

Care service inspection report

Full inspection

Braeside House Care Home Service

81 Liberton Brae
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Royal Blind Asylum and School

Service provider number: SP2003002572

Care service number: CS2003010617

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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Summary

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

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

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

The service provides purpose built accommodation for residents who have a visual impairment.

There are a variety of areas around the home where residents can spend time. The home was clean and well maintained.

Permanent staff had developed good relationships with residents and knew their needs well. Staff received training in how to support residents with a visual impairment and provided care and support in a respectful, caring manner.

A programme of quality assurance checks was in place and completed regularly. These evidenced that actions were taken to any issues identified.

What the service could do better

We have identified areas for improvement throughout this report. Improvements are needed in aspects of record keeping, medicine management and residents' dining experience.

What the service has done since the last inspection

The service has continued to support staff in developing their skills and knowledge through an ongoing training programme and promoting staff to be involved in quality assurance tasks.

There has been further re-decoration around the home and development of family rooms on both floors of the home.

There has been an increase in the number of activity workers in the home. The activity team have reviewed the activities and plan to develop more one-to-one social opportunities for residents.

Conclusion

Braeside House is a welcoming and bright home providing care and support for residents with diagnosed with a visual impairment. Staff are caring and supportive towards residents and motivated to deliver good care.

The management team were aware that there were aspects of the service that needed to improve and were receptive to input from inspectors and professional advisers.

We have highlighted areas where improvements are needed so that the service can continue to provide positive outcomes for residents.

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.

Braeside House is a service operated by Royal Blind, a voluntary organisation founded by Royal Charter as the Royal Blind Asylum and School.

The home is situated on a bus route and has shopping facilities nearby. The accommodation comprises of 70 single bedrooms with en-suite facilities; these are arranged over two floors and can be accessed by a lift and stairs. Parking and a sensory garden with a seating area are to the front of the building and there is also another garden area on the roof.

Accommodation for residents' use is on two floors which are each divided into three separate units, each with dining and sitting rooms. Bedrooms are for single use and have en-suite facilities.

The home has a philosophy of care which aims to "provide the highest practicable standard of residential and nursing care based on the following principles:

1. The home will be of a welcoming and supportive nature, in which the residents may feel comfortable, relaxed and assured of concern for their welfare.
2. The residents will be cared for in a dignified and respectful manner, by appropriately trained staff.
3. Care will be carried out to meet necessary individualised needs: these will be reassessed as required.
4. The home's surroundings will allow for privacy and comfort, and where possible will reflect the personal taste of the resident.

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 Public Services Reform (Scotland) Act 2010 (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. This was carried out by two inspectors. The inspection took place on Wednesday 4 November 2015 between 10.20am and 7pm.

It continued the following day, Thursday 5 November between 9.35am and 7pm and concluded on Tuesday 15 December. We gave feedback to the manager and the deputy manager on Friday 18 December 2015.

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

We sent 40 care standards questionnaires to the manager to distribute to residents. Nineteen residents sent us completed questionnaires.

We also sent 40 care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned 21 completed questionnaires before the inspection. We also asked the manager to give out 35 questionnaires to staff and we received 9 completed questionnaires.

During our inspection, we gathered evidence from various sources.

We spoke with a number of staff, including the manager, deputy manager, and staff from the care team.

We spoke with a number of residents living in the home, both individually and in groups, during their day-to-day activities. Some residents were less able to give us their views and tell us about what it was like to live in the home. To help us assess the quality of care for these residents we spent time observing the

care of some individuals. We observed the interactions between staff and residents.

We spoke with relatives who were visiting during our inspection. We looked at the environment as we walked around the service, and spent time with residents in their rooms and communal areas of the home.

We looked at:

- The certificate of registration and insurance.
- Minutes of meetings.
- Newsletters and information displayed in the service.
- Staff training information.
- Samples of residents' personal plans and related care documentation.
- Staffing schedule and a sample of staff rotas.
- Quality assurance checks and audits.
- Maintenance records.
- Accident, incident and complaints records.
- The environment, and some equipment around the home, including specialist equipment such as hoists.
- Notifications made to us by the service.
- Action plans returned to us following inspections.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes for people who were unable to tell us their views.

On this inspection we used SOFI 2 to observe the lunchtime experience of two residents.

