

# Orchard House Nursing Home Care Home Service

Orchard House  
Crossford  
Carluke  
ML8 5PY

Telephone: 01555 860486

Type of inspection: Unannounced  
Inspection completed on: 9 August 2016

**Service provided by:**  
Enhance Healthcare Ltd

**Service provider number:**  
SP2012011938

**Care service number:**  
CS2014323294

## About the service

Orchard House Nursing Home (referred to in the report as "the service") was registered with the Care Inspectorate in November 2014 to provide care to a maximum of 36 older people. At the time of inspection, 36 people (referred to in the report as "residents") were using the service.

The service is provided by Enhanced Healthcare Ltd (referred to in the report as "the provider"). The accommodation is rented from Enhanced Healthcare Orchard House Ltd which is the landlord.

The building is set in private grounds near the village of Crossford and is accessed via a narrow road. Some parking is provided in the grounds.

Accommodation is provided within a large traditional building over three floors with an extension adjoining. A lift and stairs give access to the upper floors.

All bedrooms are for single use and eight bedrooms have en-suites, seven of these with bathing facilities. There are bathing and toilet facilities on all floors for residents' use. There are two units on the ground floor called Rosebank and Hazelbank after local areas, each with a sitting room and separate dining room. There is also one sitting room on the second floor. There are kitchen, laundry and staff facilities in the building.

The aims of the service included:

"Orchard House aims to provide our service users with excellent Nursing and Residential care delivered with professionalism in homely and comfortable surroundings. The home strives to provide care and support that ensure the service users' Health, Welfare, Independence, Privacy, Choice and Dignity are promoted at all times, delivered by a professionally trained workforce that understand the needs of our service users".

## What people told us

We issued 10 resident and 15 relative questionnaires to the service before the inspection for distribution. This was to offer them the opportunity to share their views about the service.

Two residents returned completed questionnaires which showed they were strongly satisfied with the service, knew how to raise concerns, thought staff were respectful, could meet their healthcare needs and knew their likes and dislikes.

Twelve relatives completed questionnaires which showed that seven were strongly satisfied and five were satisfied with the service.

Common themes emerged around the areas that relatives thought could be improved including:

- developing the keyworker system, taking a more structured approach to providing meaningful activities, ensuring activity equipment was maintained, for example pencils sharpened, ensure menus were nutritious, display menu at the entrance so that relatives know the meal choices, reduce the use of agency staff, improve the environment in Hazelbank unit so that it is more homely, maintaining the cleanliness of the building.

Some relatives disagreed there were enough staff on duty.

The manager agreed to take account of these views when developing the service. We took account of the views during the inspection process.

The volunteer inspector spoke with eight residents and two relatives/friends. The following information details comments residents and relatives made to the volunteer.

When asked about the quality of care and support residents said:

- Everything is perfect.
- I wouldn't change anything.
- My care plan is in the office. They ask me pretty regularly.
- Everything is fine.
- I'm well looked after. I can't complain.

Relatives' comments about Care and Support were:

- The family took part in the care plan. I think that it is reviewed annually.
- It's very good here, very nice.

Residents' comments about food were:

- The food is magic, all of it. My favourites are chicken and steak pie.
- There are always two choices for food. If you like it, it is there.
- Most of the time, it is ok.
- I don't like chicken.
- My favourite is the soup - lentil and all different kinds - they are gorgeous.
- They come and ask you what you would like.
- If you don't like it, I don't know what would happen.
- You get enough food - it's quite good.
- I take what's put down to me.
- There's a menu on the table but that's for fussy people - not me.
- I had toast but there was bacon and eggs.
- I had toast and jam for breakfast but they have everything.
- The lentil soup is good.
- I'm not fussy; I eat anything that is going.
- Sometimes there's 3 courses - they tell you what's coming.
- The food is marvellous, especially the soups.

Relatives' comments about food:

- There's always a choice of 2 or 3 things.
- If she didn't like it, they would change it.

