

Care service inspection report

Lornebank Care Centre Care Home Service Adults

31 Lorne Street
Hamilton
ML3 9AB

Inspected by: Alison Iles

Ann Marie Hawthorne

Type of inspection: Unannounced

Inspection completed on: 14 March 2014



HAPPY TO TRANSLATE

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Service provided by:

Lorne Opco Limited

Service provider number:

SP2011011699

Care service number:

CS2011301463

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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	2	Weak
Quality of Environment	2	Weak
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

What the service does well

We are beginning to see the service address some long standing issues, particularly in relation to how it meets residents care and support needs as well as improvements to the environment, staff skills and training and quality assurance processes.

Again residents spoken with continued to say that they were happy with the care and support they received from staff. People continued to enjoy the range of activities and entertainment provided.

What the service could do better

The service need to continue to work on the development of peoples personal plans. They need to ensure that the information contained in these is accurate and reflects the care and support needs of the individual.

Attention needs to be paid to the environment, particularly in relation to overall cleanliness, especially after any infectious outbreak. Work to improve the environment needs to remain a focus over the coming months.

Work to establish a competent and knowledgeable work force still needs to be taken forward as does improvements to the services audits and quality assurance systems.

What the service has done since the last inspection

We identified that some progress had been made since the last inspection. This related to care planning documentation, environment and staffing.

This has helped to start to improve the outcomes for those both living and working in the home.

Conclusion

Lornebank has started to make improvements to ensure that the care and support needs of those living in the service were starting to be addressed.

New staff have been appointed to fill vacancies, this includes the appointment of a depute manager. The managers post had been advertised and the Provider hoped to make an appointment in the near future. The appointment of the management team will help to address issues outstanding at this inspection and hopefully continue to take the service forward.

Work to improve the environment was on-going at the inspection.

Who did this inspection

Alison Iles

Ann Marie Hawthorne

1 About the service we inspected

Lornebank Care Centre is currently operated by Hudson Healthcare Limited. The service is registered to provide care and support to a maximum of 41 older people in a purpose-built building. The home is situated in the town of Hamilton and is close to local amenities and local transport links. There were 32 residents at the time of the inspection.

The objectives of the service are 'to provide a high standard of individualised care to all its service users who will live in a clean safe environment and be treated with care, dignity, respect and sensitivity to meet the individual needs and the abilities of the service user. The care service is delivered flexibly, attentively and in a non-discriminatory fashion with respect and independence, privacy and the right to make informed choices and to take risks".

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

Quality of Care and Support - Grade 2 - Weak

Quality of Environment - Grade 2 - Weak

Quality of Staffing - Grade 3 - Adequate

Quality of Management and Leadership - Grade 3 - Adequate

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 compiled this report following an unannounced inspection. This was carried out by Inspectors Alison Iles and Ann Marie Hawthorne. The unannounced inspection took place on 13 March 2014 from 12.45pm to 9pm and the 14 March 2014 from 9.30am to 2pm. Feedback was given to the external manager and depute manager on the last day of the inspection.

During the inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including;

- * evidence from the action plan from the previous inspection
- * care files of people who use the service, including assessments, care plans and evaluations.
- * minutes of residents, relatives and staff meetings
- * training records
- * staff recruitment files
- * care review records
- * activity records
- * accident and incident records
- * medication records and systems

We observed mealtimes and staffs' practice and interaction with residents. We also spoke to the following people;

- * the external manager
- * care staff
- * people who use the service
- * relatives and carers of people who use the service.

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

The Provider must ensure that personal plans are used to record the needs of people who use the services. The service provider must ensure that service users' personal plans set out how the health, welfare and safety needs of the individual are to be met. In order to do this, the service must ensure that the personal plans;* accurately reflect all the current needs of individuals* include details about individuals preferences over all aspects of care and support * include information about care and support interventions and are developed to fully reflect the care being provided * include information about care and support that is up to date and regularly evaluated * have a full range of risk assessment tools in place and that the outcome of the assessments are used to their full potential to inform care planning* comprehensive information on residents' food and fluid preference should be established to help promote eating for health, appropriate choices for those who need special diets such as high calorie, low-fat, high fibre for the purpose of menu planning.* - The provider must review residents eating and drinking care plans and associated fluid monitoring charts. To ensure that all residents' needs are identified; the required intervention specified and updated, and care is implemented, effectively monitored and the evaluation is comprehensive. This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulations 5(1) Timescales; within one week upon receipt of this report.

What the service did to meet the requirement

See Quality Statement 1.3 for detail.

