Maryfield West Care Home

Care Home Service Adults

31 Queens Road
Aberdeen
AB15 4ZN

Type of inspection: Unannounced
Inspection completed on: 22 May 2015
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

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

- The majority of residents and relatives were satisfied with the quality of care. They praised the management team and many of the staff for being kind, caring and hard-working. We observed that residents received good quality care.

- The management team were receptive to our feedback and were motivated to further improve the quality of the service.

What the service could do better

- Care plans had been improved by including more information about what was important to residents and easier to follow guidance on how to provide person-centred care.

- Work to install a second bathroom and bedpan washer was complete.

- The dining room and reception area had been redecorated.

What the service has done since the last inspection

- Residents’ care plans were very long. Care staff would benefit from an easy-read summary of what is important to residents and the essentials of good everyday care. This will help care become more person-centred and consistent.
- The quality of food needs to get better. Residents and relatives want the taste, texture and appearance of some meals to be improved. The menu should also be developed to include more choices that residents enjoy.

- The quality of daily life needs to get better. The service needs to make sure that recreational and social support is based on what residents need and want. The balance between group activities and individual support needs to suit residents’ preferences. Staff who lead activities need to have the right knowledge, skills and confidence.

- When nursing staff left, the deputy manager covered vacant hours rather than using agency staff. This was good for residents as it meant their care was provided by staff they knew, however it also meant that plans to further improve the service had not progressed as much as expected.

**Conclusion**

The management team and staff were motivated to improve the quality of care. They were interested in the residents and wanted to make sure that they received care which met their needs and preferences. Staff were keen to learn more. The provider should ensure that the management team have time and support to put their plans to further improve the service into action.
1 About the service we inspected

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

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

Maryfield West is a care home for older people, which is registered to provide a service to a maximum of 25 older people. It is provided by Irvine Care Ltd and situated in the west end of Aberdeen, close to local amenities.

The service’s aims and objectives include a commitment to “respect the rights, dignity, individuality and lifestyle of the service user.”

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements
A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Act, its regulations, or orders made under the Act, or a condition of registration.

Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people’s health, safety or welfare.

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

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

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

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

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

What we did during the inspection
We wrote this report following an unannounced inspection which was carried out by one inspector on 18 May 2015 between 8:15am and 6:45pm and on 22 May 2015 between 9:15am and 4:30pm.

We gave feedback to the manager and the deputy manager at the end of the inspection on 22 May 2015.

During this inspection, we gathered evidence from various sources, including the following:

We spoke to:
- six residents
- four relatives
- the manager
- the deputy manager
- three care assistants
- the assistant cook
- the maintenance person.

We looked at:
- care plans
- care reviews
- meeting minutes
- surveys and questionnaires
- accident and incident information
- training and staff supervision records
- quality audits
- equipment maintenance and servicing records.

We also spent time observing how residents were cared for and checked the environment.
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 service users’ choice is promoted by completing the work on the additional bath and that infection prevention and control arrangements are improved by completing the installation of the automated bedpan washer.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation 3 - Principles; and Regulation 4(1)(d) - Welfare of Users.

Timescale: by 14 August 2014.

What the service did to meet the requirement
This requirement had been met. See Quality Theme 2 - Statement 2 for more information.

The requirement is: Met - Outwith Timescales

What the service has done to meet any recommendations we made at our last inspection
We made four recommendations in the last inspection report.

Recommendation 1
The provider should ensure that effective arrangements are in place to enable all residents to be meaningfully involved in the care planning process.

National Care Standards, Care Homes for Older People - Principles; and Standard 11: Expressing Your Views.

The service had made some improvements and was still working towards fully meeting this recommendation. See Quality Theme 1 - Statement 1 for more information.
Recommendation 2
The provider should ensure that suitable staffing levels and deployment arrangements are in place to ensure residents, particularly those who sit in the lounge, feel safe and secure and can receive prompt assistance when required.

National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

This recommendation had been met.

Recommendation 3
The provider should ensure that the quality of the residents’ care is improved by bringing more enjoyment, purpose and meaning to their everyday experiences.

National Care Standards, Care Homes for Older People - Standard 17: Daily Life.

