

Care service inspection report

Camilla House

Care Home Service Adults

19 Grange Terrace
Edinburgh
EH9 2LF

Type of inspection: Unannounced

Inspection completed on: 26 June 2014



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Service provided by:

European Care (Kler) Ltd

Service provider number:

SP2007008796

Care service number:

CS2006135743

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Summary

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

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

We gave the service these grades

Quality of Care and Support	1	Unsatisfactory
Quality of Environment	3	Adequate
Quality of Staffing	1	Unsatisfactory
Quality of Management and Leadership	1	Unsatisfactory

What the service does well

Residents and relatives who spoke with us were complimentary about the quality of the service and the way staff provided this.

The provider continued to improve the quality of the environment to make the building a more pleasant place for residents to live.

What the service could do better

The care provided in key areas of health care, caused us concern. Because of the serious concerns, the Care Inspectorate has made the decision to take Enforcement action and an Improvement Notice has been issued to the Provider. An Improvement Notice is part of the Enforcement Procedures of the Care Inspectorate. Information is available on the Care Inspectorate website in relation to this.

Whilst we found that some improvements had been made, we continued to have concerns about the standard of service provision and direct outcomes for residents. The concerns are detailed in the report but in summary there needs to be improvement in how residents skin care, oral hygiene, hydration and pain is managed. The recording of how residents care is provided needs to improve so that there is clear guidance to staff about the care the resident needs and how staff must provide this. The deployment of staff at breakfast and morning tea time needs to improve. The provider needs to get better at notifying the Care Inspectorate of significant events.

The action plan, which the provider submitted following the last inspection, detailing how it planned to address the requirements made, had not progressed in the way the provider had stated.

What the service has done since the last inspection

Since the last inspection the provider had taken some measures to try to improve the quality of the service as follows.

The deputy manager has been supernumerary to increase the managerial support available at the service and help implement the provider's action plan to improve the service.

A new regional manager had commenced in post but it is too early to assess the impact this will have in supporting the management team and staff to improve the quality of care.

The activity coordinator was working hard to provide a stimulating environment for all residents with positive outcomes.

Efforts had been made to enhance residents' dining experience and improvement was noticeable at lunch times.

Staff attitude toward residents had improved and staff were more respectful in their approach to residents when carrying out care tasks. We concluded that this must make living at the service more pleasant for residents.

Staff had received moving and handling training. Staff practice was seen to be safer when assisting residents to move position and the correct moving and handling techniques were used.

An administrator had commenced in post. This would ease the burden from the manager who had been responsible for administration while the post was vacant.

Bedroom doors now had locks which afforded residents more choice around privacy.

More recruitment of registered nurses and carers had taken place to fill vacant posts.

Conclusion

The areas of on-going concern are ones that directly impact on the safe and positive care of vulnerable residents and reflect poor professional nursing and care standards.

The provider had failed to make suitable progress with the requirements made at the

previous inspections. This demonstrated a lack of appropriate management and leadership of the service.

The Care Inspectorate has made the decision to take enforcement action. An Improvement Notice has been issued to the Provider and information is available on the Care Inspectorate website in relation to this.

The provider made it clear that it understands the areas of concern and will develop an action plan which will address the improvements needed. The provider is eager to work with us to improve outcomes for residents.

The provider needs to consider how the management team will be supported to implement the action plan and sustain improvements to ensure that the health and well-being of residents is being met.

The detail of previous requirements is contained within the report. In order to support improvement a number of these unmet requirements will be reissued, some with new wording under the improvement notice.

Other requirements have been reworded to take account of the observations at this inspection and will be issued under the inspection report. This should support the provider and manager in developing an achievable action plan.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com. This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Camilla House Nursing Home (referred to in the report as "the service") is a care home service, registered to provide 24 hour care for up to 48 older people. There were 29 older people (referred to in the report as "residents") living at the service at the time of the inspection. The service is owned and managed by European Care (Kler) Ltd (referred to in the report as "the provider").

The service is situated on the south-east side of Edinburgh within the Grange area and is accessible by public transport. The service is provided in a large detached Victorian villa. Accommodation is provided over three floors, with stairs and a passenger lift giving access to the upper and lower floor.

There are currently six bedrooms which can be shared, although at the time of inspection these were used as single bedrooms. Of the six shared bedrooms, three have en-suite toilet and wash hand basin. There are thirty-three single bedrooms, three of these have en-suite toilet and wash hand basin and six have en-suites with showering facilities. Twenty four single bedrooms have no en-suite facilities.

Two sitting rooms and a dining room are provided on the ground floor, with a smaller sitting room and dining area available on the first floor. Toilet and bathing facilities are available on each floor and there are kitchen and laundry facilities within the home.

There is a pleasant enclosed garden area for residents use. Car parking is available in the grounds.

The written aim of the service is: "to provide professionally competent, individualised care within a safe and comfortable homely environment".

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 1 - Unsatisfactory

Quality of Environment - Grade 3 - Adequate

Quality of Staffing - Grade 1 - Unsatisfactory

Quality of Management and Leadership - Grade 1 - Unsatisfactory

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote the report after an unannounced inspection that took place at the service on the:

- 10 June 2014 between the hours of 9am and 6.30pm
- 12 June 2014 between the hours of 8.45am and 6.30pm
- 19 June 2014 between the hours of 11am and 2pm.

The inspection findings were discussed with the deputy manager or the regional manager at the end of each inspection day.

The outcome of the inspection was formally discussed with the provider at a meeting on the 26 June 2014. The meeting was attended by the provider representatives - managing director, regional manager, home manager, one City of Edinburgh Council representatives and two Care Inspectorate representatives.

The inspection was carried out by three Care Inspectorate Inspectors. The focus of this inspection was to ensure that residents' health, welfare and safety needs were met. We did this through measuring progress in meeting the requirements made at the last inspection and by assessing the professional care practices in the service.

During this inspection we paid particular attention to the action plan the provider gave us describing how they planned to address the requirements and recommendations made following the last inspection.

We gathered evidence from various sources, including the relevant documentation which included:

- a sample of residents care plans and associated documentation
- the minutes of relatives and staff meetings
- staff training records
- accidents and incidents records
- quality assurance records
- medication administration records (MARs).

We observed:

- staff practice and interaction with residents and fellow workers
- the general environment and how meals were served.