Residents' comments about activities:

- I sit about and talk to the other residents.
- No organised activities that I know of.
- Sometimes - not very often we go out in the minibus, drive around and stop at a café for a scone.
- There are no activities - there's nothing here.
- There are no activities that I know of.
- I used to go out.
- There's loneliness in it.
- There are no activities - I just sit.
- I have been out once in the minibus.
- I just watch whatever is on TV.
- They don't let you out.

- I want to go to (name of location) but she said no.
- I never go out in the minibus. My family take me out.

Relatives' comments about activities:

- I don't know about any activities.
- I'm not sure about any activities.

When asked about the Quality of the Environment residents said:

- The atmosphere of the place is marvellous - lovely.
- There are pleasant people - decent conversation.
- My room is very nice, clean and tidy.
- I brought photographs of my grandchildren.
- I have a nice bedroom.
- My room is kept nice and clean.
- I didn't choose my room. You take it as you get it.
- My room has just been done up.

Relatives' comments about Environment:

- The building is very nice. Homely.
- She is happy with her room.

When asked about the Quality of Staffing residents said:

- The staff is lovely - very approachable.
- You can ask them anything.
- They feed you all the time so you don't need to worry about spilling anything.
- They leave you alone.
- The staff is nice.
- I think it is the same staff all the time but you take who you get - they are all ok.
- I get on fine with the staff.
- The staff is nice - every one better than another.
- It is more or less the same staff.
- I couldn't be happier with the staff.

Relatives' comments about Staffing:

- The staff is welcoming.
- There is a rota system for staff and there is more consistency now.
- The staff who has stayed have been very good to (xx).

When asked about the Quality of Management, although residents could not name the manager, the volunteer observed that when the manager was walking around the home, the residents appeared to know her and she knew the residents well.

## Self assessment

Each year we ask the manager to complete a self-assessment of the service.

We received a fully completed self-assessment document from the manager. The manager identified what they thought the service did well, some areas for development and any changes they planned.

The manager's assessment of the quality of the service did not correspond with our findings at this inspection.

The manager thought the service operated at a good level across all quality themes.

We assessed it operated at an adequate level across three quality themes and at a good level in one quality theme.

Our grading for the quality statements reflects the evidence we found during the inspection.

## From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	4 - Good

## Quality of care and support

### Findings from the inspection

The service performed at an adequate level for this theme. There has been no improvement in performance since the last inspection.

Residents said they were happy living here and that staff looked after them well. We saw that staff were attentive and responsive to residents' individual needs and preferences.

Generally staff could describe residents' healthcare needs, however this knowledge was not always reflected in residents' care plans. Care plans did not contain enough accurate, up-to- date information to guide staff in delivering consistent care in a person centred way. Conflicting information made it difficult to be sure that plans reflected residents' care needs. It was difficult to know how up-to-date information was or who had assessed the care need because all documents were not dated or signed. (See recommendation 1).

Residents said the food was good. Efforts had been made to ensure that meals were nutritionally well balanced and dishes had been analysed to ensure nutritional adequacy. However, we saw meals served without vegetables or fresh salad and fruit/snacks were not available outwith set meal and tea times. There was acknowledgement that further work was needed in this area. (See recommendation 2).

We could not establish how the service overview of residents' weight loss influenced care. There was conflicting information about how often residents should be weighed and alternative methods of monitoring weight loss other than weighing had not been considered. Referrals to dieticians for guidance could be quicker and the availability of fortified foods and snacks could be better. The manager agreed to address this. (See recommendation 3).

Residents dining in Rosebank dining room enjoyed a relaxed and sociable experience with support provided in a discrete manner. Residents in Hazelbank unit did not consistently receive this quality of support on the days when regular staff were not on duty. The impact of staff with limited knowledge of residents' support needs led to a chaotic dining experience. We observed that staff need to get better at offering visual choices to residents living with dementia who find it difficult to recognise words. (See recommendation 4).

Residents told us they would like more to do. An activity co-ordinator was in post and efforts had been made to increase opportunities for residents to enjoy activities meaningful to them. A notice board listed the structured activities available each day and several residents took advantage of these opportunities. However the time of events was not displayed making it more difficult for residents to plan ahead. A "wish tree" was displayed where residents had made a wish to take part in an activity important to them, such as shopping or an outing. It was disappointing to see that two months later, few wishes had been granted. A number of one-to-one activities took place across the service, however some staff were more skilled than others about creating natural opportunities for residents to spend their day in a meaningful way. As a result more dependent residents, or those spending time in their bedrooms for the most part, spent the day napping, watching television or each other. (See recommendation 5).