This recommendation had not been met. See Quality Theme 1 - Statement 3 for more information.

Recommendation 4
The provider should ensure that the service is supported to develop a more inclusive, outcome-focused and person-centred approach to care planning.

National Care Standards, Care Homes for Older People - Principles.

The service had made some improvements and was still working towards fully meeting this recommendation. See Quality Theme 1 - Statement 1 for more information.

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.

Before the inspection we asked the provider to complete a self assessment. This was completed within the requested timescale. It identified some strengths and areas for
improvement. The next time a self assessment is completed it should focus more on outcomes and the residents, relatives and staff should be invited to have a say.

Taking the views of people using the care service into account
Before the inspection we sent five Care Standard Questionnaires (CSQs) to the service and asked the manager to pass them on to residents. We received five completed questionnaires. Everyone agreed with the statement: "Overall, I am happy with the quality of care I receive at this home."

During the inspection we talked to six residents and asked for their views on the quality of the service. Overall, they were satisfied and the staff were often praised for being kind and helpful. Residents’ views are recorded here and throughout the report.

We were told:

- “Oh, I don’t think that you will find anything lacking here.”
- “Life here is tolerable. The staff help me.”

The food:

- “The meat is sometimes tough.”
- “I like macaroni. I would like to be able to taste the cheese in it.”
- “The food is ok. Sometimes it could be better. It really depends.”
- “Why are there peas in the mince. I don't like that.”

The staff:

- “I am very happy with the girls.”

Taking carers’ views into account
Before the inspection we sent 10 CSQs to the service and asked the manager to pass them on to relatives. We received nine completed questionnaires. Four relatives strongly agreed and four relatives agreed with the statement: “Overall, I am happy with the quality of care my relative/friend receives at this home.”

Relatives also included the following comments:

- “My mum has been a resident in Maryfield West for [over a year]. I have no complaints about her care.”
- “I feel my relative would benefit from being taken out occasionally, especially in the summer.”
- “The staff at Maryfield West are caring and friendly and very hard-working.”
- “The deputy manager - fantastic. Most carers - very good. One or two carers only there for a wage.”
- “The quality of care varies depending on which staff are on.”

A relative was concerned that:

- Staff either did not know about or they did not pay attention to small but important details which reduced the quality of everyday life.

- The provider had their priorities wrong when they decided to spend money redecorating the reception when a resident’s room was very basic.

During the inspection we talked to four relatives and asked for their views on the quality of the service. The majority of relatives were satisfied. Their views are recorded here and throughout the report.

Several relatives told us that residents often mentioned that the food could be improved. They felt that getting the food right was a priority as it could contribute so much to residents’ quality of life. Several relatives talked about bringing in food which was not on the home’s menu to encourage residents to eat.

Comments included:

- “The fridge in the dining room is not always clean, it puts me off using it.”
- “I am delighted with the welcome we have received here. The staff are very friendly and relaxed. It has helped [my relative] settle in and been very reassuring for us.”
- “I don’t look at the care plan in detail at a care review because I trust and have confidence in the staff.”
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 graded this Quality Statement as good. This grade applies to performance characterised by important strengths which have a significant positive impact. Identified areas for improvement will not call into question this positive impact. This grade implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement.

The majority of residents and relatives told us that the staff listened to them and took their views seriously. Throughout the inspection the management team told us about some of the ways they had used residents’ feedback to improve the quality of care. For example, the arrangements for serving breakfast had recently been improved so that residents could enjoy hot tea and toast and then breakfast was served when they were ready to eat.

The management team understood that residents had a wide variety of communication needs and liked to share their views in different ways. Some residents were able to take part in meetings and complete surveys while others preferred a one-to-one conversation. Other residents had welfare Power of Attorneys (POA) or guardians who spoke on their behalf.

When residents were less able to say what they thought, staff used their observational skills to find out what helped residents feel safe, happy and well. By paying more attention to non-verbal communication the staff had improved the quality of residents’ care.
There were regular formal opportunities for residents and relatives to comment on the quality of the service, including:

- Since the previous inspection the service had started to make it easier for residents living with dementia to give their views. For example, the residents questionnaire now included photographs and symbols which were easier to understand.