We had discussions with various people including the manager, deputy manager, regional manager, staff who were on duty, residents and relatives who were visiting during the inspection.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

1. The service provider is required to ensure that there is a planned and consistent approach to tissue viability within the home. In order to achieve this, the provider must ensure that:

a) skin assessment is carried out for all residents and those who have skin care needs and are prescribed topical applications, have a clear plan of care in place.

b) this includes use of a topical mar chart (TMAR) to document when prescribed topical applications are administered.

c) all residents identified at risk using the Waterlow scale have a care plan in place appropriate to their individual pressure area management needs.

d) a review of the pressure reducing equipment needs is undertaken and an equipment inventory is maintained.

e) the type of specialist equipment is clearly recorded in the care plan with details of settings for air mattresses, where appropriate.

f) a protocol to clean all pressure reducing equipment is put in place and ensure a record is kept.

g) all pressure reducing foam mattresses are turned as per manufacturers guidance and a record is kept.

h) all residents who have pressure ulcers, wounds or minor trauma injuries have a clear plan of care which outlines, cleansing, treatment and dressings with clear timescales dressing changes, re-assessment and evaluation.

i) a system is put in place and implemented to manage minor trauma injuries, based on current best practice.

j) all staff have refresher training in skin assessment and care, pressure ulcer prevention and RN's in wound assessment and management.

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.

Timescale: for completion by the 9 June 2014.

What the service did to meet the requirement

Elements d) and e) had been implemented. Part of element j) had been implemented. The remaining elements will now form part of an Improvement Notice which will be issued to the provider. An Improvement Notice is part of the Enforcement Procedures of the Care Inspectorate.

This is discussed under Quality Theme 1, Statement 3.

The requirement is: Not Met

The requirement

2. The provider must ensure that residents' oral health care needs are met. In order to do so the provider must:

- a) Be able to evidence that staff are competent in the delivery of oral hygiene care.
- b) Ensure that oral hygiene products are clean and stored correctly.
- c) Ensure that oral hygiene risk assessments are accurately completed.
- d) Ensure that records of oral hygiene care are accurately completed.
- e) Ensure staff understand the consequence of inaccurate record keeping.

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.

Timescale: for completion by the 9 June 2014.

What the service did to meet the requirement

This requirement had not been met. This will now form part of an Improvement Notice which will be issued to the provider. An Improvement Notice is part of the Enforcement Procedures of the Care Inspectorate.

This is discussed under Quality Theme 1, Statement 3.

The requirement is: Not Met

The requirement

3. The provider must ensure that all personal plans include details of how individual service users' health and welfare needs and preferences are to be met. In particular you must:

a) Expand the details contained in all plans to ensure that all aspects of the care to be provided are recorded including but not limited to nutrition, continence promotion, legal information such as Power of Attorney.

b) Ensure that the personal plans reflect the service user's current preferences/needs and reflect any changes in approach to the planned care resulting from the content of care charts such as fluid intake, weight, oral hygiene and repositioning.

c) Ensure that the evaluation of the personal plans takes account of the content of other records such as activity records and treatment plans for the application of topical creams and charts.

d) Fully develop and implement an audit system to monitor the quality and content of personal plans to ensure that personal plans are being followed and service user's health and welfare needs are met.

This is in order to comply with the Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI/2011/210 regulations 3, 4(1)(a), 5(1) and 5(2)(b).

Timescale: for completion by the 9 June 2014.

What the service did to meet the requirement

This requirement had not been met. This will now form part of an Improvement Notice which will be issued to the provider. An Improvement Notice is part of the Enforcement Procedures of the Care Inspectorate

This is discussed under Quality Theme 1, Statement 3.

The requirement is: Not Met

The requirement

4. The provider must review the care plan documentation to ensure the format is suitable and allows for the recording and evaluation of all aspects of residents care. In addition risk assessments for equipment and falls must be in place and reviewed accordingly. Consent must be obtained for the use of equipment such as lap belts and bed rails which could be considered restraint.

This is in order to comply with the Social Care Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI/2011/210 regulations 3, 4(1)(a), 5(1) and 5(2)(b).

Timescale: for completion by the 9 June 2014.

What the service did to meet the requirement

This requirement had not been met. The provider had started to consider the suitability of the care plan format.

This is discussed under Quality Theme 1, Statement 3.

The requirement is: Not Met

The requirement

5. The provider must ensure that where a resident is in pain or is assessed as being "at risk" of developing pain that proper systems are in place to address this and are recorded.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SS1 2011/210) regulation 4(1)(a) - Welfare of user.

Timescale: for completion by 9 June 2014.

What the service did to meet the requirement

This requirement had not been met. This will now form part of an Improvement Notice which will be issued to the provider. An Improvement Notice is part of the Enforcement Procedures of the Care Inspectorate.

This is discussed under Quality Theme 1, Statement 3.

The requirement is: Not Met

The requirement

6. The provider must ensure that the Care Inspectorate is notified of all significant events promptly.

This is in order to comply with SSI 2011/210 4(1)(a) - Welfare of users.

What the service did to meet the requirement

This requirement had not been met. This will now form part of an Improvement Notice which will be issued to the provider. An Improvement Notice is part of the Enforcement Procedures of the Care Inspectorate.

This is discussed under Quality Theme 4, Statement 4.

The requirement is: Not Met

The requirement

7. The provider must review how staff serve meals in the dining room. The provider must be able to evidence to us that staff practice is competent and that residents are treated with respect and offered choice.

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)(b) - Welfare of service users.

Timescale: for completion by the 9 June 2014.

What the service did to meet the requirement

This requirement had been partially met. Outstanding issues will form part of an Improvement Notice which will be issued to the provider. An Improvement Notice is part of the Enforcement Procedures of the Care Inspectorate.

This is discussed under Quality Theme 1, Statement 3.

The requirement is: Not Met

The requirement

8. The service provider must ensure that food and fluid records contain accurate and complete details of the food and drink offered and taken by service users. Staff must evaluate the content of charts and plan care accordingly.

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 takes account of the National Care Standards, Care Homes for Older People. Standard 13 Eating well.

What the service did to meet the requirement

No fluid charts were in use and therefore we were unable to assess how effectively these would be used. Additional issues identified at inspection have influenced us to incorporate hydration and fluid records into an Improvement Notice, under Quality Theme 1, Statement 3.

This requirement is not met.

The requirement is: Not Met

The requirement

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

- a) ensure that two staff sign for the administration of controlled medication.
- b) review how daily medicine audits are completed.
- c) ensure that all residents have up to date photographic identification on MARs.
- d) ensure tubs of topical cream are dated when opened for use, clearly display the residents name and that the lids are securely in place.

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.

Timescale: for completion by the 9 June 2014.

What the service did to meet the requirement

This requirement had been partially implemented because element a) was met. Progress was noted in element d).

