
Taking the views of people using the care service into account

Some service users were unable to engage in lengthy conversation. Some people told us that they enjoyed their meals, preferred to spend time in their bedrooms and that they had favourite members of staff who they trusted to help them.

We observed interaction between staff and service users and saw some pleasant interaction. We saw examples where staff assisted residents discreetly and therefore preserved their dignity.

Some residents were able to tell us that they did not think that they got out enough.

Taking carers' views into account

We have included some views of families in the body of this report. People we spoke with were clear that there could be improvements in the care delivered in the service.
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: 3 - Adequate

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 good level for this statement. We took into account a range of information we saw, spoke with people and observed how staff and residents interacted throughout the days of inspection.

We found that there remained ways in which people could express their views at Eildon House. This included through the complaint system or by talking to staff.

Importantly, reviews of care had been completed for many residents. This was a formal way of looking at the care needs of residents and to assist them make comments and suggestions about how the care in the service could be improved where necessary.

Information was displayed in the home to keep people abreast of events such as movement to music and movie nights. Relatives and some staff we spoke with told us that they thought that there had been some improvement in the quality of activity available in the service.

Results of a nutrition survey carried out in January 2015 were displayed in the home. There were positive responses.
Areas for improvement

The management confirmed that they had taken action to address issues raised at review meetings and stated that action plans were used as a checklist to make sure areas for improvement were completed.

We have concluded that the service was continuing to seek ways to assist people participate in assessing and improving the quality of the care and support provided by the service.

We have maintained the grade awarded at the same level.

Grade awarded for this statement: 4 - Good.

Grade awarded for this statement: 4 - 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 and the dining experience, tissue viability (skin care), the management of stress and distress (challenging behaviour), the documents relating to the legal status and consent of service users and the notifications and reporting of significant events.

We also looked at the care of laundry and clothing and general care and record keeping.

To make our assessment, we observed interaction between staff and service users, observed staff practice, reviewed documentation including care files of a sample of service users and observed the environment.

Nutrition and the dining experience:

We observed activity over a number of mealtimes including breakfast and lunch in the home. There was a calmer atmosphere during mealtimes than we found at the last inspection. This was viewed as positive to help create an environment that was conducive to eating and drinking.

The nutrition survey completed in January 2015 showed that there was a high level of satisfaction with the quality, amount and choices of food in the home.

We saw that service users were offered choices of meals and drinks. Tables were set
nicely with condiments on tables and service users were supported to be independent.

Breakfast consisted of a good variety of cereals, and cooked items daily and we saw that service users were given meals in their rooms as they wished.

We observed staff assisting and encouraging residents to eat and drink in a calm and supportive manner. This was particularly evident in one to one care.

For one resident who did not wish to eat, we saw that multiple choices were offered to encourage them to eat.

Records showed that the service used an assessment tool to identify service users who were prone to malnutrition. These assessments were, in the main, carried out monthly.

An operations manager was in the process of compiling relevant information about the weights of residents, menus in the home and other records to assist our professional advisor assess nutrition in the service. There were plans to work together to ensure that 'best practice' was implemented and supported by staff training.

The chef was knowledgeable about the preferences and dietary needs of residents. Food was well presented with vegetables and fruit on offer.

Tissue viability (skin care):

As at the last inspection, we found that the service had a range of pressure reducing equipment in place. This included different types of mattresses which were used to reduce pressure on the skin, based on the level of risk of the service user. Information was held on a 'tissue viability register' used in the service. This set out the name of the resident and their risk level based on assessed needs and set out the type of equipment in use for each person.

This meant that management had an overview of the tissue viability status in the home. This was updated monthly.

A pressure ulcer safety cross was implemented in the service. This is a method to record the days where there were no pressure ulcers in the service.

The management of stress and distress.

There were a number of service users who were affected by stress and distress. At this inspection, there was a calmer and more peaceful atmosphere than at the last inspection. Management told us that there had been consideration of the needs of some residents. This had resulted in some residents moving on or being moved rooms within the home following consultation.

One requirement was met at this inspection about the management of stress and distress. This requirement asked that care plans were in place for residents who were
affected by stress and distress. We saw that this happened and that the quality of information and guidance for staff was sufficient to help them deliver care in some cases.

