

Rawyards House Care Home Care Home Service

Motherwell Street
Airdrie
ML6 7HP

Telephone: 01236 761611

Type of inspection: Unannounced
Inspection completed on: 18 January 2017

Service provided by:
RH Independent Healthcare Limited

Service provider number:
SP2003002430

Care service number:
CS2003010591

About the service we inspected

Rawyards House Care Home offers accommodation in a converted villa house and attached purpose-built extension with an adjoining conservatory cum lounge area. It is conveniently situated for public transport routes and is within walking distance of local shops and community amenities in the Airdrie area.

The registered provider is RH Independent Healthcare Ltd with correspondence address managed by Regional Manager, Abbey Healthcare Ltd.

The service is registered for eighty-eight persons of which up to forty may have dementia. The four units are:

- Connell - places offering palliative care
- Ash - places for frail elderly
- Cedar and Cedar Grove - places for frail elderly
- Beech - places for persons with Dementia or cognitive impairment.

The front door was accessible by a flight of stairs and optional ramp access to the rear of the property directly from the rear car park. There was a secure door entry system with keypad functionality on both these doors.

All bedrooms were single occupancy and a number had been personalised to the individual's taste offering a homely feel. Service users had access to communal toilets and bathing facilities and in each unit a lounge and separate dining room or a lounge cum dining room area was also available.

Although the finance had been confirmed in summer 2016 the service had still not replaced the smoke room which was removed from Cedar Unit in summer 2014 for those nine persons who choose to smoke.

There are passenger lifts for ease of access to the upper floors of Connell and Beech Units.

There is a designated maintenance person whose duties include the upkeep of the grounds. The enclosed, but not secure garden is situated between the two buildings where residents and their friends and relatives can do some gardening or sit out weather permitting.

On the day of the inspection Rawyards House had seventeen vacancies.

How we inspected the service

This unannounced follow up inspection took place on 16 and 17 January 2017 between the hours of 10:00am and 4:30pm. At this inspection the four inspectors followed up the progress from all regulatory activity and the requirements and recommendations from the August 2016 inspection.

The feedback was given to the regional manager, manager, depute and three trained staff who are the unit managers in Cedar, Ash and Connell, on 18 January 2017 between 12:00pm and 3:30pm.

We gathered information from the following sources:

- personal plans sampled
- additional monitoring charts
- staff recruitment, training and supervision
- quality assurance systems

- accident/incident reports
- monthly dependencies and staff rotas.

In the absence of the manager we briefed the deputy manager who was the officer in charge of the plan for this follow up inspection.

During the inspection we were approached by members of staff who wished to participate in the inspection process. The theme from these interviews with the employees was that the service is poorly performing and itemised such things as access to dining equipment; Service users lack of choice of snacks to accompany cups of tea and also accessing their own funds; staffing matters such as skill mix and deployment and impact on activities due to staff sick leave. The concluding view from the interviewees was that it was very frustrating and had an impact on the standard of care delivered. Matters raised at meetings but to no avail.

We listened to these concerns and concluded that the staff using their professionalism, work hard to carry out care to the highest level and go out of their way to make service users' daily life as happy as possible. This is counterbalanced against their perceptions that employees' views are not listened to nor can they influence change and improvements for people who use the service.

As the manager had not been present during the inspection he was invited to give an overview of what has taken place at Rawyards, since the last inspection, before commencing the formal feedback meeting.

The manager gave a resume that the service was now using the provider's recommended dependency tool (RFC), and not Isaac and Neville, which the service felt gave a better overview of needs, dependency and interventions. The residents had been surveyed regarding the quality of the food, but this feedback had not yet been analysed or impacted on the day-to-day meals or the care home's budget for purchasing foodstuffs. The environmental improvement work, identified on previous inspection evidence, had not yet been fully implemented although two new hot water boilers had been installed; twenty new chairs had been purchased for Beech Unit and the Nurse Call System was in the process of being upgraded with only Ash Unit to be completed. Staff recruitment was continuing to fill the internal vacancies, but it was challenged by the increase in absence levels of present staff group.