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.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

Taking the views of people using the care service into account

We spent time with residents in lounge and dining areas within the home. We spoke with residents individually and in small groups around the home.

Some residents were less able to tell us what they thought about the service or the care they received. We judged their well-being by interpreting their responses to our conversations, observing how they interacted with staff and how they spent their time.

Comments from residents included;

"I get lots of support".

"Since coming into Braeside House, I have been well looked after".

"On the whole good, but occasionally could be better".

"I am happy with the care I receive from staff".

"A good place".

"We get lovely food".

"When family and friends visit, they are always made welcome".

Taking carers' views into account

The relatives we spoke with, overall, were happy with the care and support given to their relative. We received comments from those we spoke with during our visit and from the responses in the quality assurance questionnaires.

Comments included;

"lovely environment".

"Sometimes feel mum is left on her own a lot".

"Staff very nice, you have a bit of banter with them".

"No complaints".

"Communication from the home to me, as carer, has been excellent".

"The level of staff sometimes seems low.....the staff sometimes struggle to meet everyone's demands on them".

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

During this inspection, we looked at how the service took account of the views of residents and relatives/carers, information displayed around the home, and views of people we spoke with during our visit. We found that the service was performing at a very good level in areas covered by this statement.

From the evidence we found, we concluded that the strengths observed at previous inspections were still evident.

The service had a participation strategy in place which described how they aimed to help people have a say in the development and quality of the service. A complaints procedure was in place and displayed near the entrance to the home to ensure people using the service knew how to raise any issues.

A variety of information was displayed at the entrance and around the home. This helped keep people involved of news and developments in the service. This included information on:

- Activities.
- Menus.

- Independent advocacy services.
- Services for those with a visual or hearing impairment.
- Care Inspectorate.
- Charter of rights for those living with Dementia.

Reviews of residents care and support needs were completed and involved residents and relatives as appropriate. These are important in giving people the opportunity to participate in assessing and improving the quality of the care and support provided by the service. Care reviews also ensure that plans accurately reflect residents' needs and that residents and relatives/carers can give their views and preferences for the care and support they receive.

Separate residents' and relatives' forum meetings were held on a regular basis. We saw from minutes of meetings that discussion topics included activities, staffing updates, development of family rooms and use of the garden.

Questionnaires were sent out to a varying sample of family members regularly throughout the year. The most recent questionnaire asked for views on what they liked about Braeside House, things that would make a difference and quality of communication. Results of questionnaires were collated and actions taken to address any issues were recorded in a 'You said, we did' document.

During our inspection, we observed that, overall, residents were enabled to make choices and have a say about the care and support they received.

Areas for improvement

We saw that meetings were held for residents, relatives and all levels of staff. The minutes recorded any actions required and who was responsible for these, but did not always clearly show if and when actions were completed.

Minutes of meetings should be developed to evidence that actions are completed. This will evidence the ongoing development of the service in response to issues raised (see recommendation 1).

The service had recently developed a quality assurance questionnaire for residents and was in the process of completing this with residents at the time

of our inspection. We will look at how the service uses the information gathered from this to develop the service, and how residents are kept up-to-date.

We discussed with the service how they could continue to develop their questionnaires to gather information about specific aspects of the service. This would support continued improvement in the quality of care and support in all aspects of their service. We will look at this again at future inspections.

Some residents may have communication problems as a result of health issues such as dementia. As a result, they may be less able to express their preferences for the kind of care and support they receive. Where resident's preferences are based on past wishes or information from relatives/carers, the service should consider including information on this in individual care plans.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. The minutes of meetings should record actions required, by whom and the timescale for completion. Minutes should evidence that progress on actions is reviewed at subsequent meetings and when actions have been completed.

This takes account of National Care Standards, Care homes for Older People, standard 5 - management and staffing arrangements and standard 11 - expressing your views.

Statement 3

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

Service Strengths

During this inspection we looked at aspects of nutrition and the dining experience, medication management, general care, and care planning.

Strengths identified in Quality Theme 3, Statement 3 also apply to this statement. We found that the service was performing at a good level in the areas covered by this statement.

During our inspection, we saw that residents were well presented in their personal appearance. Staff approached residents in a caring manner and residents seemed relaxed around staff.

The residents and relatives we spoke with told us that they were very happy with the care provided by the service and spoke positively about staff.

Care planning.

Care plans were completed for each resident and overall contained good information on residents' support and health care needs. Many plans had personalised information, which gave a sense of the individual person.