- Approximately a quarter of the residents took part in regular meetings to discuss issues of shared interest. There was an opportunity to discuss the quality of food, outings, entertainment and the décor.

- Relatives were also invited to attend regular meetings and to complete a questionnaire about the quality of the service.

- Care review meetings took place every six months.

Areas for improvement

We identified that staff sometimes lacked confidence when communicating with residents who had hearing and visual impairments. This meant that these residents sometimes felt more isolated and were less able to make meaningful choices. Staff would benefit from training to learn more about hearing and visual impairments and how to communicate better with the residents they are currently caring for. It would be helpful to include an experiential element in the training so that staff can gain a better insight into how visual and hearing impairments impact on everyday life (see Recommendation 1).

The service was less good at involving residents in six-monthly care reviews, particularly if the resident was living with dementia or had complex communication needs (see Recommendation 2). Residents who find it difficult to attend a review meeting should still be able to take part in the review process. For example, they may prefer to have shorter one-to-one discussions with their named nurse before the review meeting and they may be able to say more if communication aids are used. Staff may need to prepare for a care review meeting by paying attention to a resident’s everyday experiences and non-verbal communication so that they can evaluate the quality of care from the resident’s point of view.

When problems or suggestions were raised during a care review there was not always a corresponding plan which set out what action was going to be taken to improve the situation (see Recommendation 3).

Since the previous inspection the management team had responded to residents’ needs and preferences and made some changes which made it easier for them to participate in assessing and improving the quality of care and support. The provider should now update the service’s participation strategy to reflect those developments.
Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The provider should ensure that residents with hearing and visual impairments reduce feelings of isolation and make everyday decisions. In order to achieve this the provider should provide staff with training and ongoing support to improve their communication skills.

   National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

2. The provider should ensure that residents can contribute to their six-monthly care review using methods that suit their communication needs and preferences.

   National Care Standards, Care Homes for Older People - Standard 11: Expressing Your Views.

3. The provider should ensure that there is always an action plan if concerns or suggestions are discussed at a care review. The action plan should be implemented and followed up by the manager to ensure appropriate action has been taken.

   National Care Standards, Care Homes for Older People - Standard 11: Expressing Your Views.

Statement 3

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

Service strengths

We graded this Quality Statement as good. This grade applies to performance characterised by important strengths which have a significant positive impact. Identified areas for improvement will not call into question this positive impact. This grade implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement.

Residents told us that the staff made them feel safe. Staff knew a lot about what worried residents and described how they helped reduce feelings of stress and distress. We observed that staff were attentive and responded in a caring and compassionate way when residents became upset. For example, they were proactive and intervened in a potentially stressful situation before a resident became distressed.
During the inspection we spent time observing how residents were cared for. We were pleased to see that:

- Staff encouraged residents to look forward to lunch by discussing what was on the menu.

- A resident who felt anxious when being assisted to move was more relaxed when she sang along with staff whilst being hoisted.

- Staff explained what was happening as they provided assistance which helped residents feel safe and more in control.

- A resident was reassured when staff made sure a favourite object was close at hand.

- Most staff were polite and helpful at lunchtime. They provided a lot of assistance which made it easier for residents to eat and drink well.

The service had worked hard to improve residents’ care plans. They now included a lot more person-centred detail and in some plans it was clear what the resident felt about their care and what was important to them.

The service had a low number of falls. When a resident fell the staff carried out an analysis afterwards to identify what, if anything, could be done to reduce the risk of another fall. The deputy manager had also started to carry out a monthly audit to identify any trends, such as more falls happening in a particular location or at a particular time so that staff could provide more support for residents at these times and places.

The service securely stored money for some residents. Records were kept which confirmed how the resident wished to spend their money and how it had been used.

The manager responded positively to our feedback and confirmed that the service would take action to improve outcomes for residents by:

- Providing more meaningful everyday activities and enjoyable entertainment.

- Improving the quality and choice of meals and snacks.

The management team understood that eating well and living a purposeful life was an important part of keeping well and could significantly improve residents’ physical and mental wellbeing.
Areas for improvement

When we observed how residents were cared for we identified a need to make some improvements which will improve the quality of care, including:

- Residents who ate their lunch in the lounge sometimes had difficulty reaching their food. The provider should ensure that residents can easily reach their plate, cutlery and glass.