An amended requirement will be made under Quality Theme 1, Statement 3 to take account of the remaining elements and additional issues noted during the inspection.

The requirement is: Not Met

The requirement

10. The provider must ensure that the physical environment and equipment is kept clean and hygienic. Hand washing facilities must be easily accessible to residents and staff. In order to do this the service must:

1. Develop and implement cleaning schedules for equipment in the home.
2. Review the placement of hand soap and paper towel containers in all toilets and bathrooms to ensure easy access by staff and residents.
3. Carry out regular risk assessments of the building environment taking appropriate and timely action to address any risks identified or visible.

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 Regulation 10(2)(a),(b) and (d) - Fitness of premises.

Timescale: for completion by the 9 June 2014.

What the service did to meet the requirement

This requirement had been met. This is discussed under Quality Theme 2, Statement 2.

The requirement is: Not Met

The requirement

11. The provider must ensure that persons employed in the care service receive training appropriate to the work they are to perform. In order to do so you must:

- a) ensure that staff practice is monitored and evaluated on a regular basis to ensure gaps in knowledge are addressed. Discussion about staff practice must be recorded.
- b) be able to evidence that staff have the required skills and knowledge for the work they are to perform.
- c) keep training records up to date.
- d) provide training in the areas that have expire including but not limited to moving and handling, adult protection and infection control.
- e) review the induction process and support systems for new staff.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(b)(i) - Staffing.

Timescale: for completion by 9 June 2014.

What the service did to meet the requirement

This requirement had been partially met because elements c) and d) had been implemented. An amended requirement will be made under Quality Theme 3, Statement 3.

The requirement is: Not Met

The requirement

12. You must make proper provision for the health, welfare and safety of service users, and provide the service in a manner which promotes quality. In order to do this, you must:

a) implement an effective system of quality assurance which assesses and monitors the quality of all aspects of the service.

b) ensure that the details of all of the audits or checks are accurately recorded in writing.

c) following all audits and checks, have a clear record of what areas for improvement were identified, what actions are to be taken to address those areas for improvement identified, timescales for the actions to be completed, and the person with overall responsibility for ensuring the necessary improvements are achieved.

d) ensure that where actions are completed this is clearly recorded.

e) review the information from individual audits in order to inform and report on how the service is improving, or where further improvements are necessary.

f) put in place a system to ensure that where good practice is identified as the result of audit or checks, this is shared with the staff team, in order to enhance learning and consistency of practice throughout the service.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 3 - Principles

Timescale: for achieving this improvement by 30 June 2014.

What the service did to meet the requirement

The timescale for compliance with this requirement had not expired at the time of inspection. This requirement will be made under Quality Theme 4, Statement 4 to give the provider the allocated time to comply.

The requirement is: Not Met

The requirement

13. The provider must ensure that residents are supported to engage in the range of meaningful activities that are planned for in their personal plan of care.

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) - Welfare of service users.

Timescale: completed by the 9 June 2014.

What the service did to meet the requirement

This requirement had been met. This is discussed under Quality Theme 1, Statement 2.

The requirement is: Met

The requirement

14. The provider must ensure that residents are treated with dignity and respect at all time. In order to do so the provider must:

- a) Review how staff engage with residents.
- b) Evidence that staff receive appropriate training in how to communicate with people with communication problems and/or dementia and have access to appropriate communication aids.
- c) Ensure that staff ensure confidentiality and do not speak openly about residents care needs within hearing of other residents.

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)(b) - Welfare of service users and takes account of the Standards of Care for Dementia in Scotland.

Timescale: for completion by the 9 June 2014.

What the service did to meet the requirement

This requirement had been partially implemented because staff attitude and approach toward residents had improved. An amended requirement to take account of outstanding issues will be made under Quality Theme 1, Statement 2.

The requirement is: Met

The requirement

15. The provider must ensure that all residents' bedroom doors have locks to enable residents to lock their bedroom doors if they choose.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/ 210, regulations 4(1)(b) - Welfare of users and regulation 10 (2)(a)- Fitness of premises.

Timescale: for completion by the 9 June 2014.

What the service did to meet the requirement

This requirement had been met. This is discussed under Quality Theme 1, Statement 2.

The requirement is: Met

Following a complaint investigation the following two requirements were made:

The requirement

1. The Provider must ensure the assessed needs of the service user as identified in the support plan are delivered by staff. This is with particular reference to continence support

(i) Continence assessments should be used to influence and update the support plans to reflect how the service user wishes to maintain their continence.

(ii) The detail included in the support plans should clearly guide and direct staff practice to deliver the care and support to maintain service users continence.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4(1)and should take account of National care standards Care homes for older people Standards 5, 6, 8 and 9.

Timescale; within four weeks on receipt of this report.

What the service did to meet the requirement

This requirement had not been met. This is discussed under Quality Theme 1, Statement 3 where it will be incorporated into an Improvement Notice.

The requirement is: Not Met

The requirement

2. The Provider must ensure support staff have received the training appropriate to the work they are to perform. This is with particular reference to Moving and handling training which is updated on an annual basis.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 15 Staffing (b) and to meet with National Care Standard Care homes for older people Standard 5.

Timescale: within four weeks on receipt of this report.

What the service did to meet the requirement

This requirement had been met.

The requirement is: Met - Within Timescales

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

Recommendation 1

It is recommended that the manager develop a system to show the action taken in the event of residents having unexplained bruises.

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

What the service did to implement the recommendation

The focus of this inspection was to assess the progress made toward complying with requirements. However, the recording of residents care was of such poor quality that it was difficult to establish if a system was in place to deal with such an event. The recommendation will be made again under Quality Theme 1, Statement 3 and we will monitor progress at the next inspection.

Recommendation 2

It is recommended that the provider ensures that action plans are devised following all meetings. These should detail the timescales for expected actions and the person responsible for completion of the actions.

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

What the service did to implement the recommendation

This had not been implemented. This is discussed under Quality Theme 3, Statement 3.

Recommendation 3

It is recommended that the provider review how time is allocated to registered nurses to allow them to develop residents' care plan and associated documentation and so keep accurate records.

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

What the service did to implement the recommendation

There was no record that this took place, however two registered nurses told us that time was allocated each day. This was done on an informal basis. Given the concerns around the recording of residents care this is not a systematic approach and would not allow the management to have an overview. The recommendation had been implemented.

Recommendation 4

It is recommended that the provider review its recruitment procedures to ensure that a minimum of two people are part of the interview panel.