We saw evidence that care plans were audited to ensure these were completed to the standard expected by the provider. Actions were planned and taken to address any issues identified.

Risk assessments were completed to help identify if residents were at increased risk in any specific aspects of their daily life. These included moving and handling, falls and skin risk assessments.

The plans we looked at showed that staff acted on health concerns and liaised with relevant health professionals appropriately for advice or further assessments for residents.

Information in some sections of care plans referred to residents' individual visual impairment and how this impacted on their care needs.

We saw that care plan sections referred to other areas of a residents' individual plan. This helped staff be aware of individual specific needs that should be taken in to consideration when planning and providing their care and support.

Documentation was in place for specific health and care issues such as the assessment, review and treatment of wounds. These were completed well.

Nutrition and dining experience.

The service used the Malnutrition Universal Screening Tool (MUST), which helped staff identify residents at risk of losing or gaining too much weight. We saw that these were audited on a monthly basis and action plans were implemented to address any issues identified.

A food and fluid assessment was completed over a three day period for all new residents, or if staff had any concerns about a residents' eating and drinking. This information assists staff in determining actions needed to support residents to have a healthy nutritional intake.

We saw that the service liaised with other health professionals, such as GP's and speech and language therapists where issues had been identified with their diet and nutritional intake.

Fortified and altered texture diets were provided for residents at risk of losing weight or who had problems swallowing. Regular drinks and snacks were on offer between mealtimes which helped residents who needed extra, high calorie snacks to maintain their weight.

We observed residents mealtimes during our inspection and saw that these were mostly well organised and staff were attentive to resident's needs. The majority of staff took time to offer choices throughout meals and ensured that further helpings and alternatives were offered and provided. Residents who needed help with their meal were assisted by staff in a caring manner.

As part of our mealtime observations we used the SOFI 2 tool. This is an approved and recognised tool which provides a framework to enhance the

observations we make about residents' well-being, how they engage with the world around them and interact with staff.

As a result of our observations, we saw that, whilst staff attended to residents needs and assisted as needed, staff interacted with the residents mostly when serving or completing other tasks. We felt that there could be some improvements made to help residents have a more sociable dining experience (see areas for improvement for further information).

Meaningful activity.

The home had an activity team who assessed residents social and activity needs and implemented a regular programme of activities in the home. This included bowling, discussion groups, quizzes, concerts, chair based activity and songs of praise. This was displayed around the home and included the time and venue for each activity, which helped residents to plan what they would like to attend.

New residents met with an activity worker shortly after moving into the home. Care plans were put in place that recorded residents' preferences of how they like to spend their time and the kind of activities they enjoyed.

We saw that residents were supported to socialise outwith the home with staff and with their family and friends. Various events and entertainment were organised within the home. During our inspection, the home held a 'bake-off' event which was well attended and enjoyed by residents, relatives and staff.

Individual diaries were kept for each resident and showed that residents regularly participated in social activities, both individually, and as part of a larger group.

The manager advised that the activity staff had evaluated the activities and were in the process of planning more one-to-one activities in response to feedback from residents. We will look at the progress of this at the next inspection.

Medication management.

We found that medications were stored safely and securely. Registered nurses had protected time to administer medications.

We looked at a sample of Medication Administration Records (MAR's), which, overall, showed that residents received their medication as prescribed.

Some medication records included a resident profile which included a photograph, information on allergies, how the resident preferred to take their medication and any assistance they needed with this. This is a good way for staff to support residents with their individual medicine needs.

Areas for improvement

Care planning.

We looked at a sample of personal plans and found that some were completed well, but the information recorded was not consistent in standard or detail throughout.

The staff we spoke with were knowledgeable about residents care needs, however, the care plans we looked at did not fully reflect the more personalised aspects of residents' care needs.

The service should continue to develop care plans to include more personalised information including individual preferences, life stories and resident's routines or what their day-to-day life should look like. This would help staff in continuing to support residents in an individualised, person-centred way.

We found that care plans were evaluated regularly, however, these did not show what had been evaluated and whether the plans continued to be effective.

Residents' care and support needs were reviewed around every six months. We saw that records of reviews gave information on the residents care and support needs at the time of the review. Some of these however, did not record what was discussed or that a comprehensive review of all aspects of the residents care and support needs had been completed.