- A resident who had a visual impairment found it difficult to see her food as it was not served on her colour contrast plate and staff did not explain what had been placed in front of her. The provider should ensure that residents are always able to use specialist equipment which makes their lives easier and that staff can communicate confidently and effectively with residents.

- A member of staff was indiscrete and talked about a resident to another resident. The provider should ensure that staff understand about confidentiality and have the knowledge and skills to communicate in a respectful way.

- Staff did not always follow best practice when assisting residents to eat. A member of staff stood over a resident rather than sitting beside her. Another member of staff started to assist a resident to eat when she was managing well without help. The provider should ensure that assistance with eating is provided in a manner which promotes dignity and independence.

- Some residents found it difficult to read from hand-written song sheets. The provider should offer large print song sheets so that it is easier for residents to join in with an activity they really enjoyed.

A relative raised concerns about a resident’s quality of life so we examined their care and support arrangements in more detail. We identified a number of ways in which the service could potentially improve the resident’s quality of life. The manager was very receptive to our feedback and by the end of the inspection some small but important changes had already been made. It is important that the manager ensures that these and other changes are known and understood by all the staff who are involved in the resident’s care to promote consistency. The manager must also check with the resident and relative that the changes are improving outcomes for the resident.

Some residents and relatives told us that the quality and choice of meals and snacks could be improved (see Recommendation 1). The same issue was raised by residents during the previous inspection in May 2014. We were told that there were issues with the taste, texture and presentation of particular dishes and that residents wanted to eat more flavourful food. For example, a resident who liked macaroni cheese no longer enjoyed it as they could not taste the cheese. The menu also did not
include favourite meals and snacks which residents found tempting as the provider’s food supplier did not provide them. The service was already aware that this was an area for improvement as they had received similar feedback from care reviews, informal discussions and surveys.

Some residents and relatives told us that the quality of everyday life could be improved by providing more opportunities for residents to spend time talking, singing or doing other things that they enjoyed (see Recommendation 2). The same issue was identified during the previous inspection in May 2014. The service was already aware that this was an area for improvement as they had already received similar feedback from residents and relatives.

Care plans were lengthy documents, including a range of assessments, along with approximately 18 individual care plans and evaluations. When we talked to staff it was evident that it was difficult for them to familiarise themselves with every care plan. We found one example when the care a resident received did not match what was written in the care plan. The provider should provide staff with an easy read summary of what is important to residents and the essentials of good everyday care (see Recommendation 3). The staff who provide most of the residents’ every day care, such as washing, dressing and mobilising, should become more involved in developing and evaluating the corresponding care plans (see Recommendation 4).

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

Recommendations
1. The provider should ensure that residents can enjoy their meals and snacks by addressing their concerns about the taste, texture and presentation of some dishes and ensuring that the service can purchase food which suits their preferences.

   National Care Standards, Care Homes for Older People - Standard 13: Eating Well.

2. The provider should ensure that residents can enjoy daily life by providing staff with the support and resources to provide activities and meaningful opportunities which suit the residents’ needs, preferences and interests.

   National Care Standards, Care Homes for Older People - Standard 17: Daily Life.

3. The provider should help ensure that residents receive consistent person-centred care by providing care staff with an easy read summary of what is important to each resident and the essentials of their everyday care.
4. The provider should help ensure that the content of residents’ care plans and corresponding evaluations are accurate and person-centred by effectively involving relevant staff in the care planning process.
Quality Theme 2: Quality of Environment
Grade awarded for this theme: 4 - Good

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

Service strengths
We graded this Quality Statement as good. This grade applies to performance characterised by important strengths which have a significant positive impact. Identified areas for improvement will not call into question this positive impact. This grade implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement.

Effective arrangements were in place to promote residents’ safety and security. For example:

- There was an effective entry system which ensured visitors were welcomed.

- Staff were observant and checked to make sure that the environment was clutter free which made it easier for residents to walk around safely.

- There was a call system which residents could use to summon assistance. We were told that this was very reassuring.

- Equipment which was used to assist residents, such as slings and hoists, was in good working order and well maintained.