Details of the requirement can be seen in Section two of this report, 'What the service has done since the last inspection to meet any requirements since the last inspection'.

Legal status and Consent:
The manager had implemented a checklist of all residents stating their DNAR (Do not attempt resuscitation) status, whether the resident had capacity and whether a power of attorney was in place. Dates where certificates were due to be updated were in place. This was a good system.

General care issues and record keeping:
The majority of service users looked well-presented and some ladies wore personal items of jewellery.
Supplies of personal toiletries were in en-suite rooms.

Records were in place for staff to document when they had assisted service users in daily care. This included oral care and bathing.
Where oral care was needed for residents who were frail and in bed, care packs were in place.

Laundry and care of clothing:
We visited the laundry and found that there was a good range of equipment available and this was all in use. The laundry was a busy area.
The laundry assistant was organised and methodical in taking care of the residents’ clothes.
Individual baskets were in place to return clothing to rooms.

**Areas for improvement**

Nutrition and the dining experience:

Records could not evidence that residents had been given sufficient food and fluids within a 24 hour period. Records were poorly completed with no target intakes and no totalled intake of fluids. Some records potentially indicated that residents were not offered food or fluids after 17:00, some recorded an intake of less than 500 mls each day and one resident’s records said that they had nothing to eat and drink after 14:00.
There did not appear to be a system in place where a senior member of staff had an overview of records on a daily basis and that guidance was then given to staff to encourage and support residents.

Whilst we acknowledge that this may be down to poor recording, we saw that two
residents were not encouraged to have their morning tea. This was left cold and remained in front of them until staff took away the cups. We also noted that the cups and tumblers used for drinking were heavily stained and would not encourage some people to eat and drink from them. When this was pointed out during inspection, management immediately placed an order for replacements.

Records of oral care were also poorly completed. These could not evidence that appropriate care was given twice a day as stated in care files. There were many blank spaces on forms which indicated that care was not delivered.

Whilst we saw that oral care was given to one resident who remained in bed, there was no system to record that the care was carried out. Oral care is important to help encourage a good nutritional intake.

We have made a requirement in this statement about record keeping. See Requirement 1.

Tissue viability (skin care):

Records to evidence that repositioning was carried out were not in place. These findings were as at the last inspection. We saw one resident in bed, and whilst we observed that they were made comfortable and turned one afternoon, there was no record to support that this was done throughout the day and night.

We saw examples where two residents sat in the same position throughout the day of inspection. One person was in a reclining chair and the other in a wheelchair. There were no records to show that their position had been changed by staff. It is important that people are repositioned to help prevent pressure and to afford comfort.

We have made a requirement in this statement about record keeping. See Requirement 1.

At the last inspection we saw that work needed to take place to guide staff in the application and recording of topical medications. Topical preparations need to be applied as directed, to the appropriate areas to help maintain healthy skin and to prevent damage.

We found that there were preparations in ensuites which did not have either names or dates of opening. The registered nurse on duty was in the process of implementing a new system for staff to follow.
We will review the topical medication system at the next inspection.

Notifications and reporting:

We discussed at the last inspection the need to make referrals to the local authority safeguarding team and to notify us about significant events. Additionally, we directed the service to the local area interagency guidelines for adult support and protection. A review of accident and incidents at this inspection showed that there were a number of events that had not been reported as required.

One incident of unexplained bruising had been investigated by the home two days before the safeguarding team were informed. This was not notified to us. The manager should be directed to what needs to be notified to us by reading ‘Records that all registered care services (except childminding) must keep and guidance on notification reporting’. This can be found on our website, www.careinspectorate.com
See Requirement 2.

Not all staff members had been trained in adult support and protection. (See quality of staffing statement 3 of this report for a requirement about staff training).

General care:

Records did not always evidence that personal care had been carried out. There were examples where resident’s records stated that they had been given a bath once or twice in the month of January 2015.
We saw some male residents who appeared unshaved and some residents whose hair would have benefitted from washing. We acknowledge that some residents may not wish or cooperate in their care but this should be recorded in their records.

We have made a requirement about record keeping in this statement. See Requirement 1.