The service should continue to develop the completion of care plans in order to

reflect the good standard of care and support observed during our inspection.

Dining experience.

Following our observations of residents' mealtimes, we felt that some aspects of the dining experience could be improved:

- We saw that some were more organised than others. During one mealtime, we observed that not all residents were served in a timely manner and there was a delay between some residents being served their meal and then assisted to have this by staff.
- Residents were not always offered or assisted to wash their hands before meals.
- Dining tables were not always nicely set or have good colour contrasting table mats/cloths.
- Residents were given medication during mealtimes which interrupted their meal.

The service should review residents' mealtimes in order to continue to promote a positive dining experience for all residents (see recommendation 1).

Medication management.

We identified some aspects of medication management that needed to be improved. This included issues around the ordering of medication, management of stock, inconsistent use of resident profiles and lack of guidance for staff on the use of 'as required' medication in specific situations, such as when a resident is showing signs of stress or distress.

Some creams and ointments were not dated when opened. This helps staff decide when to dispose of, or replace, creams and helps ensure they are applied according to manufacturers' guidelines.

Some of these issues had been identified by the external pharmacy audit and at a previous inspection. We discussed the areas for improvement with the manager during our inspection, who was receptive to our suggestion of input and support from the Care Inspectorate professional adviser for pharmacy.

An improvement visit was completed and the service was given advice and guidance on best practice and steps to take in order to make the improvements needed. During the inspection, the manager and deputy manager reviewed the advice they had received and had started to take action to address the areas for improvement.

We acknowledge that the service had an awareness of the issues raised and responded to involvement from the professional adviser. However, progress must be made in order to ensure that medication is managed and administered in a safe manner and according to good practice guidance. The requirement on medication made at the last inspection has been amended to reflect the evidence obtained at this inspection (see requirement 1).

We found that the completion of some care charts, such as oral care and application of creams/ointments, was inconsistent. Whilst some were completed well, others had gaps where we expected there to be signatures to indicate that oral care had been given or creams had been applied (see recommendation 2).

Grade

4 - Good

Requirements

Number of requirements - 1

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this, the provider must:

- Ensure that medication which has past the expiry date is disposed of/ returned to the pharmacy.
- Review and implement systems to ensure stocks of medication are managed and monitored.
- Ensure topical creams and ointments are dated when opened for use.
- Ensure that where residents are prescribed 'as required' medication for symptoms of stress and distress, information is in place to guide staff on

actions to take before considering giving medication.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/110 Regulation 4(1)(a) - Welfare of service users

This also takes account of the National Care Standards, Care homes for Older People, standard 15, keeping well - medication.

Timescale: to commence on receipt of this report and for completion on 31 March 2016.

Recommendations

Number of recommendations - 2

1. The service should review the mealtime arrangements to help promote a positive dining experience for all residents.

This takes account of the National Care Standards, Care homes for Older People, standard 13 eating well.

2. The provider must ensure that care charts are accurately completed by staff in order to evidence that residents have received care and support according to their assessed needs.

This takes account of the National Care Standards, Care homes for Older People, standard 14 keeping well - healthcare.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

The strengths identified under Quality Theme 1, Statement 1 also apply to this statement and support residents and relatives/carers to participate in assessing and improving the quality of the environment within the service.

Many of the bedrooms had been personalised by residents, with ornaments, decorative items and their own furniture. Bedrooms had equipment such as big button telephones, which helped residents with low vision keep in contact with family and friends independently.

Areas for improvement

The areas for development described in Quality Theme 1, Statement 1 are also relevant to this statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

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

Service Strengths

In assessing this statement, we looked at some bedrooms and the communal bathroom, lounge and dining areas of the home. We looked at some of the equipment used in the home and spoke with staff during our inspection. We found the service was performing at a good level in areas covered by this statement.

During our inspection, we found residents' bedrooms and shared areas around the home to be clean and tidy overall. The home was spacious and well lit, with a variety of lounge and seating areas where residents and their visitors could spend time.

The home was set in its' own secure gardens. A further two enclosed patio areas could be accessed directly from the ground floor of the home and a pond and sun house were located to the front of the home.

Risk assessments were completed for individual residents on aspects of their care and environment, for example on falls, use of bedrails and risk of skin damage from pressure. These helped identify potential risks or hazards for residents, and helped staff take preventative action to reduce these.