- The maintenance person was on hand to promptly carry out minor repairs.

The manager and staff understood how to help residents keep healthy by preventing and controlling the spread of infection. We observed that:

- The environment was clean and fresh smelling. Residents and relatives told us that this was always the case.

- Staff used personal protective equipment (PPE), such as gloves and aprons, when handling food or when they might be in contact with body fluids.
- Used commodes were cleaned safely and thoroughly using an automated bedpan washer.

- Staff washed their hands and assisted residents to do the same before meals and after going to the toilet.

- Residents had their own mobility slings which reduced the risk of cross-contamination.

**Areas for improvement**

The provider was aware that open access to the staircase in the original part of the building posed a potential risk to residents. Discussions about how to manage this risk were ongoing and it had taken longer than anticipated to take action. Plans were now in place to restrict access to the stairwell. In the interim the provider should carry out a written assessment and implement a management plan in relation to this risk (see Recommendation 1).

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

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. The provider should ensure that an effective risk management plan is in place for access to the stairwell in the original part of the building.

   National Care Standards, Care Homes for Older People - Standard 4: Your Environment; and Standard 5: Management and Staffing Arrangements.

**Statement 3**

The environment allows service users to have as positive a quality of life as possible.

**Service strengths**

We graded this Quality Statement as good. This grade applies to performance characterised by important strengths which have a significant positive impact. Identified areas for improvement will not call into question this positive impact. This grade implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement.

The original part of the building was characterful and benefited from high ceilings and lots of daylight. Several residents spoke about enjoying the building’s style and character. Residents also enjoyed going out to the back garden for a seat in the sunshine on a fine day. This should be enabled whenever the weather allows.
Each resident had their own bedroom with en suite toilet. When residents moved in they were encouraged to personalise their bedroom to suit their tastes. Many residents enjoyed having photographs and other favourite objects around them.

The additional bathroom on the ground floor was completed and available for residents’ use. Plans were in place to fit blinds to make it look more homely.

The service had made some improvements to the environment to encourage residents to eat well. The dining room had been repainted orange in response to research which suggested this colour stimulated the appetite. There was a bread maker and a coffee maker in the dining area to stimulate residents’ senses with the smell of fresh bread and real coffee. Plans were in place to redecorate the lounge area. The reception area had been redecorated.
Areas for improvement

A relative felt it was inappropriate to prioritise decorating the reception when some bedrooms were in need of redecoration.

The provider should review the service’s communal living space and assess its suitability to meet the residents’ needs and preferences (see Recommendation 1).

- There was not enough room for all the residents to eat in the dining area so some residents ate in the lounge. We were told that residents were always given a choice of where to sit, however the restricted space in the dining area may mean that this is not always a meaningful choice.

- The dining experience for residents who eat in the lounge needs to be reviewed and improved. We observed that there were times when residents who ate in the lounge found it more difficult to eat well because of their seating position and the way that their meal was set out.

- The home only had one communal living area which was busy and noisy at times. Living in this intense environment could be overwhelming for some residents, particularly for those living with dementia. Staff were aware that residents sometimes benefited from a quieter environment. In these situations residents were encouraged to spend time in their own bedroom.

The first floor hallway in the original part of the building was not well lit. The provider should take account of good practice guidance on suitable lighting for older people to review and improve this aspect of the environment (see Recommendation 2).

We noted that there was cracked plaster work in the upper hallway in the original part of the building, external paint work on some fascias and windows was in poor condition and that some gutters required clearing (see Recommendation 3).

Grade awarded for this statement: 4 - Good

Number of requirements: 0
Number of recommendations: 3

Recommendations

1. The provider should review the service’s communal living space and assess its suitability to meet the residents’ needs and preferences. An improvement plan should then be developed and implemented.

National Care Standards, Care Homes for Older People - Standard 4: Your Environment.
2. The provider should ensure lighting levels on the upper hallway in the original part of the building are suitable for older people and people living with dementia.

   National Care Standards, Care Homes for Older People - Standard 4: Your Environment.

3. The provider should ensure that there is an effective maintenance programme which ensures that the interior and exterior of the building is kept in good condition.