We discussed with management the quality of the personal plans in place. Whilst these were good and gave a summary of the needs of the resident, there was no detailed care plan which gave guidance to staff. For example, we saw a personal plan that told us that xxxx could express distressed behaviour. There was no information to tell us how this was displayed and how it should be managed. A requirement about care plans for stress and distress was met. We saw examples of a good care plan. The standard should be relevant to all residents who are affected by behaviours that cause stress and distress.

Care plans should be in place to give sufficient information to staff where there is an area of daily living which presents as an identified problem for the resident.
We will continue to monitor the implementation of care plans in the service.

We have awarded a grade of adequate for this statement. Whilst there was poor record keeping we saw that staff were offering and encouraging residents to eat and drink and we observed bathing and repositioning being carried out during the inspection.
The provider should work on the areas for improvement as these are constraining the performance of the service.

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

**Number of requirements:** 2

**Number of recommendations:** 0

**Requirements**

1. The provider must ensure that there is documentary evidence to show that care has been delivered to residents when their needs indicate this is required.
   This is in respect of, but not exclusive to, repositioning, food and fluid monitoring, oral care and personal care.
   This is to comply with:
   - SSI 2002/114 Regulation 4 (1) - health, welfare and safety.
   - Timescale: To commence on receipt of this report.

2. The provider must ensure that notifications are made to us and that local guidance is implemented in the home for adult support and protection.
   This is to comply with:
   - SSI 2002/114 Regulation 4 (1) - health, welfare and safety.
   - The Public Services Reform (Scotland) Act 2010 and the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.
   - Timescale: To commence on receipt of this report.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 2 - Weak

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

Service strengths
Areas of strengths that are described in Quality Theme 1, Care and Support, Quality Statement 1 are also relevant to this Quality Statement.

Areas for improvement
Areas for improvement that are described in Quality Theme 1, Care and Support, Quality Statement 1 are also relevant to this Quality Statement.

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
To make our assessment of this statement, we inspected a number of bedrooms, ensuite toilets, communal sitting rooms, dining rooms and bathrooms throughout the home. We also looked at a variety of records and spoke with staff working in the service.

The provider continued to refurbish the home. Lounge areas were pleasant and service users used their bedrooms when they wished privacy and quiet time. Major work had been completed to eliminate the malodour which came from the lift shaft. There was a noticeable improvement.

Action had been taken to address areas for improvement in practice in the kitchen as set out in recommendations made by environmental health. We saw staff using protective clothing and covering food which was being transported to residents who wished to eat in their bedrooms.
The managers confirmed that maintenance checks were to be carried out on items of equipment by the external contractor.

Staffing:

The numbers and deployment of staff is a significant issue in a care home to ensure that the needs of the service users can be met. We noted that the service had one staff member less, in the morning shift, than would have been on duty if the service was operating at full capacity. The needs of service users were assessed using the IORN (indicator of relative needs) tool. This helped calculate the number of staff needed. The manager had worked night duty shifts which helped her to support and direct staff in practice.

Areas for improvement

As at the last inspection, there were aspects of the cleaning of the environment that needed to be improved. We made a requirement about the environment at the last inspection. This was not met at this inspection.

On the inspection of two pantries it was noted that the worktops, flooring and grouting were dirty. One pantry had a poor seal between the tiles and worktop. One had a microwave that was dirty and stained. We acknowledge that this was replaced during the inspection. Fridges were unclean with one without intact seals. Foodstuffs stored were not labelled with names and dates of opening.

Some items of equipment needed to be cleaned. This included footplates and wheels of wheelchairs and stand aids and hoists used for moving and positioning of residents. We spoke with the domestic staff working in the home and saw that they had completed a cleaning schedule daily. The schedule included deep cleaning of some rooms daily.

One recommendation had been made since the last inspection as follows: 'It is recommended that kitchen cleaning schedules are accurately and fully completed to evidence good infection control practices. These should be subject to on-going monitoring. With reference to the National Care Standards, Care Homes for Older People, standard 4 - Your Environment' This was not met.