During the inspection the regional manager provided an updated care home environmental document with timescales and completion dates for the work identified. This document indicated that the provider had an expectation it would be a further twelve to sixteen weeks until the full refurbishment and redecoration would be completed.

We concluded at feedback that the evidence provided at this inspection identifies that the service has commenced or made some progress since the August 2016 inspection to improve outcomes for people who use the service. However, there was a lack of evidence that in the last six months the pace of progress by the service provider to complete the requirements and recommendations has not been met.

Taking the views of people using the service into account

A few residents in Cedar unit were observed to be playing dominoes or sitting in a cosy corner reading a magazine.

Prior to inspecting the service we received one completed Care Standards Questionnaire (CSQ) from someone who uses the service and ticked the box that they agreed satisfied overall.

Taking carers' views into account

Prior to inspecting the service we received five completed CSQs from relatives and carers of people who use the service:

- 40% strongly agreed satisfied overall with the service.
- 60% agreed satisfied overall with the service.

Quotes from the questionnaires:

- "Connell wing is run efficiently and with respect to their patients".
- "More time should be taken when they are eating to make sure that they have enough to eat. Sometimes I have found that there is not enough staff in the ward at certain times. 7/10".
- "Thanks to the management and all the staff at Abbey Care Home Airdrie for all their hard work".
- "Mrs X has mixed Dementia and at times is not capable of making decisions about her care. Needs assistance to move out to the garden etc which the carers help her with when required".

Spoke with family members who regularly visit their relative, who intimated that "staff are brilliant". The family members were full of praise and quote "Mr X wouldn't be here today if it wasn't for Rawyards". They always felt Mr X was well presented and his wishes were met during his eighteen month residency.

When inspector spoke to Mr X he was entertaining his relatives in the shared lounge room. When asked what his plans were for the rest of the day his response was not as positive as the family members.

The activities co-ordinator indicated that it had been "Fish & Chips Saturday and everyone had enjoyed that".

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

Previous requirements

Requirement 1

The provider and management must, through their in-house process and systems review and monitor the content of the new documentation contained in the care plans to ensure:

- the care plan is person-centred
- informative of and to the service user, their advocate and staff
- promote independence
- contain necessary risk assessments, for example tissue viability
- clearly state the outcomes for the individual
- the service received and delivered are scrutinised through the review process.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users - A provider must make provision for the health, welfare and safety of service users and Regulation 5 - Personal Plans.

National Care Standards for Care Homes for Older People - Standard 6: Support Arrangements

Timescale for improvement: To start immediately and be completed within eight weeks of the publication of this report.

This requirement was made on 15 December 2014.

Action taken on previous requirement

We looked at the information recorded within a small sample of personal plans. Our observations and areas for improvement of the care plan contents were communicated to the service during the feedback meeting. The areas covered were:

- Index at front of care plan should be updated at a frequency determined by the service and reflects the current content.
- Where fluid charts were in use for an individual, it did not state the required daily target even though the form provided a place to detail this information to prevent dehydration and improved outcomes for individuals.
- To prevent any confusion when calculating dependency scores the person who completes the RFS Dependency Tool should be aware that the top column relates to multiple rooms and/or persons, which is an infrequent occurrence in most care homes.
The service state the dependency score was not affected by the wrong form being completed.
- The care plan could benefit from more specific information on meaningful activities. It is good that the care service is using 'Jackie Pool' system for activities but they do lack detail of 'What and When and Where' the individual wishes to carry out their activity choices. Residents report being bored due to lack of meaningful activities and opportunities for appropriate outings.
- The completed assessment and review of 'locked doors' documentation is not fully evident within the care plan. Staff were aware that there is to be a change in future management of door key assessment.

The care plans were checked monthly and changes of individual's status recorded but this did not always result in the care plan being updated or rewritten.

