Inspection report

Queens House
Care Home Service
Angraflat Road
Kelso    TD5 7NS

Inspected by: Janette Bishop
(Care Commission Officer)
Type of inspection: Announced
Inspection completed on: 20 September 2006
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<th><strong>Service Number</strong></th>
<th>CS2003009188</th>
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<td><strong>Service name</strong></td>
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| **Service address** | Angraflat Road  
Kelso   TD5 7NS |
| **Provider Number** | SP2003001975 |
| **Provider Name**  | Queens House (Kelso) Ltd |
| **Inspected By**   | Janette Bishop  
Care Commission Officer |
| **Inspection Type** | Announced |
| **Inspection Completed** | 20 September 2006 |
| **Period since last inspection** | 8 months |
| **Local Office Address** | South East Region  
Unit 10a Ground Floor  
Galabank Business Park  
Wilderhaugh  
Galashiels  
TD1 1PR |
**Introduction**

Queen's House is a purpose-built facility on the outskirts of Kelso. It was registered with the Care Commission on the 1st April 2002 to provide care service for a maximum of 32 older people. The Home is situated in its own ground and has a small courtyard garden which residents can access directly from their own rooms. All accommodation is on the one level and all rooms are single with en suite facilities. The Home is run by a management committee.

**Basis of Report**

This service was inspected after receiving a Regulation Support Assessment (RSA) to determine what level of support was necessary. The RSA is an assessment undertaken by the Officer which considers: complaints activity, changes in the provision of the service, the nature of notifications made to the Care Commission by the service, action taken upon requirements etc.

This service was required to have a LOW level of support that resulted in an inspection based on the inspection theme and any recommendations and requirements from previous inspections, complaint or other regulatory activity.

The provider completed the electronic documentation which included an Annual Return and Self-evaluation prior to inspection.

The inspection was announced and took place on the 20th and 22nd September 2006. During the inspection the Care Commission Officer spoke with:
- the manager and representative of the committee
- nursing and care staff
- the chef
- residents and their representatives
and observed the interactions between staff and residents.

The Care Commission Officer also looked at a range of policies, procedures and records including the following:
- personal plans
- risk assessments in relation to safety and fire
- menu plans
- fire records

The Care Commission Officer took all of the above into account and reported whether the service was meeting the Inspection Themes which are related to the following National Care Standards, Care Homes for Older People:

- Standard 4: The environment
- Standard 5: Management and staffing arrangements
- Standard 13: Eating well

**Action taken on requirements in last Inspection Report**

No requirements were made at the last inspection.

**Comments on Self-Evaluation**
The self-evaluation form was completed on line prior to inspection. The documentation reflected the findings at inspection.

**View of Service Users**  
Eleven service users were spoken with at inspection. All comments were very complimentary about the service, the quality of care they received and the responsiveness of staff. The interactions observed between the residents and staff were warm and respectful.

**View of Carers**  
Relatives expressed their satisfaction with the service, stating that they were always made welcome and kept well informed.
Regulations / Principles

Regulation:

Strengths

Areas for Development

National Care Standards

National Care Standard Number 4: Care Homes for Older People - Your Environment

Strengths

This inspection focused on the access to single bedrooms, therefore not all aspects of this standard were examined. Only standard 4.10 was reported on.

All bedrooms in the home were single with ensuite facilities.

Areas for Development

None identified at this inspection.

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

Strengths

Not all areas of this standard were inspected by the Care Commission Officer. The focus of the inspection was in relation to Safe Recruitment Practices and Fire Safety.

An audit of the service’s safer recruitment policies and procedures has been carried out by the Care Commission resulting in no recommendations or requirements being made in this inspection report.

A fire risk assessment was in place for the premises. This was regularly reviewed by the manager.

All staff spoken with were aware of the actions to take in the event of fire. Staff participated in training in the use of fire extinguishers.

All fire safety equipment was regularly maintained.

Areas for Development
The provider should consider developing a system for re checking disclosures.

A selection of statements on fire safety and the actions to take in the event of fire were available to all staff. The manager planned to review and include this information in a new fire safety policy. At the time of the inspection the emergency fire action plan was in the process of review. The draft was available for the Officer to inspect. These documents should be put in place as a matter of priority.

Staff received fire safety training as part of their induction however there was no fire safety training following on from this.
(See requirement 1).

Not all staff had participated in a fire drill in the last 12 months.
(See requirement 2).

At the time of inspection four bedroom doors were wedged open. The residents had requested that their doors be left open and the matron had risk assessed the situation in relation to the room occupants however this could still cause a risk to others in the event of fire. Following discussion alternatives means of securing doors in an open position will be explored.
(See requirement 3).

**National Care Standard Number 13: Care Homes for Older People - Eating well**

**Strengths**

Not all the areas of this standard were inspected.

Clear written management guidelines were in place for residents nutritional care.

Residents were weighed regularly and BMI's recorded. The recording sheets evidenced that the appropriate actions were taken when concerns were identified.

Hot and cold drinks were freely available. Where the staff expressed concerns that a resident was taking inadequate fluids this was monitored, recorded and the appropriate action taken.

A choice of main dishes was available each day. The menu was rotated and included an extensive range of dishes which ensured five portions of fruit and vegetables. The chef and caring staff were aware of the individual dietary needs and special diets were catered for. Fruit was freely available and could be chopped or pureed on request.

Comments from residents and their relatives was very complementary about the quality, choice and availability of food.

**Areas for Development**

The recording sheets contained information on the actions taken by staff to address nutritional concerns however for some residents there was no corresponding care plans.
(See recommendation 1).
Enforcement
No enforcement action has been taken against this service since the last inspection.

Other Information
Staff spoken with felt that there were ample opportunity for training. They were enthusiastic when speaking about the service they delivered.

Requirements
1. All staff must receive refresher training every 6 months on fire safety. A record of this should be kept.
   This is in order to comply with The Regulation of Care (Requirements as to Care Services)(Scotland) Regulations 2002, Scottish Statutory Instruments 114 regulation 13(c)(1) - staffing.
   Timescale: within 2 months from publication of this report. The provider should consider developing a system for re checking disclosures.

2. At least two planned fire drills should take place each year and all staff must participate in at least one.
   This is in order to comply with The Regulation of Care (Requirements as to Care Services)(Scotland) Regulations 2002, Scottish Statutory Instruments 114 regulation 19(3)(c) - records.
   Timescale: within 2 months from publication of this report.

3. The practice of wedging open fire doors must stop.
   This is in order to comply with The Regulation of Care (Requirements as to Care Services)(Scotland) Regulations 2002, Scottish Statutory Instruments 114 regulation 4(1)(a) - health and welfare of service users.
   Timescale within 24 hours from publication of this report.

Recommendations
1. All residents care plans should contain the actions to be put in place to address identified needs in relation to food, fluid and nutritional care.
   This takes account of the National Care Standards, Care Homes for Older People Standard 13 - Eating Well.

Janette Bishop
Care Commission Officer