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

What the service did to implement the recommendation

As the focus of this inspection was to assess the progress made toward complying with requirements we did not assess progress in implementing this recommendation. The manager told us that two people were on the interview panel. On the basis of this information, the recommendation had been implemented.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The service completed a self-assessment before the last inspection in April 2014 and therefore we did not ask the service to complete another before this inspection.

Taking the views of people using the care service into account

We saw all residents during the inspection and spent time each day in and around the common areas. This was to help us observe how staff engaged with residents and how residents spent their days.

Those residents who were able spoke positively about living at the service and were complimentary about the care given to them by staff.

Some residents were unable to easily verbalise what their experience of living at the service was like and in these instances we relied on observation of their interaction with staff to form a view. We saw that residents were at ease around staff and looked comfortable when asking for assistance.

We saw that staff were respectful, polite and gentle in their interaction with residents. We concluded that this must enhance residents' experience of living at the service.

Taking carers' views into account

We spoke with four relatives during the inspection. All were satisfied with the service given and were complimentary about staff. They had no concerns about any aspect of the care. Relatives spoke positively about the manager and how responsive and approachable she was.

We observed a casual exchange between the manager and a relative and could see they had an easy relationship which potentially could help the relative discuss any concern.

We saw from minutes of the most recent relatives meeting that relatives felt the grades given following the last inspection did not reflect the very good care they saw give. We acknowledge relatives' views. From previous contact with relatives we know they value the service.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service was adequate at involving both residents and relatives in developing the service.

The systems used to help residents/relatives to express their views included care reviews, suggestion box, verbal and individual comments and meetings. Residents were consulted about menus and activities and their views were responded to in a positive way.

Relatives meetings continued to be held on a regular basis to gain their views about the service. From minutes of the meetings we saw that relatives were still able to contribute to the agenda and were involved in a variety of discussions including the quality of the environment, how many residents lived at the service, staff changes, inspection outcomes and recruitment. The manager continued to respond to relatives' comments and views in a responsive way. This approach may help contribute to relatives feeling of involvement in developing the service.

Relatives continue to have a high level of involvement and commitment to supporting the service and they value the service. During the inspection, we saw that visitors were made welcome at any time and we saw several occasions when visitors, residents and staff engaged in very friendly and warm interactions.

The manager met with residents during the day to day management of the service. This offered residents an opportunity to discuss any views and areas of concern. In addition since the last inspection residents now had separate meetings from relatives. This recognises that the things important to residents may be different from relatives.

The notice boards in the building had been tidied which made it easier to see information. Notices with clear information about future events were prominently displayed. This has the potential to increase relatives knowledge about what is happening at the service.

Areas for improvement

The service was creating opportunities for residents and relatives to influence the way the service was provided and how it developed in the future. It still needs to develop in a way that makes sure that everyone has opportunities to have their say, including those residents who find communication more difficult. Staff need to receive training in how to effectively engage with residents to make sure their choices are respected and responded to on a daily basis. As a result there remain key areas that need to be addressed to fully create a responsive environment. (See recommendation 1)

Photographs of staff were displayed and this was a useful way of helping visitors and residents know what staff look like. These were gradually being replaced with up to date photographs. We will monitor progress at future inspections.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should continue to develop the participation strategy to take account of residents' and relatives' views in assessing and improving the quality of the service. The strategy should take account of how the views of people with dementia are gathered. Staff should receive training about the provider's participation and how to effectively engage with residents to offer and respond to their choices on a daily basis.

This takes account of the National Care Standards, Care Homes for Older People, Standard 11 - Expressing your views.

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths

At this inspection whilst we found some improvements, we continued to have concerns about the standard of service provision and direct outcomes for residents. The service was demonstrating weak practice for this Quality Statement.

To assess this statement we observed how meals were served, staff interaction with residents and took account of progress in meeting the requirements and recommendations made at the previous inspection.

We saw that residents were free to move around the building without unnecessary restrictions and could choose to stay in their bedroom or use the communal areas as they pleased.

In the short time the activity coordinator had been in post, she had made a significant improvement in the level of stimulation offered to residents each day. The coordinator was very enthusiastic and residents responded well to this approach. She had the skills to encourage residents to become involved in group activities, but also demonstrated a strong understanding of the importance of individual engagement with residents who did not like groups. The coordinator showed ability to encourage care staff to become part of the group activities. All of this contributed to jolly groups which residents enjoyed, creating a more vibrant atmosphere.

The coordinator was making strong efforts to offer a wider range of activities suited to individuals including outings and bus trips. The coordinator demonstrated a thorough understanding of record keeping and evaluating the effectiveness of activities to ensure these met residents social needs. The activity notice boards contained up to date information about activities. This information would help residents plan their day. The progress the coordinator had made in such a short time was impressive. As a result the requirement made at the last inspection about activities had been met.

The provider had met the requirement made at previous inspections that bedrooms doors have locks. We checked a sample of bedrooms and all doors could be locked by the resident. As a result there were increased options available to residents' in protecting their privacy. One residents told us the locks were "totally unnecessary" as their privacy was always respected. We welcome this information.

The provider had partially met the requirement made at the last inspection that residents be treated with respect. The manager and staff had worked hard to improve staff approach when caring for residents. The staff we observed during inspection

were more measured in their approach and as a result were more respectful. Staff were getting better at engaging with residents while giving care. We concluded that this improvement in staff approach must make living at the service more pleasant for residents. There are still areas that need to improve and these are discussed under the areas of development section of this Statement.

We observed three meals - one lunch and two breakfasts. We saw that staff had been supported to improve their practice. This was particularly evident during lunch, which was well organised, staff had delegated duties and understood their role. As a result residents were offered meal choices, given appropriate support and staff were attentive to their needs. One breakfast was also well organised and the registered nurse overseeing this was effective in ensuring all residents were supported appropriately. Both meals were pleasant to watch. However this was not replicated at the second breakfast or during two morning tea times when staff practice and the outcomes for residents caused us concern.

This is discussed under the areas for improvement section of Quality Theme 1, Statement 3.

Areas for improvement

The provider needs to ensure that residents continue to be supported to enjoy social events and a stimulating environment. This is particularly important when the activity coordinator is not on duty and carers are responsible for ensuring residents social needs are met. We will make a recommendation that social activities continue to be developed. (See recommendation 1).

We still had concerns that staff did not fully understand the principle of confidentiality. Some staff spoke openly to each other in front of residents about other residents care needs and made no effort to be discrete. These staff did not seem to understand that residents' private business must not be publicly discussed. We saw an example where topical cream was applied to a resident's skin in a public area. This is disrespectful practice and does not protect the residents dignity or privacy. (See requirement 1).