Timescale for improvement: To be completed by 31 March 2017, due to previous timescale:

Not met

Requirement 2

Essential work and repairs must continue to the home environment both internally and externally ensuring it is decorated and maintained to a high standard. The service provider must ensure the environment is appropriate to meet the care and support needs of each resident including those who are living with dementia.

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 10(1)(a)(b)(d) - Fitness of Premises.

Timescale: To commence immediately and completed within three months from receipt of this report.

This requirement was made on 18 February 2016.

Action taken on previous requirement

The environmental improvement work, identified on previous inspection evidence, had not yet been fully implemented or completed.

The provider had completed the installation of two new hot water boilers in December 2016.

In Beech Unit twenty new high back chairs had been purchased. We observed the material that the new chairs were made of and questioned the service if they felt they would cause skin integrity issues, after lengthy use of in hot weather. The care service indicated that these were only a temporary measure and would be being replaced.

The Nurse Call System was in the process of being upgraded with only Ash Unit to be completed. We observed that in not all areas were the pull cords in situ in the recent installation nor were all pull cords fully reaching the floor so that residents could access in an emergency.

The regional manager provided an updated care home environmental document with timescales and completion dates for the work identified. This document indicated that the provider had an expectation it would be a further twelve to sixteen weeks, April 2017, until the full refurbishment and redecoration would be completed.

Timescale for improvement: To be completed by 31 March 2017, due to previous timescale:

Not met

Requirement 3

The provider must protect the health and wellbeing of all people, staff and residents, but with a focus on specific individuals who previously used the smoke room sited in Cedar Unit until summer 2014, but have not identified suitable venue now within the building.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) -Welfare of Users - A requirement to make proper provision for the health and welfare of users and takes account of:

Smoking, Health and Social Care Legislation (Scotland) Act 2005

National Care Standards for Care Homes for Older People - Standard 9: Feeling Safe and Secure

Timescale for completion: To start immediately and be completed within four weeks of publication of this report.

This requirement was made on 18 February 2016.

Action taken on previous requirement

The care home has not had a suitably identified smoke room or area for the persons whose choice it is to smoke, regardless of the weather or the season.

There was a lack of risk assessment documentation relating to the present temporary smoke area, which appeared to be an internal area and residents health and welfare. There was no visible impact documentation and calculation on the off-duty rota regarding staffing levels to compensate for frequently leaving the floor when escorting and supervising smokers. The evidence presented regarding communication between parties focussing on this facility was over two years old and no reasonable reason given why there had been a continued delay after the August 2016 inspection.

The manager advised that the facility is being built off site and should be in situ, the internal garden area, possibly by end of January 2017. There was no confirmation for installation date and the services it would provide to protect residents wishing to access the exterior facility.

Timescale for improvement: To be completed by 31 March 2017, due to previous timescale:

Not met

Requirement 4

The provider must ensure that the provider's policies and procedures for the recruitment and induction of new employees is adhered to protect the health and welfare of people who use the service.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(b) - Staffing - A provider having regard to the size and nature of the care service, the statement of aim and objectives and the number and needs of service users - (b) Ensure that persons employed in the provision of the care service receive - (i) Training appropriate to the work they are to perform; and (ii) Suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

Timescale for improvement: To start immediately and be completed within eight weeks of publication of this report.

This requirement was made on 18 February 2016.

Action taken on previous requirement

The sampled personnel files for new employees induction record sheet had been signed at the end of day one, but no record that the individuals' competency to practice had been examined at this time. The service indicates they use Part 3 of the Induction form to record the individuals competency levels.

Two courses on the generic training plan have been cancelled due to events outwith the control of the care home but has resulted in a percentage of staff learning to be out of date which could have a detrimental effect on the standard and quality of care and support received by the people who use the service.