We asked for the daily cleaning schedule for the kitchen area. This was completed to 1 February 2015. We were told that staff working in the kitchen on recent days did not request a new schedule. This showed that there was no on-going monitoring. The recommendation is carried forward. See recommendation 1.
We thought practices to prevent cross infection must be improved in the service and we have made a requirement. We have therefore amended the requirement made at the last inspection that was not met. See Requirement 1.

Staffing:
We made a requirement at the last inspection and asked that the provider review the needs of residents in the home and to review the roles and responsibilities of staff working in the service.

The activity coordinator was on holiday during our inspection and whilst we were told that there had been progress made since she took up post, there was a lack of stimulation of residents at this inspection. Staff were busy delivering care and had no allocated time to spend with residents.

We received comments that residents would like to go out and this did not happen. The lounge area on the ground floor was often unsupervised. Two members of staff were allocated to work on the top and ground floor. We saw that both staff were delivering care to residents on the top floor when a resident required assistance by two people.

We spoke with management about the time available for domestic work. We thought that the time available needed to be reviewed to ensure that all aspects of cleaning could be carried out. We asked domestic staff about how they managed deep cleaning and moving of furniture. This was done without assistance and we thought that this had the potential to place the worker at risk.

The manager of the service had covered shifts on night duty. Whilst we acknowledged that this was a good way for her to meet and direct staff on duty, this was not a ‘one off’. The management told us about the difficulties they had in recruiting suitable registered nurses. Additionally, when there was a shortfall in staffing, agencies could not always supply cover.

The manager would step in to ensure that there was an appropriate registered nurse on duty and at times the operation manager would cover. We accept this but the duty rota showed that the manager continued to work into the next shift the following day. We highlighted the European working time directive and the suggested time lapse between shifts that would be good practice.

During the inspection, the manager was covering for the registered nurse in the morning. This meant that the manager could not be supernumerary. The operations managers arrived later in the morning. The operations manager stated that the provider had considered a variety of options to address the shortage of registered nurses in the area.
This included 'up skilling' care staff to be able to take on extended roles. In order to make improvements, we thought that there needed to be a review of all staffing in the service. We have carried forward the requirement with amended timescales for completion. See Requirement 2.

We have concluded that the service was operating at a weak level for this statement. Whilst there were some areas of strength we were concerned that there were a number of issues relating to the environment. Additionally, we did not think that the level of staffing in the home would be able to fully meet the needs of the current service users. These issues had the potential to place people at risk and we have concluded that there must be a planned, structured approach to addressing the requirements we have made regarding infection control and staffing. This will reduce the potential risks to staff and residents.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2
Number of recommendations: 1

Requirements
1. The provider must ensure that the environment is safe and service users are protected and that the accommodation is fit for use. In order to achieve this, the provider must:

   a) Ensure that all areas of the home are cleaned and that schedules are completed daily.
   b) Ensure that fridges are clean, fit for use and stored items are clearly marked with dates of opening.
   c) Ensure that there is a system in place to clean items of equipment routinely. This includes, but is not exclusive to, hoists and wheelchairs.
   d) Ensure that there is a system in place to monitor infection control practices in the home.

   This is to comply with:
   The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 10 (1) (2) a,b,c fitness of premises.
   Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a requirement about health and wellbeing.
   Timescale: To commence on receipt of this report and for completion by 31 March 2015.

2. 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) Begin a process to recruit staff to the roles identified in the above review.
d) 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: to commence on receipt of this report and for completion by 31 March
2015.

Recommendations
1. It is recommended that kitchen cleaning schedules are accurately and fully
completed to evidence good infection control practices. These should be subject to
on-going monitoring. With reference to the National Care Standards, Care Homes
for Older People, standard 4 - Your Environment.
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 3 - Adequate

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

Service Strengths
Areas of strengths that are described in Quality of Care and Support, Statement 1 are also relevant to this quality statement.

Areas for improvement
Areas for development that are described in Quality of Care and Support, Statement 1 are also relevant to this quality statement.

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 have assessed that the service was performing at an adequate level for this statement. The strengths in this statement have a positive impact on the experiences of service users but there are weaknesses that are constraining performance.
To assess this statement we observed interaction between staff and residents, looked at records and spoke with staff and people visiting and/or using the service.