Aspects of staff practice was still indifferent to residents care needs for example giving residents hot drinks which had gone cold or leaving drinks out of residents reach. Staff practice showed that some staff were unable to recognise independently when a resident needed assistance. The consequence was that some staff did not offer assistance unless a task was allocated to them. Some staff were not skilled in conversing with residents or offering choices.

The Standards of Care for Dementia in Scotland states that providers will demonstrate that staff use a variety of communication aids to help communication and have an awareness of the cultural and other barriers to good communication. (See requirement 1).

Staff practice is also relevant to Quality Theme 3, Statement 3.

The manager needs to continue working with staff to help them get better at giving residents care in a respectful way. Staff still needed this level of support to improve their practice. (See recommendation 2).

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure that residents are treated with dignity and respect at all time. In order to do so the provider must:

a) Evidence that staff receive appropriate training in how to communicate with people with communication problems and/or dementia and have access to appropriate communication aids.

b) Ensure that staff ensure confidentiality and do not speak openly about residents care needs within hearing of other residents.

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)(b) - Welfare of service users and takes account of the Standards of Care for Dementia in Scotland.

Timescale: for completion by the 30 August 2014.

Recommendations

1. The provider should continue to ensure that residents are supported to engage in the range of meaningful activities that are planned for in their personal plan of care.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 17 - Daily life.

2. It is recommended that the manager continues to work with staff to help them deliver residents' care in a way that respects their privacy and dignity. The manager should be able to demonstrate the actions taken to achieve this.

This takes account of the National Care Standards, Care Homes for Older People, Standards 5 - Management and staffing arrangements.

Statement 3

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

Service strengths

The service was demonstrating unsatisfactory practice for this Quality Statement.

To assess this statement we took account of the progress made in meeting the requirements and recommendation made at the last inspection. We looked at how residents care was documented, how residents care needs were managed and staff practice.

On arrival at the service, residents looked generally tidy.

Residents who spoke with us were positive about the care they received. Relatives who spoke with us were very complimentary about the level of care given and were confident that health care needs were met.

We saw evidence that other healthcare professionals were contacted for advice as appropriate. It is beneficial for residents' health that staff seek specialist health guidance to support them in giving the right kind of care. Registered nurses who spoke with us were able to describe residents care needs and the support given.

Since the last inspection the service had continued to receive a very high level of support from Caring for Smiles which is an organisation which helps staff give oral hygiene care to residents. Caring for Smiles was providing one to one coaching to staff about how to provide oral hygiene to residents. This was instigated by Caring for Smile to support staff in improving residents oral hygiene. As a result we saw improvement in how toothbrushes were stored and the recording of delivery of oral hygiene was getting better.

The provider had partially met the requirement made at the last inspection about the management of medication. To assess this we looked at how medication was managed. We saw that, two staff signed for the administration of controlled medication, residents had up to date photographic identification on Medication Administration Records (MARS). Tubs of topical cream are dated when opened for use, clearly display the residents name and that the lids are securely in place. The remaining element is addressed under the areas for improvement section of this Statement.

The provider had met part of some elements of the requirements made at the last inspection about skin care. An equipment inventory of pressure reducing equipment was in place. The type of specialist equipment was detailed in some care plans along with the setting. Cleaning schedules for equipment and turning of pressure reducing foam mattresses had been devised.

Registered nurses had received training in wound assessment and management. Some care staff had received training in skin assessment and care.

Areas for improvement

Aspects of how care was given caused us such serious concerns that the Care Inspectorate has made the decision to take enforcement action. An Improvement Notice has been issued to the Provider. Concerns are detailed as follows:

Skin Care

We acknowledged that there were a range of records available however, we found gaps and inconsistencies in these. As a result records did not demonstrate that adequate care planning and interventions were in place to care and support those residents at risk of developing pressure ulcers.

Staff did not demonstrate a good understanding of applying the Waterlow tool to identify potential risk to residents. As a result the assessment and monitoring of skin problems and wounds were not up to date or were incomplete.

It was difficult to track how wounds were cared for. There was an example where a wound was identified but a plan of care was not introduced for eight days. Wound treatment plans were changed but there was no rationale for this. Staff did not adhere to the schedule for wound dressing changes and there was no rationale for this. This raised the risk that residents care was not consistently given. As a consequence it was not clear if the care planned and given would reduce the risk to residents and help skin integrity.

Residents who were prescribed topical applications for skin care did not have a clear plan of care in place, for example the regularity of application was not detailed. As a result cream was applied some days but not others and there was no rationale for this. There was also some confusion about where the administration of some creams was being recorded as medication administration recording charts (MARs) and TMARs were both in place. As a result we were not always able to establish how prescribed topical applications were administered.

Charts had been devised to record the turning and cleaning of pressure reducing foam mattresses and equipment but these had not been implemented. This would not help maintain the mattresses in a hygienic manner and prolong the lifespan. While there was an inventory of equipment, this was not maintained and so it was difficult to know how up to date the information was.

All care plans did not detail the equipment used by each resident. In addition, residents sat on slings (which were used to help residents move position) on top of pressure reducing cushions. Care plans and risk assessments had not been reviewed to reflect this practice.

We saw a staff member assist a resident to sit on a chair which had two pressure relieving cushions, one on top of the other. No account was taken about the suitability of this or if the cushion was appropriate to the resident's needs.

As a consequence the management of residents' skin and wounds raised the risk that residents' skin was not cared for in a consistent way. Skin care will form part of the Improvement Notice which will be issued to the provider. Information is available on the Care Inspectorate website in relation to this.

Care Plans

The provider had not met the requirement made at the last inspection about residents care plans. To assess this we monitored the progress in developing the care plan content. We had serious concerns around the lack of progress toward meeting this requirement and the potential risk to residents because the lack of information about care needs increased the likelihood that staff would provide inconsistent or inaccurate care.

Care plans contained only minimal information about residents' care needs and contained conflicting and inaccurate information. Plans and risk assessments were not reviewed/updated following accidents or incidents. There were gaps in recording and records were archived very quickly which made it difficult to track the care given and measure if it was beneficial to residents. As a consequence care plans would not adequately guide staff about how to provide the care the way residents wanted and needed.

Care plans were not properly evaluated and there was no means of knowing if the care given was effective in meeting residents care needs or if care needed changed. Assessments for areas such as falls were not reviewed to make sure these were still appropriate. There was no evidence of consultation with residents or their relatives about the use of equipment which could be considered a form of restraint such as lap belts and bedrails.

