Inspection report

Thornfield House
Care Home Service
9/10 Thornfield Avenue
Selkirk    TD7 4DT

Inspected by: Dave Hutchinson
(Care Commission Officer)
Type of inspection: Unannounced
Inspection completed on: 27 April 2007
<table>
<thead>
<tr>
<th><strong>Service Number</strong></th>
<th><strong>Service name</strong></th>
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<tr>
<td>CS2005104373</td>
<td>Thornfield House</td>
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<tr>
<th><strong>Service address</strong></th>
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| 9/10 Thornfield Avenue  
Selkirk   TD7 4DT |

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<tr>
<th><strong>Provider Number</strong></th>
<th><strong>Provider Name</strong></th>
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<tr>
<td>SP2005950458</td>
<td>Mr Jim and Mrs Vivien Armstrong</td>
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<th><strong>Inspected By</strong></th>
<th><strong>Inspection Type</strong></th>
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| Dave Hutchinson  
Care Commission Officer | Unannounced |

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<tr>
<th><strong>Inspection Completed</strong></th>
<th><strong>Period since last inspection</strong></th>
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<tr>
<td>27 April 2007</td>
<td>6 months</td>
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<tr>
<th><strong>Local Office Address</strong></th>
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| Unit 10a, Ground floor,  
Galabank Business Park,  
Wilderhaugh,  
Galashiels.  
TD1 1PR |
Introduction
Thornfield House is a privately owned care home. It is registered to accommodate 25 older people. The home became registered with the Care Commission on 1 April 2002. The home is located in a quiet residential area about half a mile from the centre of Selkirk.

The ownership of the home was taken over by Mr and Mrs Armstrong in November 2005. The aims of the home are described as providing "A secure, relaxed and homely environment in which care, well being and comfort are of prime importance. Carers will strive to preserve and maintain the dignity, individuality and privacy of all service users within a warm and caring atmosphere".

Basis of Report
The report was written following an unannounced visit to the care home on 27 April 2007 by Dave Hutchinson Care Commission Officer. At the time of the visit the service was providing the Care Commission with Annual Return information.

During the inspection, evidence was gathered from a number of sources including:
- Inspection of the staffing rota
- Financial records
- Policies and procedures
- Discussions with service users
- Staff interviews.

Discussion took place with the manager and four members of care staff. The inspection also offered the opportunity to observe staff practice and observe areas of the environment.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of the inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a medium RSA score and so a medium intensity inspection was required as a result. The inspection was then based upon the relevant inspection focus area and associated National Care Standards for the particular service type and a follow up on recommendations and requirements from previous inspections complaints or other regulatory activity. Inspection focus areas were not inspected at this visit these will be taken into account on future inspection visits.

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw.

Action taken on requirements in last Inspection Report
The following requirements were made at the last inspection.

1. It is a requirement that all medication is recorded at the time it is administered.
   To comply with SSI 2002/114 Regulation 4 (1)(a)
   Timescale for implementation; With immediate effect.

   Records sampled indicated that this requirement had been actioned.

2. It is a requirement that financial systems in the care home are improved by:
   Providing a written policy on resident's finances.
   Ensuring that all entries to financial records are signed by two members of staff.
   Ensuring that regular reconciliations are carried out with regard to resident's funds.
   Ensuring that receipts are stored in a manner where they can be easily reconciled with expenditure.
   To comply with SSI 2002/114 Regulation 16(2), 19(3) (h).

   Improvements were noted in all financial records sampled.

**Comments on Self-Evaluation**
Not applicable to an unannounced inspection.

**View of Service Users**
Seven of the twenty two residents were spoken with. Residents gave positive replies to a range of user satisfaction questions. "Very good" and "There is always someone there to help you" were typical of comments made by service users in describing the support that they received from staff. Service users also expressed satisfaction about the food provided, levels of cleanliness in the home and the accommodation provided.

**View of Carers**
It was not possible speak with the relatives or friends of any service users during this visit to the care home.
Regulations / Principles

Regulation:

Strengths

Areas for Development

National Care Standards

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

Strengths

The inspection looked at section 4 of the standard and primarily the support provided to staff.

Staff described the manager and senior staff as approachable and supportive and confirmed that they felt supported to carry out their roles and responsibilities. Supervision was described as regular and informative. Morale and communication within the staff team were also described in positive terms.

Staff confirmed that they were encouraged and supported to keep up to date with policies and procedures. Staff also commented favourably on training opportunities, listing training provided over the previous twelve months.

Areas for Development

None identified at this inspection.
Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

Seven recommendations were made at the time of the last inspection in November 2006.

1. Residents should be provided with written information on contracts and their right to confirmation that the care home meets all relevant legislation.
   National Care Standards, Care Homes for older people, Standard 3, Your legal rights.
   A draft was available and the manager confirmed that this was being progressed. This will be monitored during future visits to the care home.

2. The service provider should provide an action plan indicating how the home will meet Standard 4.10 and offer a single room to any service user who wants to occupy a single room from April 2007.
   National Care Standards, Care homes for older people, Standard 4, Your environment.
   An action plan has been provided.

3. An annual training plan should be provided.
   National care standards, Care homes for older people, Standard 5, management and staffing arrangements.
   This has been done.

4. A written policy on restraint should be provided.
   National care standards, Care homes for older people, Standard 5, management and staffing arrangements.
   Work to progress this recommendation was evident. The manager was made aware of the Mental Welfare Commission guidance in the area in terms of further developing the care homes policy.

5. Support to staff should be improved with the provision of regular supervision sessions and regulator staff meetings.
   National care standards, Care homes for older people, Standard 5, management and staffing arrangements.
   Progress in this area was noted. The manager confirmed that improving recording in this area was being noted.

6. Policy and procedural guidelines should be put in place to ensure that food, fluid and nutritional care are supported by clear management guidelines.
   National Care Standards Care homes for Older People Standard 13 Eating Well.
   Guidelines have been provided.

7. Service users should be screened using a BMI tool to identify service users at risk of under nutrition.
   National Care Standards Care homes for Older People Standard 13 Eating Well.
Progress in this area noted. This will be monitored at future inspection visits. Sitting scales were not available for use by service users unable to stand. (See recommendation 1)

**Requirements**
None at this inspection.

**Recommendations**
1 Seated scales should be provided as part of the process of ensuring systems are in place to identify service users at risk of under nutrition.

National Care Standards Care homes for Older People Standard 13 Eating well.

Dave Hutchinson
Care Commission Officer