We saw some positive interaction between staff and service users.
Residents were kept informed when they were being moved and handled. Staff were calm and patient when carrying out manoeuvres.
Staff assisted and encouraged some residents to eat and drink.
We met with a some relatives during the inspection. They were able to support their relative throughout the time of their visit.

A staff training matrix was in place and this gave very clear information about training
attended by staff and any training that was outstanding. There was a planner in place for staff training events which covered aspects of care such as moving and handling, adult support and protection, infection control and food. The operations manager told us that work had taken place to set up a training programme which would allow all staff to attend training relevant to their role in a flexible manner. This meant that if staff were unable to attend training on one date, there was another date to follow which they could attend.

**Areas for improvement**

Relatives told us that there were many staff changes. One commented that the different faces had a negative impact on the mood of their relative. Those we spoke with did not think that there was improvement in the service. We have stated in 'Care and Support, Statement 3, about how some aspects of care needed to be improved. This included record keeping in many aspects of care and in issues which help in the prevention of the spread of infection.

We were aware that a plan for staff supervision was in place at the last inspection. We did not look at this but will review supervision when there is a stable staff group.

The staff training matrix showed that there remained a number of key areas of training that had not been completed by some individuals. This included adult support and protection, moving and handling, infection control and food.

These areas of training are important for the staff group, and must be progressed, in the home due to our findings at this inspection. There needs to be a plan, with timescales for completion, in place to ensure that staff are up to date. See Requirement 1.

We recognise that work has taken place to review training in the service and this was a strength. The service should address the areas for improvement.

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

**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 Manager must:

   a) Identify staff members who need to be updated in areas of practice which include:
      Nutrition (food),
      infection control,
moving and handling and ASP (Adult Support and Protection).

b) Ensure that there are means to support staff to receive this training, to a level relevant to their role and responsibility, which does not affect the delivery of the service.

This is to comply with:
SSI 2011/210 Regulation 4(1) (a) - health and welfare.
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.
Timescale: To commence on receipt of this report and for completion by 31 May 2015.
Quality Theme 4: Quality of Management and Leadership
Grade awarded for this theme: 3 - Adequate

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
Areas of strengths that are described in Quality of Care and Support, Statement 1 are also relevant to this quality statement.

Areas for improvement
Areas for development that are described in Quality of Care and Support, Statement 1 are also relevant to this quality statement.

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 have assessed that the service was performing at an adequate level for this statement. There were some areas for improvement identified at this inspection and this has impacted on the grade awarded.

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 residents and relatives during the inspection.

The organisation had a system of audits across their services. Audits and checks continued monthly as we had seen at our last inspection. For example, the checks on hot water and temperature valves were in place and external contractors continued to check and ensure the safety of items of equipment.

Omnicare carried out some medication audits in the service and were positive about
their findings. We saw that audits were carried out on samples of resident’s care files. Where actions were needed, an action plan was signed off to show that areas for improvement were addressed. The manager was supported by senior management in the organisation.

**Areas for improvement**

We were aware that management were introducing audit systems into the home at the last inspection. We found that these had not captured areas of concern which we identified in this report. For example, to make sure that care records were completed on a daily basis, to evidence that care was recorded as being delivered and in the reporting of incidents to us and the safeguarding team. Some of these issues had been raised at the last inspection.

We spoke with a number of relatives visiting the service and they told us that they did not think that the service was improving. Their views are an important way of identifying where the service can improve. The service should refer to areas for improvement in this report to make sure that issues identified can be captured in the audits used.

We have concluded that, although there were some strengths for this statement, there were weaknesses that were constraining performance. This was particularly in the lack of oversight of daily care practices.

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

**Number of requirements:** 0

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

Complaints
Complaints that have been upheld or partially upheld can be seen on our website. www.careinspectorate.com

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

Additional Information
The provider submitted a variation request in September 2014 to reduce the total numbers of residents from 24 to 22 as two bedrooms which were used as double rooms were now for single use. This was to be progressed by our registration team.

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

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## 6 Inspection and grading history

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<td>Unannounced</td>
<td>Care and support 3 - Adequate</td>
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<tr>
<td></td>
<td></td>
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<td>Management and Leadership 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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