   National Care Standards, Care Homes for Older People - Standard 4: Your Environment.
Quality Theme 3: Quality of Staffing
Grade awarded for this theme: 4 - Good

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

Service strengths
We graded this Quality Statement as good. This grade applies to performance characterised by important strengths which have a significant positive impact. Identified areas for improvement will not call into question this positive impact. This grade implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement.

Recently appointed staff had been recruited safely. The manager carried out all the required checks to make sure that new staff were suitable to work with older people. This included:

- Finding out about applicants' academic and work history.
- Taking up professional and character references.
- Checking whether applicants were registered with the appropriate professional body such as the Nursing and Midwifery Council (NMC).
- Checking whether applicants were members of the Protecting Vulnerable Groups (PVG) Scheme.
- Interviewing applicants to find out about their knowledge, skills and attitudes.

We were pleased to hear from new staff that they had received good quality support and a warm welcome during their induction. There had been regular opportunities for them to observe and work with more experienced colleagues. A completed induction workbook also showed that a new member of staff had been supported to develop their knowledge and skills throughout their 12 week probationary period.
Areas for improvement

When staff have completed their induction it would be helpful to formally meet with them to identify their main strengths and the areas where they need to further develop their knowledge, skills or confidence (see Recommendation 1).

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

Recommendations

1. New staff should take part in a meeting at the end of their induction to identify their main strengths, interests and the areas where they need to further develop their knowledge, skills and confidence. This information should be used to inform the service’s training plan and future one-to-one discussions with the member of staff.

   National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

Statement 3

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

Service strengths

We graded this Quality Statement as good. This grade applies to performance characterised by important strengths which have a significant positive impact. Identified areas for improvement will not call into question this positive impact. This grade implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement.

Residents and relatives told us that the quality of care in this home was good because of the quality of staff. A resident said: "I am very happy with the girls." We were told that the majority of the staff were caring, kind and hard-working.

The staff mainly learned about providing safe and person-centred care by completed e-learning courses on a range of relevant topics, such as food hygiene and Adult Support and Protection (ASP). They also took part in a practical moving and handling course to learn how to assist residents to move safely. When the manager received information about external training she passed this onto staff so that they could sign up to attend if they were interested.

There were good arrangements in place to support and develop the staff team. This included one-to-ones and team meetings where there were opportunities to discuss
professional issues, such as training, team working and how to improve residents’ care. Staff also valued being able to quickly and easily get support and advice from the management team when they had queries or concerns.

The management team were responsive when poor practice was identified. They ensured staff received verbal and written guidance to help improve their knowledge and understanding. Staff were also asked to complete reflective accounts which gave them an opportunity to demonstrate what they had learnt.

**Areas for improvement**

Relatives told us that there were a few staff who did not have the same high standards or commitment as their colleagues. The management team need to ensure that each member of staff receives the right level of support to provide a good standard of care.

The regional manager told us at the previous inspection, in May 2014, that plans were in place to improve the quality of staff training. At this inspection we found that these plans had not been implemented yet and staff still mainly relied on e-learning to learn about how to provide safe and person-centred care. The provider should develop a more personalised and interactive approach to staff training. Staff told us that they would benefit from a blended approach to learning which would build on the existing e-learning programme by including face-to-face training which would give staff the opportunity to discuss how to apply what they had learnt in practice.

The provider had not progressed this part of the service’s improvement plan. There should be a training plan which takes account of residents’ needs, as well as staff strengths and areas for development. The training delivery methods should include opportunities to discuss how staff will put what they have learnt into practice to improve outcomes (see Recommendation 1).

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

**Number of requirements:** 0

**Number of recommendations:** 1

**Recommendations**

1. The provider should implement their plan to improve staff development arrangements and ensure that:

   - There is an annual training plan which addresses staff learning needs and takes account of residents’ health and care needs.

   - Training includes opportunities to engage in learning conversations with colleagues and external professionals.
- Training is effectively followed up to find out how staff have put what they have learnt into practice and to reflect on how outcomes for residents have improved.

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 3
To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths
We graded this Quality Statement as good. This grade applies to performance characterised by important strengths which have a significant positive impact. Identified areas for improvement will not call into question this positive impact. This grade implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement.