Residents who lacked capacity to decide about their medical treatment, care and support had a certificate under the Adults with Incapacity (Scotland) Act 2000 Section 47(1) in place in order to authorise treatment. In line with best practice from the Mental Welfare Commission for Scotland an appropriate treatment plan must be in place. While plans were in residents files these were not dated, signed and did not have the residents name. We were unable to establish how up to date the information was, the author or which resident it referred to. This is unsatisfactory recording and we would expect Registered Nurses to question poor recording to ensure the safety and well - being of residents.

The format of the care plans has limited space for staff to record enough information about residents care needs. Staff told us that they had raised concerns about the new

recording system with the provider without response. The provider told us the suitability of the methods of recording care was being reviewed to ensure it met residents' needs. Care plans will form part of the Improvement Notice which will be issued to the provider. Information is available on the Care Inspectorate website in relation to this.

Oral hygiene

We had serious concerns around the management and recording of oral hygiene care. In one instance, oral hygiene care was not provided over several days and as a result caused significant discomfort for a resident. Initially records could not be accessed because staff could not find these. When accessed, the recording of the care provided was vague. As a consequence it was difficult to establish how the deficit in care arose, if the resulting interventions were implemented or if these resulted in improved outcomes for the resident. Poor oral hygiene raises the risk to residents because it can potentially cause additional healthcare problems such as affecting dietary intake. Oral hygiene will form part of the Improvement Notice which will be issued to the provider. Information is available on the Care Inspectorate website in relation to this.

Pain management

The provider had not met the requirement made at the last inspection about pain management. As a consequence of the unsatisfactory methods of record keeping, we were not confident that proper systems were in place to support residents at risk of being in pain. We saw that pain assessment tools were not consistently used to influence how residents' pain was managed and there was conflicting information about residents' ability to recognise or verbalise pain. Agreements reached at care reviews about implementing pain assessment tools had not been implemented. Analgesia was out of stock and as a result residents' would not have access to prescribed pain relief should they need it. This increased the risk that staff would not be able to take the necessary steps to minimise the unpleasant effects of residents' pain. Pain management will form part of the Improvement Notice which will be issued to the provider. Information is available on the Care Inspectorate website in relation to this.

Nutrition/fluid

At the last inspection we made a requirement about the accurate recording and evaluation of residents' fluid intake. At this inspection we were told that there were no concerns about residents' fluid or food intake and therefore no monitoring was in place. As a consequence we were unable to assess how well staff would implement food/fluid monitoring and evaluation. However, we had concerns about staff understanding of the purpose of food/fluid monitoring processes and how these should be implemented. We came to this conclusion because a resident who had unplanned weight loss was not commenced on food/fluid monitoring as directed in the provider's own guidance to staff. It is important that if a resident has unplanned weight loss, that staff take appropriate and prompt action to minimise the risk of

further weight loss. Staff did not demonstrate an understanding of this basic care need.

In addition we had serious concerns about how breakfast was served on one day and morning teas on both inspection days. All of these were poorly supervised by the registered nurses in charge, staff were not deployed properly and there was no direction given to staff about how to support residents. As a consequence, breakfast was prolonged, residents did not receive the support they needed to eat breakfast and slept at the table. We concluded that staff had not transferred what they had learned about improving residents lunch time dining experience to other meals. This is concerning.

Morning tea was served but because no staff had been allocated the task, none were present to assist residents. As a consequence staff entered and left the room without offering residents assistance even although it was clear they needed help. Cups of tea were placed out with residents reach. Residents were not given assistance to drink their tea for at least twenty minutes. By the time staff offered assistance the hot drinks were cold but staff proceeded to help the residents drink these. Staff did not appear to notice that drinks were cold or that residents may have found it unpleasant to drink cold tea and did not offer to replace the cold drinks with hot. Residents who were napping were not roused but a drink was placed in front of them, then removed untouched, the resident still napping. As a consequence some residents did not receive a drink even although it was a particularly warm day. This staff practice raised the risk that residents were not receiving enough fluids.

This will form part of the Improvement Notice which will be issued to the provider. Information is available on the Care Inspectorate website in relation to this.

We also concluded that aspects of staff practice were still inconsiderate and this is addressed under Quality Theme 1, Statement 2.

Medication

The provider had partially met the requirement made at the last inspection. To assess this we checked how medication was managed. We found the following:

- Out of stock medication. As a result residents could not receive prescribed medication.
- Protocols for "as required" medication, including diazepam, were not in place. As a result there was no guidance to staff about the circumstances under which this medication should be administered.
- Daily medicine audits were not used effectively and as a result gaps in medication records were not highlighted or the cause explored. As a consequence it was not clear if the residents had received the prescribed medication or not. (See requirement 1).

Covert medication

We saw that a resident was administered medication in a covert format (disguised form). There was no care plan to support staff in this practice or evaluate its effectiveness. In another instance the care plan had not been updated to include a newly prescribed medication. We have concerns that Registered Nurses administered medication covertly without the necessary care plans in place and did not follow The Mental Welfare Commission for Scotland good practice guide for the administration of covert medication. We expect all Registered Nurses to be aware of and follow this guidance. By the end of the inspection the manager had put the appropriate documentation in place. We were assured that the appropriate consultation with residents, relatives and medical personnel had taken place. We will continue to monitor how covert medication is managed at future inspections.

Continence care

Following a complaint investigation a requirement was made about continence management. The requirement had not been met. To assess this we sampled residents' continence assessments and care plans. The information in the assessment and care plan did not correspond. As a result there was no consistent direction to staff about how the residents care should be provided. Continence care is incorporated into the Improvement Notice about Care Plans.

Bruises

At the last inspection we made a recommendation about the management of resident bruises where the causes were unidentified. Because recordings were of such a poor standard we were not always able to establish how staff addressed this. We will make the recommendation again. (See recommendation 1).

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that medication is managed in a manner that protects the health, welfare and safety of service users. In order to do so the provider must:
 - a) review stock control procedure to ensure that all prescribed medication is available for residents.
 - b) review how daily medicine audits are completed.
 - c) ensure protocols are in place to guide staff about the circumstances under which "as required" medication is administered.

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.

Timescale: for completion by the 30 August 2014.

Recommendations

1. It is recommended that the manager develop a system to show the action taken in the event of residents having unexplained bruises.

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

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

The service was demonstrating adequate practice in areas covered by this Quality Statement.

Since the last inspection residents bedrooms have had locks installed. This is beneficial to residents because it offers them choices about how they want to protect their privacy and keep their personal belongings safe.

We saw from minutes of relatives meetings that some relatives felt bedroom locks were not needed. One resident told us that bedroom locks were unnecessary. We acknowledge their view.

The strengths stated in Quality Theme 1, Statement 1 are also relevant to this Statement.