Timescale for improvement: To be completed by 31 March 2017, due to previous timescale:

Not met

Requirement 5

The provider must ensure that the contents of the training matrix and outcome action plan, identifying timescales for course attendance to meet registration requirements and timescales and plans for continued service development. The courses must be relevant to roles and responsibilities and creates a suitably trained workforce to meet the assessed needs of the people who reside at Rawyards Care Home.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(b) - Staffing - A provider having regard to the size and nature of the care service, the statement of aim and objectives and the number and needs of service users - (b) Ensure that persons employed in the provision of the care service receive - (i) Training appropriate to the work they are to perform; and (ii) Suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

Timescale for improvement: To start immediately and be completed within eight weeks of publication of this report.

This requirement was made on 18 February 2016.

Action taken on previous requirement

The care service provided an action plan and was aspirational in how they would complete the requirement.

The service stated they would ensure the correct paperwork is completed for each new member of staff. However, those files sampled, the recruitment identification documents were not always signed off as the "original" seen, when it was seen and by whom.

We observed that the learning plan was a generic plan as in a training matrix, but there was no further evidence provided focussing on the recording of the needs of the individual staff member and method for meeting these training needs.

The employees learning is supported by the NHS training framework and the calendar is available. The service has no system to direct employees or evidence that they ensure the staff uptake of these events. There was a lack of evidence how the service offers flexible methods for studying to provide support to the staff and their continued registration with the appropriate bodies.

Timescale for improvement: To be completed by 31 March 2017, due to previous timescale:

Not met

Requirement 6

The provider must ensure a consistent and sustainable support to the manager and employees at Rawyards Care Home to ensure that the aims and objectives of the care service are met and that staff are in sufficient numbers and have the necessary competency levels to ensure positive outcomes for all persons who use the care service and their advocates.

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)(a) - Welfare of Users and Regulation 15(b)(i) - Staffing.

Timescale: To start immediately and be completed within four weeks of publication of this report.

This requirement was made on 18 February 2016.

Action taken on previous requirement

The manager has been supported by the managers' monthly meetings. Support from the depute and senior management staff with the day-to-day running of Rawyards. The regional manager visits regularly over a week and month and completes in-house inspections with areas for action. The provider has made financial commitments for the upgrading of the care home and a timeframe of end March 2017 for completion.

Met - outwith timescales

Requirement 7

The provider must review the present staffing each resident's dependency level and provide the calculations, collated evidence and action plan to the regulator for further discussion. The provider must ensure that the outcome of assessed need is reflected in the staffing numbers, which may fluctuate on a shift to shift basis to meet resident's needs and the skill mix to reflect the outcome of this review process. Rawyards Care Home must note that the staffing schedule reflects the minimum staffing levels for eighty-eight service users. This calculation does not factor in any fluctuations in assessed needs and dependencies for each individual or take cognisance of the environment they live in; individuals' lifestyle choices; the deployment of staff; how other roles and responsibilities of staff have been factored in to minimise impact on direct care delivery hours by staff such as laundry duties or catering duties.

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 15(b)(i) - Staffing.

Timescale: To start immediately and be completed within four weeks of publication of this report.

This requirement was made on 18 February 2016.

Action taken on previous requirement

The care service under the guidance of the manager is striving to employ new nursing and care staff, but when necessary they hire staff from a registered nurse agency. The provider has evidence that the level of agency staff is now minimal over a week.

The care home uses the provider's preferred dependency tool RFS to calculate the care needs of the residents and translate this into required employment hours. The information collated from this document is included in the home manager's monthly audit and report which the provider can then scrutinise to ensure the eighty-eight residents assessed social and health care needs are met by the provision of a necessary staffing levels and skill mix.

The service does not have a quality assurance system that clearly indicates the staff off-duty has infrequent or frequent fluctuations of staffing levels as an outcome of the scoring from the use of the dependency tool. For example staffing levels could be depressed by not including all of the needs in the dependency tool, in particular new persons to the units are not allowed the additional dependency score for the set up and initial care requirements.

Not met

Requirement 8

The provider must ensure that at all times suitably qualified and competent persons are working in the service in such numbers as are appropriate to meet the health and welfare of service users.