Overall, the management team had created a culture which made staff feel valued. The staff we spoke to were motivated and had a strong sense that they were part of a team. They spoke about how they supported one another during challenging times. Some staff were creative and innovative: when they saw an opportunity to make life better for a resident they felt confident to share their suggestions with colleagues so that they could work together to make improvements.

All staff had the opportunity to be the shift team leader. Staff who took on this leadership role made sure that their colleagues were effectively deployed and that they worked together to meet residents’ needs. Some of the staff we spoke to had high expectations of themselves and others. They talked about situations when they had followed best practice guidance and had encouraged colleagues to do so too.

The management team and staff valued the knowledge and skills of other health and social work professionals and worked hard to build trusting relationships with them. They demonstrated a good understanding of how important it was to collaborate with other professionals to improve outcomes for residents.

Staff were being encouraged to use the organisation’s values to guide their practice. During our discussions staff talked about situations when they had been influenced by the values; ‘keep it simple’, ‘be happy’ and ‘sort it’. Two members of staff who have been appointed as pace-setters will deliver training on how staff can ‘live the values’.
Areas for improvement

The regional manager told us at the previous inspection, in May 2014, that staff with the right knowledge, skills and interests would become ‘champions’ and be given responsibility for finding out about and sharing different aspects of good practice with colleagues. At this inspection we found that ‘champions’ had been identified, however they had not had been given the time or support yet to have a positive impact. The management team hoped to focus on this over the next year when it is anticipated that the deputy manager will have more supernumerary time. Empowering staff to make connections with knowledge networks and learning communities will be an important step forward for the service (see Recommendation 1).

Most of the staff we spoke to did not see themselves as leaders, however during our discussions it was evident that during their everyday work these staff led by example, motivated others and used their initiative to make small but important improvements to residents’ quality of life. The provider and manager should use the Scottish Social Services Council’s (SSSC) Step Into Leadership resources to help them to enhance the leadership capacity and capabilities of care staff (see Recommendation 2).

Grade awarded for this statement: 4 - Good
Number of requirements: 0
Number of recommendations: 2

Recommendations

1. The provider should ensure that staff receive the time, support and resources they need as ‘champions’ to effectively promote the use of good practice.

   National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

2. The provider should use the SSSC’s Step into Leadership resources to develop the leadership capacity and capabilities of care staff.

   National Care Standards, Care Homes for Older People - Standard 5: Management and Staffing Arrangements.

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 graded this Quality Statement as good. This grade applies to performance characterised by important strengths which have a significant positive impact.
Identified areas for improvement will not call into question this positive impact. This grade implies that the service should try to improve further the areas of important strength and take action to address the areas for improvement.

The majority of residents, relatives and staff we spoke to felt that the management team has a positive influence on the quality of care. A relative told us: “I am very happy. The high standards and positive attitude come from the top.” We were also told about the manager’s open and honest approach which gave confidence that concerns from residents, relatives and staff would be promptly resolved in a constructive manner. The deputy manager was praised for being “caring” and “reliable.” A resident told us that she felt very safe when the deputy manager was on duty.

The manager and other staff completed audits to assess quality in a range of areas, including care planning, environmental safety and meal time experience. The manager told us that the provider was planning to improve the quality assurance system by making it easier to use and more outcome-focused. We were pleased to hear about this as current quality assurance audits were time consuming and did not encourage the service to strive for improvement.

There had been two medication errors which highlighted poor practice. The manager had recognised this as an area for improvement and put in place training, support and additional audits to help ensure residents always received the medication they have been prescribed.

**Areas for improvement**

There had been a number of staff changes and vacant nursing posts since the last inspection which meant that the deputy manager had less supernumerary time than expected. As a result the service had made less progress with their plans to improve the service.

The provider did not notify us about two important events within the timescale set out in our guidance. The provider should ensure that effective arrangements are in place to submit notifications in a timely manner, including times when the manager is on annual leave.

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

**Number of requirements:** 0

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

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

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

Additional Information

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

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<td>Unannounced</td>
<td>Care and support 4 - Good</td>
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<td>Environment 4 - Good</td>
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<td>Staffing 5 - Very Good</td>
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<td>Management and Leadership 5 - Very Good</td>
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All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.
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