Areas for improvement

Some toilets still had to have locks installed. The programme for installing locks had been delayed because the maintenance post was vacant. We will monitor progress at future inspections.

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

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

At this inspection we found that the performance of the service was adequate for this statement. To assess this statement we took account of the progress made in meeting the requirement made at the last inspection and observed the environment.

Residents told us they liked the environment and thought it was very comfortable.

During the inspection we saw that the provider continues to invest in the fabric and decoration of the building to make it pleasant for residents to live in. Systems used to enhance the safety of the building were still in use.

These included:

- Visitors were asked to sign in and out of the building so that staff knew who was in the building at any time.
- Maintenance contracts for appliances and equipment to make sure these were fit for purpose.
- A plentiful supply of aprons and gloves were available to aid infection control procedures.

Since the last inspection new call system had been installed and we were told this was more efficient. The small sitting room was very pleasant and tidy and activity equipment safely stored.

The provider had met the requirement made at the last inspection about the cleanliness of the building. Hand soap and towel containers had been relocated in toilets and bathrooms to make sure these were easily accessible when using hand basins. Cleaning schedules had been introduced for equipment. Audits of the building were completed to identify risks. Worn bed bumpers which were used to cover bed rails on a resident's bed, had been replaced.

All of this helped contribute to a safer and more comfortable environment.

Areas for improvement

There were still aspects of the maintenance of the building which caused us concerns. These are detailed as follows:

There was one therapeutic chair which had a small tear which means it could not be properly cleaned, because the surface was damaged, allowing moisture and dirt to get into deeper layers of the fabric. This increased the risks of spreading infection. The manager agreed to address this. We will monitor progress at future inspections.

We looked at the cleaning schedules which had just been implemented. These had not been completed consistently and there was no evidence that management monitored these, or carried out spot checks to make sure that satisfactory standards were being achieved and maintained. The effective use of audits is discussed under Quality Theme 4, Statement 4.

The lift broke down during the inspection and was promptly repaired. We will continue to monitor this at future inspection.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

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

Service Strengths

The service was demonstrating adequate practice in areas covered by this Quality Statement.

The strengths stated in Quality Theme 1, Statement 1 are also relevant to this Statement.

We saw from the minutes of relatives meetings that some staff information about training and changes to the staff team was shared with relatives. This may help increase relatives knowledge of staff issues at the service.

Areas for improvement

The provider should consider involving relatives and residents in the recruitment process. This would help residents and relatives promote the qualities they think are necessary in a good carer.

The recommendations and areas for development noted in Quality Theme 1, Statement 1 are relevant to this Statement.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service was demonstrating unsatisfactory practice in areas covered by this Quality Statement.

To assess this statement we focused on progress made in meeting the requirement made at the last inspection, looked at staff training records, minutes of staff meetings and observed staff practice and interaction with residents.

The provider had partially implemented the requirement about staff training and competence. The expired "core training" had been provided. This included moving and handling training and the practice we saw demonstrated staff were carrying out safe techniques. This would help keep residents safe. "Core training" is training which the provider has identified that all staff need either because of legal reasons or in order to care for residents. Staff meetings were taking place and supervisions had commenced. Both these avenues offer staff the opportunity to discuss work practice and training and development needs.

The service had worked hard to improve staff practice particularly in relation to how staff interacted with residents during delivery of care. We saw that staff were more respectful and polite when responding to and interacting with residents. They made more effort to explain what was happening when they were helping assist resident with their care needs.

Two new staff told us they received an induction before working at the service. They said they were well supported to carry out their role.

We saw some staff who were very hard working and clearly committed to providing good care to residents. Some Registered Nurses were also very efficient and able to direct staff to ensure the correct level of care was provided. Some staff we spoke with had a sound knowledge of residents' needs. Staff were very loyal to the service, manager and provider. Across the staff team, skills were variable and this is discussed under areas of improvement for this Statement.

The provider had implemented the recommendation made at the last inspection about staff recruitment. The manager confirmed that two people were now on the interview panels. This conforms with the good practice document "Safer Recruitment through Better Recruitment" which suggest it is best to have at least two people on the interview panel.

The provider had implemented the recommendation made at the last inspection about providing protected time to registered nurses to allow them to maintain important records such as care plans and risk assessments. Although the allocated time was not recorded two registered nurses told us they received this time. As a result the provider was supporting registered nurses to conform with the code. "The code" refers to The Nursing and Midwifery Council The code: Standards of conduct, performance and ethics for nurses and midwives (the code). It is the main standards document which helps guide registered nurses in how to deliver high quality healthcare. The code identifies that registered nurses must keep clear and accurate records.

Areas for improvement

We acknowledged that the staff group, collectively, had a lot of skills, knowledge and experience. However, there were aspects of staff practice that must be addressed to minimise risks to residents. The provider needs to consider how staff practice and management overview has influenced the poor quality of care identified under Quality Theme 1 and judge staff competency.

We were concerned to find that there was on-going inconsistency in staff practice and have commented in other areas of the report about gaps in staff practice which had a negative impact on outcomes for residents.

We expect all registered nurses and carers to be able to deliver basic care effectively. That they are unable to do so, reflects weak professional nursing and care standards. (See requirement 1).

We saw examples which showed that staff were unable to transfer the learning about care practice from one situation to another, for example staff had improved their skills in serving residents lunches but could not transfer that skill to serving breakfast or morning teas. The provider needs to consider how this inability has influenced the poor quality of care identified under Quality Theme 1 and assess staff competence.

While staff supervision had commenced records showed that only 12 staff had received this. This means that not all staff had the opportunity to reflect on their practice or identify developmental needs. Potentially this could explain some of the variance in staff practice. In accordance with the Scottish Social Services Council (SSSC), Codes of Practice for social services workers and employers the provider has a responsibility for effectively managing and supervising staff to support effective practice and address deficiencies in their performance. (See requirement 1).

The provider had not implemented the recommendation that action plans be devised after all meetings. Action plans were not always devised and as a result it was difficult to monitor the progress in instigating agreements reached. (See recommendation 1).

Registered nurses and senior carers need support to develop their leadership skills when directing the daily running of the service and staff practice. This would help equip them to guide staff in developing their practice and help toward improving outcomes for residents. The provider should consider this.

The manager was aware of the need for care staff to register with the SSSC. The SSSC is the organisation responsible for registering people who work in social services and regulating their education and training. We will monitor progress at future inspections.