A programme of regular maintenance checks and environment audits was completed. This helped the service to ensure that the home and equipment were checked for safety and maintenance issues.

Moving and handling equipment was kept clean and had been serviced in line with Lifting Operations and Lifting Equipment Regulations (LOLER). Electrical equipment used by residents and staff had undergone Portable Appliance Testing (PAT) as legally required.

Since our last inspection, the service had refreshed the décor in some areas of

the home. New easy-to-read, tactile signage had been obtained and placed in easily accessible areas around the home.

Two rooms, one on each floor of the home, were being refurbished and developed in to family rooms. The aim was to provide a private room where residents could spend time with family and friends, have special events or family meals. We will look at the progress of this at the next inspection.

Residents told us that they felt the environment was warm, comfortable and that they felt safe.

Areas for improvement

Whilst we could see that routine maintenance and checks of the environment had identified areas that needed to improve, we were unable to consistently see records of actions that had been taken.

The records of water temperature checks we looked at, showed that a few temperatures were hotter than recommended. We were unable to see evidence to indicate if this had been identified as being too hot, or if any action was taken.

The use of an action plan approach would help the service evidence that they have taken steps to rectify any problems and demonstrate the continuous development of the service (see recommendation 1).

We could see from maintenance records that a system of checks was completed on various aspects of the environment, but did not include regular checks on the call bell system. The service should consider how they can show that the call bell system is checked and monitored to ensure that all residents can summon assistance when they needed. We will follow this up at the next inspection.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. In order to show that equipment and systems are fully checked and maintained, records of maintenance checks should include if there are any issues/problems identified, any action needed and when this was completed.

This takes account of 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 1

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

Service Strengths

The strengths identified under Quality Theme 1, Statement 1 also apply to this statement and support residents and relatives/carers to participate in assessing and improving the quality of staffing within the service.

Areas for improvement

The areas for development described in Quality Theme 1, Statement 1 are also relevant to this statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service Strengths

In assessing this statement, we observed staff practice and spoke with residents, visitors and staff. We looked at records including staff training, the completion of care documentation and staff rotas. The strengths discussed in quality statement 1.3 are also relevant to this statement. We have assessed that the service was performing at a good level for this statement.

During our inspection, we observed staff to be caring and supportive towards residents. We found them to be knowledgeable about individuals' support needs and their personal preferences. Staff appeared motivated to provide a good standard of care for residents, and were pleasant and helpful during our time in the home.

The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland. The SSSC sets standards of practice, conduct, training and professional development. All relevant staff in the service were registered with the SSSC or had applications which were in process.

All new staff completed an induction programme to help them become familiar with their role. Trained nurses had a two week period where they were supplementary to the rota staff. This helped them to become orientated with their role and responsibilities.

A training programme was in place that provided staff with on-going mandatory training, including moving and handling, medication management and positive dementia care. In addition, supplementary training was available to which helped them to meet the needs of residents. Charge nurses for each unit in the home were in the process of completing courses on management and delivering better care.

The manager maintained a record of all training that was completed, or due for update, for each member of staff. This provided the manager with an overview which allowed them to monitor the skills, training and development needs of staff.

One-to-one supervision gives staff the opportunity to discuss areas of work, development and training, and support staff in their role. Supervision meetings also allow managers to assess the quality of work, identify training needs and promote best practice with staff. Staff told us that they had regular supervision meetings and that they found these positive.

The provider had a range of policies and procedures in place which provided on-

going guidance for staff and set out the standards of practice expected by the provider.

Areas for improvement

The areas for improvement discussed in quality statement 1.3 are also relevant to this statement.

Improvements are needed in the completion of some care documentation and charts in order to evidence the care provided. Improvements are also needed in the management of medication.

We have made a requirement and recommendation about these in areas for improvement in quality statement 1.3. These are also relevant to staffing. See other areas for improvement in quality statement 1.3 for further information.

From the sample of staff training records we looked at, we were unable to see that qualified nurses had completed regular medication management training. We discussed this with the manager because we identified important areas for improvement. The manager said that this had not been scheduled previously but has now been arranged. We will follow this up at the next inspection.

The provider should continue to support staff in developing their skills and knowledge relevant to tasks within their role, such as the supervision and guidance of other staff. This will help develop leadership throughout all levels of staff, and ensure that staff continue to work in line with the codes of practice of relevant governing organisations, such as the Nursing and Midwifery Council (NMC) and Scottish Social Services Council (SSSC).