Systems provided an overview of documents that protect residents' rights, including certificates of competency and for supporting residents' wishes regarding resuscitation. The manager agreed to implement a system to identify when certificates needed to be updated. We will monitor progress.

Some relatives said that changes in the staff team led to inconsistencies in the quality of care because they did not know residents' preferences. The manager was trying to establish a stable team we will monitor progress.

In making the decision to monitor progress rather than make a recommendation about some matters we have taken account of the service's capacity to improve.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 5

1. The service should continue to develop personal plans in line with the National Care Standards to ensure they fully reflect the preferences of individuals regarding their care and support, activities and spiritual needs. Care plans and risk assessment should be reviewed and updated following accidents, incidents or changes to care needs.

This is in accordance with the National Care Standards, Care homes for older people, Standard 6 - Support arrangements.

2. It is recommended that the provider continues to monitor the quality and availability of food and choices that meet residents' preferences. Appropriate foods and snacks should be available outwith main mealtimes.

This is in accordance with the National Care Standards, Care homes for older people, Standard 13- Eating well.

3. It is recommended that the provider ensure that where a service user experiences unplanned weight loss or is assessed as being "at risk" of unplanned weight loss that proper systems are in place to address this and are recorded. Prompt referral to other healthcare professionals should be made when required.

This is in accordance with the National Care Standards, Care homes for older people, Standard 13- Eating well.

4. It is recommended that the provider reviews how residents' meals are served. This should include how staff are deployed to support service users, ensuring visual meal choices and hand washing facilities are offered where appropriate.

This is in accordance with the National Care Standards, Care homes for older people, Standard 13 - Eating well.

5. The provider should ensure that all service users irrespective of ability have opportunity to participate in activities of their choice and which are meaningful to them.

This is in accordance with the National Care Standards, Care homes for older people, Standard 17 - Daily life and Standard 14 - Keeping well - healthcare.

**Grade:** 3 - adequate

## Quality of environment

### Findings from the inspection

The performance of the service was adequate for this theme. There had been no change in grade since the last inspection.

Residents said they liked the homely surroundings. The building was gradually being upgraded and communal areas were bright and comfortably furnished. Communal areas were large with no obstructions which made it safe for residents to walk around. Residents had personalised their bedroom and these along with their personal belongings were well maintained.

Additional signage and bedroom nameplates were being sourced to help residents and visitors navigate the building. We directed the service to The Kings Fund environmental assessment tool to evaluate if the building was supportive of people living with dementia. We will monitor progress.

While the building was clean, staff management of infection control procedures raised the risk of the spread of infection, particularly in the laundry and sluice areas, the cleanliness of equipment and use of unnamed continence underwear. By the end of the inspection action had commenced to rectify these issues. We directed the service to the Care Inspectorate's Hub for infection prevention and control information. (See recommendation 1).

Service contracts were in place to ensure equipment was fit for purpose. New systems to record maintenance checks had the potential to provide clearer information about remedial action taken when faults were identified. However, systems were not implemented in the way intended resulting in lack of clarity around remedial action particularly, for example, wheelchair brakes and loose toilet stands. (See recommendation 2).

When this service registered with the care inspectorate conditions about improving the environment were applied. Considerable progress had been made in improving the environment although some matters remain outstanding. (See requirement 1).

At times the noise levels were excessive, which hindered conversation. The service agreed to monitor this and we will monitor progress. The provider has applied to the Care Inspectorate to extend the building. Discussions around this are ongoing.

In making the decision to monitor progress rather than make a recommendation about some matters we have taken account of the service's capacity to improve.

## Requirements

### Number of requirements: 1

1. By the 30 January 2017 the provider must comply with condition 5 of the conditions of registration and ensure:
  - Schedule of works Part 1
  - ensure that all radiators are fitted with cool to touch covers.
  - Schedule of works Part 3
  - On each floor of building, create domestic services room (cleaner's store) to be fitted with non-hand operated mixer tap and general purpose sink.
  - A general purpose sink with drainer in sluice areas.
  - Create storage areas for equipment.
  - Heaters which can be individually controlled.
  - Full refurbishment including replacement of carpets and decoration throughout the home.