(i) The provider must ensure an accurate review of each individuals dependency needs are calculated over a 24 hours period depending on their changing healthcare needs. These calculations must be taken into account which may require an increase in staffing at given times.

(ii) Staff recording the dependency of each resident must receive training and have an understanding of the information they are required to record in order to provide an accurate assessment. These assessments must include the physical, psychological, recreational needs and environmental layout of the home.

(iii) There must be a suitably qualified and competent person allocated to manage the home in the absence of the manager. Implement a system to ensure that staff are formally supervised, supported and monitored to enable them to improve their practice and competency in line with the training and support they have received.

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 15 – Staffing.

Timescale for Improvement: To start immediately and be completed within four weeks of publishing this report.

This requirement was made on 17 August 2016.

Action taken on previous requirement

During feedback the service were provided with observations of progress and areas for continued improvement regarding the three elements of this requirement.

The evidence of recruitment process could be more robust in recording that all new staff only commence direct service user contact on receipt of all necessary results of checks were in place. The interview process and probing questions utilised to capture gaps in employment history or reasons for leaving last employer as references only provide basic employment details.

New employees receive a letter regarding registering with the Scottish Social Services Council during their induction period. However, there was a lack of system to ensure all care staff realise the consequences for not registering with the within given timescales, or retaining their membership and completing their conditions of registration. All staff are provided with elearning access but we observed that not all staff were on the training plan provided during the inspection.

Evidence from record keeping for a twelve week period were examined with regard to the use of RFS Dependency Tool and note the outcome scores do not account of all aspects of needs, particular the needs of new admissions. The tool does not have the capacity to substitute titles or staff grades reflected in specific care homes and therefore may skew the results. For example too many carers and insufficient nurses rather than nurses, senior carer assistants and care assistants cannot be assured.

Staff training for use of the dependency tool was delivered as part of the staff meeting. There was a lack of evidence that the service has a quality assurance system in place that after receiving the dependency tool training staff competency checks had taken place.

The service users' files which were sampled did not include a record that all needs identified in the files triggered a new dependency score when individuals needs changed, rather it was a tool that was completed monthly and not in between.

Progress has been made to develop a matrix that identifies who has received practical or face to face supervision and when this took place.

There are discrepancies in that the frequency is erratic and some staff have never participated in supervision meetings since the last inspection and others have received numerous supervision sessions.

The provider's supervision policy and procedure should be known to all employees and how individual parties are to participate in this quality assurance process and the recording of these discussions should be in the provider's preferred format. The care service plans to include recording through reflective practice of training received as part of the supervision agenda.

The service has put in place a daily co-ordinator with specific roles and responsibilities as well as their full-time duties. In the absence of the manager and depute this co-ordinator would be the supernumerary officer in charge of the care home with ongoing co-ordinator responsibilities. Feedback on this new role of co-ordinator can be that it is very time consuming trying to process the high levels of staff absence and to source cover of these shifts.

At the time of the inspection there was no quality assurance review had yet been completed regarding the efficiency and effectiveness of the 'co-ordinator role'.

Not met

Requirement 9

The provider must develop a clear, written training plan to demonstrate how and when training will be delivered to ensure all staff working in this care service receives training appropriate to their role and which is relevant to meet health, safety and welfare needs of service users. There must be a plan in place to prioritise the following training for all staff:

- Dementia Awareness
- Medication Administration and Accountability
- Management of Stress and Distressed Behaviour
- Wound Care
- Palliative Care
- Tissue Viability and Skin Care
- Infection Control.

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 4(1)(a) - Welfare of Users and 15(b)(i) - Staffing.

Timescale for Improvement: To start immediately and be completed within four weeks of publishing this report.

This requirement was made on 17 August 2016.

Action taken on previous requirement

The action plan received from Rawyards regarding processing the requirements was aspirational and not specific, measured, achievable, reasonable and with timescales.

The training evidence provided notes that five of the topics listed in the requirement have not taken place since the last inspection but are planned to take place in 2017. Three of the listed topics have not been included in the training plan for 2017. There were lots of gaps in training planned and not achieved. There was a lack of systematic nominations to the training available, rather the advertising notice gave an option, rather than a directive.