There were vacant posts for registered nurses and carers and recruitment had taken place. The changes to the staff team made it more difficult to implement consistency in practice across the team. It also means that core training such as moving and handling, infection control and safeguarding procedures were constantly being provided.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that persons employed in the care service receive training appropriate to the work they are to perform. In order to do so you must:
 - a) ensure that staff practice is monitored and evaluated on a regular basis to ensure gaps in knowledge are addressed. Discussion about staff practice must be recorded.
 - b) be able to evidence that staff have the required skills and knowledge for the work they are to perform.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(b)(i) - Staffing.

Timescale: for completion by 30 August 2014.

Recommendations

1. It is recommended that the provider ensures that action plans are devised following all meetings. These should detail the timescales for expected actions and the person responsible for completion of the actions.

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

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

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

Service strengths

The service was demonstrating adequate practice in areas covered by this Quality Statement.

The strengths stated in Quality Theme 1, Statement 1 are relevant to this Statement.

Areas for improvement

The provider should consider discussing the outcomes from audits with residents and relatives. This would be one way of sharing information about how improvements were made or needed. It would also enable residents and relatives to question if improvements were not made. This could help promote a culture of openness and trust in the service and encourage people to offer comments or suggestions.

The recommendation and areas of development noted in Quality Theme 1, Statement 1 are also relevant to this Statement.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

At this inspection whilst some improvements in the quality of the service had been made we still have serious concerns about the management and leadership of the service and the providers ability to sustain any improvement. Therefore we have graded this statement as unsatisfactory.

To assess this statement we took account of the progress made in meeting the requirements made at the last inspection and notifications made to the Care Inspectorate.

We saw that progress had been made in improving aspects of the service. These include improving some aspects of staff approach to residents, increasing the social opportunities for residents, improving aspects of residents dining experience, providing core training for staff, commencing residents meetings and supporting staff though this difficult time.

The provider had supported the service by enabling the deputy manager to become supernumerary to help develop the managerial aspects of the service and providing protected time for registered nurses to complete important care documentation.

The manager consulted with relatives and residents about how to develop the service and had daily contact with all staff on a daily basis. This should help the manager to monitor staff practice and hear residents and relatives' views which could contribute to developing the service. Relatives and residents knew who the manager was and were very complimentary. They were confident that any concerns raised would be addressed.

We looked at staffing levels and saw evidence that the number of staff on duty met residents care needs.

Areas for improvement

Areas for improvement highlighted at this inspection include areas that have been the subject of requirements at previous inspections. Examples include recording of residents care, skin care, oral hygiene, pain management and notifications to the Care Inspectorate. All of these significantly impact on residents' health and welfare and the provider has been unable to demonstrate that it can adequately manage these areas. The lack of sustained improvement demonstrates unsatisfactory management of the service and across the wider management team and this has been reflected in the grade awarded for this Quality Statement. The provider needs to lead and support

staff to address all the areas for improvement highlighted in this report and sustain any improvement made.

At this inspection we were unable to see the methods the provider had put in place to support the manager in developing the service. For example the manager did not receive regular one to one support. This meant that there had been no opportunity for the manager to discuss their training needs or how to improve the service. A new regional manager is now in post and we would expect to see systems in place to support the manager at this difficult time.

Since the last inspection the manager had to undertake an administrative role because the post was vacant. This was a significant pull on the manager's time and reduced her opportunities to implement the provider's action plan.

The provider needs to consider how the management team will be supported to develop an achievable action plan to address the areas for improvement identified at this inspection and develop the service.

At the last inspection a requirement was made about developing the Quality Assurance system. The timescale for implementing this had not expired at the time of inspection. We will make the requirement again in order to give the provider time to fully implement the requirement. It is important that a robust quality assurance system is used to help identify deficits in the service and allow staff the opportunity to rectify this. (See requirement 1).

The provider had not met the requirement made at the last inspection about notifying the care inspectorate about significant events. While looking at the content of accidents and incidents we saw examples of serious incidents which we should have been notified about but had not. Incidents which were notified to us were inaccurate and/or omitted important information which had impacted on the incidents. This will form part of the Improvement Notice which will be issued to the provider. Information is available on the Care Inspectorate website in relation to this.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. You must make proper provision for the health, welfare and safety of service users, and provide the service in a manner which promotes quality. In order to do this, you must:

- a) implement an effective system of quality assurance which assesses and monitors the quality of all aspects of the service;
- b) ensure that the details of all of the audits or checks are accurately recorded in writing;
- c) following all audits and checks, have a clear record of what areas for improvement were identified, what actions are to be taken to address those areas for improvement identified, timescales for the actions to be completed, and the person with overall responsibility for ensuring the necessary improvements are achieved;
- d) ensure that where actions are completed this is clearly recorded;
- e) review the information from individual audits in order to inform and report on how the service is improving, or where further improvements are necessary;
- f) put in place a system to ensure that where good practice is identified as the result of audit or checks, this is shared with the staff team, in order to enhance learning and consistency of practice throughout the service.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulations 3 - Principles.

Timescale for achieving this improvement: By 30 June 2014.

4 Other information

Complaints

One complaint has been upheld since the last inspection.

Enforcements

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

Additional Information

No additional information was identified at this inspection.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 1 - Unsatisfactory	
Statement 1	3 - Adequate
Statement 2	2 - Weak
Statement 3	1 - Unsatisfactory
Quality of Environment - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Quality of Staffing - 1 - Unsatisfactory	
Statement 1	3 - Adequate
Statement 3	1 - Unsatisfactory
Quality of Management and Leadership - 1 - Unsatisfactory	
Statement 1	3 - Adequate
Statement 4	1 - Unsatisfactory

6 Inspection and grading history

Date	Type	Gradings
28 Apr 2014	Unannounced	Care and support 1 - Unsatisfactory Environment 3 - Adequate Staffing 1 - Unsatisfactory Management and Leadership 1 - Unsatisfactory
21 Jan 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 2 - Weak
20 Sep 2013	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate

Inspection report continued

		Management and Leadership	3 - Adequate
30 May 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate 2 - Weak 3 - Adequate
14 Jan 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate 2 - Weak 2 - Weak
23 Oct 2012	Unannounced	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory 3 - Adequate 2 - Weak 2 - Weak
12 Apr 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
15 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory 1 - Unsatisfactory 1 - Unsatisfactory 1 - Unsatisfactory
29 Feb 2012	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory 1 - Unsatisfactory 1 - Unsatisfactory 1 - Unsatisfactory
30 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed 5 - Very Good
31 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 4 - Good Not Assessed

Inspection report continued

5 Oct 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 4 - Good Not Assessed
15 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
27 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good Not Assessed
4 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
27 Jan 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنم ا اذه

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