Whilst there were important strengths in this statement, we found aspects of care, completion of documentation and management of medication that needed to be improved and led to our assessment of good for this statement.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

The strengths identified under previous participation statements, Quality Theme 1, Statement 1 and Quality Theme 3, statement 1, also apply to this statement.

Areas for improvement

The areas for improvement identified in Quality Theme 1, Statement 1 are also relevant to this statement.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

“We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide”

Service Strengths

To assess this statement we looked at the system of audits and quality assurance in the home and took into account all of our findings during the inspection. We have assessed that the service was performing at a good level in areas covered by this statement.

A system of audits and checks was completed to monitor the quality of the service. This included audits on medication, dining experience and the environment. We saw that this had helped the service identify areas that needed to improve.

The manager promoted involvement of staff by allocating responsibility for completion of some audits to nursing staff. There was evidence that the management team were looking to further involve staff in making improvements to the service.

We saw that the service sought the views of people using the service. The manager and deputy manager advised that they were in the process of developing a quality assurance questionnaire for residents to supplement the feedback they obtained at residents' meetings. We will follow this up at future inspections.

A complaints procedure was in place which helped guide residents, relatives and carers in how to make a complaint or raise any issues. The manager said that residents were reminded of this during meetings and encouraged to raise any concerns or give their comments.

A programme of monthly and three monthly management and care home committee meetings was in place. These provided a regular opportunity for the services' performance to be reviewed and discussion on specific aspects of care, such as falls management and overall care needs of residents.

There was clear management and leadership of the service. The manager and deputy manager were visible around the home. Residents knew them and they were knowledgeable about residents' needs and what was going on in and around the home.

The management team had a good awareness of how the service was performing, what it did well and areas where improvements were needed. During our inspection, we discussed issues identified in this report with the manager, who was receptive to areas for development and demonstrated that they were working to address them.

Areas for improvement

Quality assurance checks had been completed on various aspects of the service. Whilst these identified areas for improvement, we felt that some of the audits and quality assurance tools could be more comprehensive and specific.

We discussed this with the manager, who advised that they were in the process of reviewing audits to ensure that these were more comprehensive. We will look at the outcome of this work at future inspections.

Charge nurses within the home were involved in completing quality assurance audits for specific aspects of the service. Whilst this involves staff in assessing and improving the quality of care being provided, the manager should have an overview of audits completed to ensure standards expected of the provider are maintained.

The manager should consider completing observed practice or competency assessments with staff. This would help the manager to ensure that staff are competent in specific tasks and good practice is followed. It also helps to ensure that staff follow the providers' policies and procedures and are able to put knowledge from training in to practice. We will follow this up at the next inspection.

Some of the staff we spoke to had an awareness of the National Care Standards. These describe the standard of care people should expect to receive from a service. We would support the service in continuing to promote the National Care Standards with staff and how these should be applied to their work.

Residents' dependency levels were calculated on a monthly basis in order to determine the numbers of staff needed to meet the care needs of residents. A comparison of a sample of staff rotas and residency dependency calculations showed there should be sufficient staff to meet the needs of residents.

During our inspection, there were times where there were no staff visible in communal areas of the home with residents. Whilst this was not a frequent occurrence, it meant that there were occasions where there was a lack of staff to monitor residents' safety, or engage residents in activities.

The service should ensure that staff are deployed in a way that ensures residents safety and provides opportunities for meaningful social interactions or activities. The manager advised that this will be reviewed and addressed in order to make the improvements needed. We will follow this up at the next inspection.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

1. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;

- Ensure that medication which has past the expiry date is disposed of/ returned to the pharmacy.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale: The out of date medication was disposed of immediately.

This requirement was made on 11 December 2014

We have reported progress on meeting this requirement under Quality Theme 1, Statement 3, Quality of Care and Support.

Not Met

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

Previous recommendations

There are no outstanding recommendations.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
11 Dec 2014	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
27 Aug 2013	Unannounced	Care and support 4 - Good

		Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good
26 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 3 - Adequate
28 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate
3 Mar 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
28 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed 2 - Weak Not Assessed
30 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
9 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
4 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 6 - Excellent 4 - Good 5 - Very Good

11 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 6 - Excellent 4 - Good 5 - Very Good
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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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