We note that the service has sent a small number of staff to training for trainers for the topic Dementia. The Dementia staff training planned for the last three months in 2016 was not delivered. Scrutiny of the training attendance reflects the poor attendance and high numbers of employees who are outstanding in the topics specified in the requirement. The matrix does not record all courses, regardless of electronic or group sessions, and topics necessary to provide care and support to the residents, such as Nutrition, Jackie Poole for meaningful activities.

There were a lot of individual competency assessments in place, but no overview of whether these individuals were assessed as competent or any information on what action the care home was taking to address any issues identified. The care plans sampled lacked stress and distress care plans, to meet individual residents which could have reflected the implementation of the Stress and Distress courses delivered to staff by the Care Home Liaison Team.

Not met

Requirement 10

The provider must ensure that the outcome of in-house surveys and advice from action plans provided by visiting agencies such as Scottish Fire and Rescue Service or Environmental Health; the method of communicating these outcomes to the workforce; clearly specify the method to rectify and complete the action plans and the sanctions for failing to adhere to the information and protecting the people who use the facilities from risk of harm.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users and 15(b)(i) - Staffing.

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

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

Timescale for Improvement: To start immediately and be completed within eight weeks of publishing this report.

This requirement was made on 17 August 2016.

Action taken on previous requirement

There was a lack of evidence that the provider had taken timeous responses to the outcome letter from the Scottish Fire and Rescue Services (SFRS) last inspection and were advised that the Care Inspectorate would be contacting SFRS.

There was evidence that the Rawyards manager did not have the financial access to sufficient funds to purchase and order necessary specialised equipment and required to submit a "capex" for the replacement of fire extinguishers. The service advised that they were not out of date but the ones identified that had to be replaced within the next year time frame as they checked on an annual basis.

The outcome of the Environmental Health report had been completed. Staff however continue to ignore the direction regarding the wedging open of external doors from the kitchen area to the garden.

Timescale for improvement: To be completed by 31 March 2017, due to previous timescale:

Not met

Requirement 11

The provider must ensure there are suitable quality assurance systems implemented with a formal action plan provided as evidence to the Care Inspectorate of the activities, effort, timescales and positive outcomes following the issues identified during this regulatory activity such as access to funds for the upkeep, the progress and development of the environment; the implementation of the preferred dependency tool is used to ensure staffing at levels to improve, maintain and sustain the health, recreational and spiritual needs of service users.

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 4(1)(a) - Welfare of Users and 15(b)(i) - Staffing.

Timescale for Improvement: To start immediately and be completed within eight weeks of publishing this report.

This requirement was made on 17 August 2016.

Action taken on previous requirement

Health and safety checks and completion of the providers pro-forma record sheets are not specific and would be difficult to quality assure as to what was checked, who checked the matter, why are some issues such as bedrails checked weekly and what is being checked.

There was a lack of evidence that quality assurance audits, policies and procedures, systems and processes are embedded as part of the ethos of the continuous improvement of this care service to ensure the completion of all regulatory agencies inspection requirements and recommendations, development of the care service and improvement of outcomes for the residents since the last inspection.

Not met

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

Previous recommendations

Recommendation 1

The provider offers no secure garden or has any residents' gardening planning group to ensure the outside space is developed to meet the individuals assessed health and social needs.

National Care Standards for Care Homes for Older People - Standard 5: Management and Leadership

This recommendation was made on 15 December 2014.

Action taken on previous recommendation

The care service has set up a residents', relatives' and staff 'Gardening Group' to design and develop the Sensory Garden.

There is a lot of opportunity for the provider to develop the internal garden into a dementia friendly garden and develop and secure the other areas of the ground to offer facilities and access for all eighty-eight residents as the seasons change to spring and summer.