This is in order to comply with the Public Services Reform (Scotland) Act 2010, section 60(2). Timescales: For completion by the 30 January 2017.

## Recommendations

### Number of recommendations: 2

1. It is recommended that the provider ensure that infection control procedures are followed to prevent the risk of the spread of infection. This includes ensuring dirty linen is not stored on the laundry room floor, soap and towels are available in all sluice areas and that equipment including shower chairs and commodes are clean.

This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

2. It is recommended that the provider review the regularity of maintenance equipment checks to ensure all equipment is safe for use. Maintenance records should record details of the action taken when defects are identified, the person responsible for the action and the expected timescales for completion. This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

The service performed at an adequate level for this theme. There had been no improvement in performance since the last inspection.

Residents and relatives were complimentary about the quality of staff and how they provided care. Staff presented as caring and spoke warmly about residents and working at the service.

The volunteer inspector observed some nice interaction between staff and residents and noted that residents appeared comfortable and relaxed around staff.

Residents said staff were respectful toward them. However, we saw examples where staff did not always treat residents or colleagues in ways that demonstrated an ethos of respect. Examples include, speaking openly about care needs in communal areas within hearing of others, conversing with each other to the exclusion of residents and removing items from residents without their permission. (See recommendation 1).

Ongoing staff training and development opportunities were provided including training specific to residents' support needs. Observation of staff practice showed gaps in knowledge and skills including better ways to support residents living with dementia. The training plan would benefit from targeting gaps in staff knowledge and competency. (See recommendation 1).

We directed the service to resources which would assist staff development for example, promoting excellence framework would help equip staff support residents living with dementia. The Care Inspectorate "Hub" and Scottish Social Services Council learning resources have a selection of resources which would help staff reflect on their continuous professional development.

Residents could be confident that nurses and care staff were registered with appropriate professional bodies. The manager agreed to complete regular checks on carers' professional register as those completed for nurses. We will monitor progress.

Recruitment procedures were not allied vigorously enough to demonstrate that all staff were recruited safely. Consequently we saw that appropriate references and criminal record checks were not always completed before employment commenced. Induction records were not fully completed, accordingly we could not establish how new staff were supported into post. (See recommendations 2 and 3).

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. It is recommended that the provider continue to assess staff competency in the work they are to perform. Any action resulting from competency assessments should be recorded in writing.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

2. The provider should ensure that all staff are recruited safely and in line with best practice guidance: 'Safer Recruitment Through Better Recruitment' 2007.  
Staff induction into post should be fully recorded.

This is in accordance with the National Care Standards, Care home for older people, Standard 5 - Management and staffing arrangements.

3. The manager should ensure that all those working within the service have an up-to-date Protection of Vulnerable Group (PVG) check carried out and received back prior to the person taking up post in the service.

This is in accordance with The National Care Standards (NCS) for Care Homes for Older People, Standard 5.5 Management and staffing arrangements.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

The service performed at a good level for this theme. This is an improved performance from adequate to good since the last inspection.

The manager and deputy worked well together and had the same vision for the service. Role definitions were clear and understood by staff.

The management team had worked hard to develop the service while trying to maintain a consistent staff group. Consequently, processes and systems had been developed to support the daily operation of the service. Audits were being used more regularly to measure the performance of key aspects of the service. There was acknowledgment that the quality assurance system needed to be developed to more readily identify the measures taken to check that required action had been satisfactorily completed. (See recommendation 1).

Staff were encouraged to develop their leadership skills and be part of the service development. A selection of meetings offered staff the opportunity to express opinions and action plans detailed agreements reached. Nevertheless there needs to be better evaluation of progress made in implementing agreements. We will monitor progress.

The manager was grateful for the staff teams' commitment to improving the service. Residents and relatives were confident that if they raised concerns these would be taken seriously and addressed.