Not Met

Recommendation 2

The provider and management should review and ensure that the dining experience is informative with menus in a format that is suitable to the needs of all people who use the service. The environment and tables are pleasing to the eye, calm and pleasant atmosphere and are a positive event for all people who use the service.

This recommendation was made on 15 December 2014.

Action taken on previous recommendation

The presentation of tables was pleasant.

Lunch was observed to have choice of starter of fresh fruit or soup, hot main course with potatoes and vegetables and alternative foodstuffs. The portion control was not reviewed at the point of serving. Through interviews it was brought to the inspectors' attention that "there is never enough and the quality is very poor, as the meat or chicken is shared between a number of residents".

Diet and fluid recording paperwork has changed and it was felt this was a positive change as easier to complete.

The service has completed a food survey with the residents, but the care service has yet to collate the findings and implement any changes required.

There was a shortage of protective equipment for staff to offer to the residents when sitting down to lunch and to protect their clothing as they were at the laundry.

Not Met**Recommendation 3**

The provider and management should ensure through training, supervision and monitoring of practice that at all times staff treat people who use the service, their visitors and colleagues with respect and dignity.

This recommendation was made on 15 December 2014.

Action taken on previous recommendation

We observed good practice overall with pleasant interaction, between staff and residents and visitors.

Staff used specialised moving and handling equipment in an appropriate manner, but undermined their own good practice by failing to check and ensure that the residents' dignity was protected throughout the whole event.

Not Met**Recommendation 4**

The provider should ensure there is a procedure in place to review and monitor staff competency levels to put into practice the information received through training courses attended including dignity, respect and choice especially in relation to the individual's appearance.

National Care Standard for Care Home for Older People – Standard 5: Management and Leadership

This recommendation was made on 18 February 2016.

Action taken on previous recommendation

Staff were observed to have access to and used specialised moving and handling equipment in an appropriate manner. This good practice was undermined by failing to check and ensure that the residents dignity was protected throughout the whole event.

There was evidence that competency of staff to implement training received has now been put in place, but training records reflect that not all staff are up to date with all training courses available and this could compromise outcomes for residents.

Not Met

Recommendation 5

The provider should review the communication needs of people who use the service and ensure that staff have capacity and skills to meet these needs and have access to appropriate equipment and outside space to meet the individuals assessed health and social needs.

National Care Standards for Care Homes for Older People – Standard 5: Management and Leadership

This recommendation was made on 18 February 2016.

Action taken on previous recommendation

More specific information in the care plans, on meaningful activities regarding each individual, containing a copy of assessment of likes and dislikes of hobbies, keeping in touch with your community, how often the resident wants it to take place, if it took place and its effectiveness. Care plan for communication needs should be clear and informative, reviewed and updated regularly, normally monthly.

We did not observe any service users making use of any recognised communication tools or this topic on the training calendar for 2017.

Met

Recommendation 6

The service should perform a risk assessment on the residents' capacity to manage their finances on admission to the service and on an ongoing basis and be encouraged by staff to exercise as active a role as possible in the management of their finances in accordance with:

Adults with Incapacity (Scotland) Act 2000 – Guidance for Managers – Code of Practice – 6.14, 6.13, 1.17.5, 6.26, 6.29, 7.12-17.

National Care Standards for Care Homes for Older People – Standard 9: Feeling Safe and Secure

This recommendation was made on 18 February 2016.

Action taken on previous recommendation

There is a delay in residents accessing their own finances, as the impression that staff and residents have is the service like a few days to get money together.

This is a breach of the residents' rights and the provider must review the matter immediately.

The Care Inspectorate raised the issue as an Adult Support and Protection matter on behalf of specific residents with the Social Work department of the Local Authority.

Not Met

Recommendation 7

The provider should ensure that the training plan contains topics that meet the focus raised by the Scottish Government, Dementia - Promoting Excellence and Stress and Distress.

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

This recommendation was made on 18 February 2016.

Action taken on previous recommendation

The planned Dementia training had not taken place and a number of staff are overdue their Dementia Awareness training.