The management team were receptive to suggestions for improvement. They recognised the areas that needed to be better while acknowledging that changes within the staff team impacted on how effectively the service could progress.

In making the decision to monitor progress rather than make a recommendation we have taken account of the service's capacity to improve.

### Requirements

**Number of requirements:** 0

## Recommendations

### Number of recommendations: 1

1. It is recommended that the provider continues to develop the quality assurance system to ensure all aspects of service quality is comprehensively evaluated. This should included measures to be taken to check that any identified action has been satisfactorily completed.

This is in accordance with the National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

**Grade:** 4 - good

## What the service has done to meet any requirements we made at or since the last inspection

## Previous requirements

### Requirement 1

The provider must ensure compliance with legislation and Care Inspectorate guidance on notification reporting and ensure that notifications are made timeously. This is in order to comply with Regulations 21-24 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) and section 53(6) of the Public Services Reform (Scotland) Act 2010. Timescales - To commence within 24 hours of receipt of this report, for completion by the 30 November 2015.

**This requirement was made on 4 February 2016.**

### Action taken on previous requirement

The provider had met this requirement. We reached this conclusion because since the last inspection all notifications have been made timeously to the Care Inspectorate.

**Met - within timescales**

### Requirement 2

The provider must comply with condition 5 of the conditions of registration and ensure a comprehensive quality assurance system is developed. This is in order to comply with the Public Services Reform (Scotland) Act 2010, section 60(2). Timescales: For completion by the 30 November 2015.

**This requirement was made on 4 February 2016.**

### Action taken on previous requirement

The provider had made progress toward meeting this condition. A quality assurance system was in place and being used. While there is a need to develop this further it is more appropriate to make a recommendation that the system continues to be developed. This is discussed under Quality Theme 4.

The provider should apply to the Care Inspectorate to have this condition removed from the service's conditions of registration.

## Met - within timescales

### Requirement 3

The provider must comply with condition 5 Schedule of Works Part 1 of the conditions of registration and ensure that all radiators are fitted with cool to touch covers. This is in order to comply with the Public Services Reform (Scotland) Act 2010, section 60(2)

**This requirement was made on 4 February 2016.**

#### Action taken on previous requirement

The provider had not met this condition of registration. We reached this conclusion because we saw a number of radiators did not have cool to touch radiators.

## Not met

### Requirement 4

The provider must comply with condition 6 of the conditions of registration and ensure that a staff training needs analysis is developed. This is in order to comply with the Public Services Reform (Scotland) Act 2010, section 60(2). Timescales: For completion by the 30 November 2015.

**This requirement was made on 4 February 2016.**

#### Action taken on previous requirement

The provider had met this condition of registration.

The provider should apply to the Care Inspectorate to have this condition removed from the service's conditions of registration.

## Met - within timescales

### Requirement 5

Following a complaint investigation the following requirement was made.

The provider must ensure that meals on offer to residents are nutritionally well balanced. In order to do this the provider must within two weeks:

- a. Plan menus effectively considering the food likes and dislikes of residents and the collected knowledge of staff and relatives, (where appropriate) who know residents needs and preferences well.
- b. Ensure that suitable options are available at all times for any resident requiring a therapeutic diet.
- c. Ensure there are appropriate foods available out-with main mealtimes.
- d. Continue to monitor food quality and choices.

And within eight weeks:

- e. Have the nutritional content of dishes analysed to ensure their nutritional adequacy.

This is in order to comply with Regulation 3 Principles and Regulation 4 (1) (a) Welfare of users of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This also considers the National Care Standards (NCS) for Care Homes for Older People, Standard 13 Eating well. And, Standards for Food, Fluid and Nutritional Care, Health Improvement Scotland October 2014.

Timescale for implementation: Within two weeks implement 1 (a), (b), (c) and (d). Within eight weeks implement 1 (e).

**This requirement was made on 21 June 2016.**

#### Action taken on previous requirement

The provider had met this requirement.

While enough progress had been made to demonstrate that the provider was trying to improve the quality of service in this area, there remain areas that could be improved. As such we will make a recommendation that the service continues to develop in this area. This is discussed under quality theme 1 where a recommendation will be made.