Stress and Distress training had been delivered to a number of staff, but the record keeping could be clearer as to who did or did not attend the courses.

Not Met

Recommendation 8

The provider should review the implementation and outcomes of their quality assurance system and process and its impact on the day-to-day lives of people who use the service.

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

This recommendation was made on 18 February 2016.

Action taken on previous recommendation

The manager completes the monthly 'Home Manager Report' which is sent to the provider.

The regional manager completes an in-house inspection and provides the manager with written feedback and identifies areas for improvement.

The service through its quality assurance and audit processes collects data, but the outcome of in-house and external agency action plans could be more influential to the continuous improvement of the care home service delivered and received.

Not Met

Recommendation 9

The service should review the accessibility to fluids throughout the day by individuals who are able to service themselves and for staff to regularly dispense regularly taking account of the environmental temperature. Staff

should be trained and knowledgeable about the impact and side-effects of dehydration on an individual and to protect the people who use the facilities from risk of dehydration.

National Care Standards for Care Homes for Older People - Standard 5: Management and Staffing Arrangements and Standard 13: Eating Well

This recommendation was made on 17 August 2016.

Action taken on previous recommendation

Lunch was observed being served from heated bain-marie. Residents were provided with choice of starter of fresh fruit or soup, hot main course with potatoes and vegetables and alternative foodstuffs. All items were well presented and enjoyed by the residents.

Each unit has its own pantry area with fridges that provide temperature controlled storage for jugs of juice, yoghurts and other soft puddings. There were regular offerings of tea with fruit or biscuits.

The service has completed a food survey with the residents, but the care service has yet to collate the findings and implement any changes required.

Met

Recommendation 10

The service should ensure staff are trained appropriately for the promotion of good nutrition and eating well. The service should review the overall dining experience throughout the care home, presentation of tables, meals and accompaniments to stimulate the senses and encourage consumption of calories to protect the people who use the facilities from risk of weight loss or infection.

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

This recommendation was made on 17 August 2016.

Action taken on previous recommendation

The information the service collate regarding training requirements for Rawyards staff shows that there are a large number of staff whose Nutrition training is overdue. A lack of knowledge by staff of nutritional matters for individual residents could compromise their health and welfare.

The planned Nutrition training for 2017 has already been cancelled although there are further dates for roll out in 2017.

Not Met

Recommendation 11

The service should review the overall storage capacity available and usage thereof within the care home to reduce compromising choice, accessibility to areas such as the lounge, and to protect the people who use the facilities from risk of harm.

National Care Standards for Care Homes for Older People - Standard 4: Your Environment and Standard 9: Feeling Safe and Secure

This recommendation was made on 17 August 2016.

Action taken on previous recommendation

Small number of items of equipment were still being left in the communal areas where residents gather and could compromise their safety when mobilising.

We observed that freedom of choice is compromised for people who use the service, because the individual cannot always access their own bedrooms, familiar items and safe surroundings whenever they wish because the bedroom doors are kept locked.

We observed that a number of lounges in Ash and Beech Unit cannot be utilised by people who use the service or their visitors as they have no furniture in the space.

The quality and appearance of furnishings in Ash, Beech and Cedar Units is tired and require to be upgraded in the outstanding refurbishment plan.

Not Met**Complaints**

Please see Care Inspectorate website (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	
17 Aug 2016	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
19 Feb 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
21 Aug 2015	Unannounced	Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
15 Dec 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
12 Sep 2014	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
9 May 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	1 - Unsatisfactory
16 Dec 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
25 Apr 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	Not assessed
14 Dec 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
25 Jul 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	Not assessed
		Management and leadership	3 - Adequate

Date	Type	Gradings	
16 Mar 2012	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	Not assessed
9 Aug 2011	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	Not assessed
12 May 2011	Unannounced	Care and support	Not assessed
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	Not assessed
12 Jan 2011	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
2 Nov 2010	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
4 May 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
13 Nov 2009	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
23 Mar 2009	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak

Date	Type	Gradings	
29 Jul 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak

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