**Met - within timescales**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

It is recommended that the provider reviews how residents' meals are served. This should include the suitability of the size of plates, use of adapted crockery, hand washing facilities, and covering meals when taking to bedrooms. This is in accordance with the National Care Standards, Care homes for older people, Standard 13 - Eating well.

**This recommendation was made on 4 February 2016.**

#### Action taken on previous recommendation

The provider had made progress toward implementing this recommendation, for example the use of adapted cutlery, suitability of plate sizes and covering meals when taking these to residents' bedrooms. However, how meals are served still needs to improve. This is discussed under quality theme 1 where an amended recommendation will be made.

#### Recommendation 2

The service provider should ensure that they meet the health and welfare needs of residents with regards to the management of medication in line with current best practice guidance. This includes keeping accurate, legible records of all prescribed medicines ordered, taken or not taken and signatures.

This is in accordance with the National Care Standards, Care homes for older people, Standard- Management and staffing arrangements, Standard 15 - Keeping well - medication.

**This recommendation was made on 4 February 2016.**

## Action taken on previous recommendation

The provider had implemented this recommendation.

## Recommendation 3

The service should continue to develop personal plans in line with the National Care Standards to ensure they fully reflect the preferences of individuals regarding their care and support, activities and spiritual needs. Care plans and risk assessment should be reviewed and updated following accidents, incidents or changes to care needs. This is in accordance with the National Care Standards, Care homes for older people, Standard 6 - Support arrangements.

**This recommendation was made on 4 February 2016.**

## Action taken on previous recommendation

The provider had not implemented this recommendation. This is discussed under quality theme 1, where the recommendation will be made again to give the provider time to fully implement it.

## Recommendation 4

It is recommended that the provider should ensure that infection control procedures are followed to prevent the risk of the spread of infection. This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

**This recommendation was made on 4 February 2016.**

## Action taken on previous recommendation

The provider had not implemented this recommendation. This is discussed under quality theme 2, where the recommendation will be made again to give the provider time to fully implement it.

## Recommendation 5

It is recommended that the provider review the regularity of maintenance equipment checks to ensure all equipment is safe to use. Maintenance records should record details of the action to be taken when defects are identified, the person responsible for the action and the expected timescales for completion. This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

**This recommendation was made on 4 February 2016.**

## Action taken on previous recommendation

The provider had not fully implemented this recommendation. This is discussed under quality theme 2, where the recommendation will be made again to give the provider time to fully implement it.

**Recommendation 6**

The provider should ensure that all staff are recruited safely and in line with best practice guidance: 'Safer Recruitment Through Better Recruitment' 2007 This takes into consideration the National Care Standards, Care home for older people, Standard 5 – Management and staffing arrangements.

**This recommendation was made on 4 February 2016.**

**Action taken on previous recommendation**

The provider had not implemented this recommendation. This is discussed under quality theme 3, where the recommendation will be made again to give the provider time to fully implement it.

**Recommendation 7**

It is recommended that the provider continue to assess staff competency in the work they are to perform. Any action resulting from competency assessments should be recorded in writing. This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 – Management and staffing arrangements.

**This recommendation was made on 4 February 2016.**

**Action taken on previous recommendation**

The provider had not implemented this recommendation. This is discussed under quality theme 3, where the recommendation will be made again to give the provider time to fully implement it.

**Recommendation 8**

It is recommended that the provider ensures that new staff are supported during the induction period and not left unsupervised with residents until assessed as capable. This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 – Management and staffing.

**This recommendation was made on 4 February 2016.**

**Action taken on previous recommendation**

This recommendation had been implemented.

**Recommendation 9**

Following a complaint investigation the following recommendation was made.

The manager should ensure that all those working within the service have an up to date Protection of Vulnerable Group (PVG) check carried out and received back prior to the person taking up post in the service. The National Care Standards (NCS) for Care Homes for Older People, Standard 5.5 Management and staffing arrangements.

**This recommendation was made on 21 June 2016.**

**Action taken on previous recommendation**

This recommendation had not been implemented. This is discussed under quality theme 3, where the recommendation is repeated.

## Complaints

Please see Care Inspectorate's website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings	
4 Feb 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

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