The requirement is: Not Met

The requirement

The provider must ensure that all staff responsible for the development and review of resident's personal plans receives training in relation to person centred care planning and values. This is in order to comply with SSI 2011/210 15(b) - a requirement that a Provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of the service users ensure that persons employed in the provision of the care service receive the training appropriate to the work they are to perform. Timescales: Within 3 months of receipt of this report

What the service did to meet the requirement

See Quality Statement 1.3 for detail.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that there is adequate trained, competent staff on duty at all times to ensure people receive their prescribed medication at times instructed by the prescriber and in line with the persons daily routine. The provider must ensure that the home is staffed as agreed in the existing staffing schedule or apply for a variation to alter the schedule to reflect how the service is currently staffed. This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) Welfare of users. Timescales; Within one week upon receipt of this report.

What the service did to meet the requirement

See Quality Statement 1.3 for detail.

The requirement is: Not Met

The requirement

The Provider must ensure that the home is staffed as agreed in the existing staffing schedule or apply for a variation to alter the schedule to reflect how the service is currently staffed. This is in order to comply with the Public Services Reform (Scotland) Act 2010 Section 60.

What the service did to meet the requirement

See quality statement 2.2 for detail.

The requirement is: Met - Outwith Timescales

The requirement

The provider must ensure that service users have a supply of their prescribed medications at all times. Staff must ensure that sufficient stock is maintained to ensure that people's health and wellbeing is not compromised by not receiving their prescribed medication. There must be accurate records of all medication stored, balance of stock and any required actions and outcomes identified. This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) Welfare of users.
Timescales; Within one week upon receipt of this report.

What the service did to meet the requirement

See Quality Statement 1.3 for detail.

The requirement is: Not Met

The requirement

The provider must ensure that the social and recreational needs of service users are met. This must include; * if a person continually refuses an activity then an alternative should be offered * a clear record of the level of active participation should be recorded* how the service user can be supported to be as active as possible must be contained within the personal plan * there must be a record of what social activities and recreational diversions can be used when a service user is agitated This is in order to comply with; SSI2011/210 Regulation 4(1) (a) Welfare of users.
Timescales; Within 4 weeks upon receipt of this report.

What the service did to meet the requirement

See Quality Statement 1.3 for detail.

The requirement is: Met - Within Timescales

The requirement

The staffing levels in the home must be reviewed in line with the dependency levels of the people who live there. Any staff recording the dependency of a resident must have received suitable training and demonstrate an understanding of the information they are required to record in order to provide an accurate score.

The provider must ensure that there is;

* adequate staff time allocated to the provision and/or support people who use this service to ensure their safety and wellbeing and enable engagement in a range of activities.

* in respect of the delivery of the service keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of

care for all individuals over the 24 hour period, also taking into consideration the physical layout of the building, staffing and supervision needs. This is in order to comply with SSI2011/210 Regulation 4 Welfare of Service users and Regulation 15 (a) Staffing.

Timescales: within 1 week of receipt of this report.

What the service did to meet the requirement

See Quality Statement 1.3 for detail.

The requirement is: Not Met

The requirement

The provider must develop a refurbishment plan for the home. This must demonstrate the areas of priority and include an action plan with reasonable timescales for improvements to be fully completed. The provider must demonstrate how the people who use the service have been consulted and their views taken into account to improve the quality of the environment they live in. This is in order to comply with SSI 2011/210 Regulation 10 (2)(d) Fitness of Premises.

What the service did to meet the requirement

See Quality Statement 2.1 for detail.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that service users personal details are stored in a safe and secure environment. Staff must be aware of the importance of maintaining peoples' confidentiality and ensure that personal files are only accessible to the people who have permission or the authority to see them. This is in order to comply with; SSI 2011/210 Regulation 4 (1)(a)(b) Welfare of users.

Timescales; within one week upon receipt of this report.

What the service did to meet the requirement

See Quality Statement 2.2 for detail.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that all residents have a means of summoning assistance at all times. The nurse call system must be within reach of the person's hand when

they are unsupervised within their own rooms. This is in order to comply with; SSI 2011/210 Regulation 4 (1) (a) Welfare of users.
Timescales; within 24 hours upon receipt of this report.

What the service did to meet the requirement

See Quality Statement 2.2 for detail.

The requirement is: Met - Within Timescales

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

Actions taken on recommendations made at the last inspection are highlighted in the relevant sections of this report.

ACTION TAKEN ON ADDITIONAL REQUIREMENTS

11. The service provider must formally assess each staffs competency levels as part of a regular formal assessment of their practice in order to identify where staff may need further training or assistance. There must be a training plan in place which reflects the individual needs of each service users' health and wellbeing needs. Staff must receive training to suit individual service users needs to ensure they are knowledgeable and competent. This is in order to ensure each staff member is skilled and competent in the work that they do and carry out safe and effective practice. This is in order to comply with : SSI2011/210) Regulation 15 (a) - Staffing.
Timescale; within one month upon receipt of this report.

Action taken on Requirement 11: See Quality Statement 3.3 for detail.
Has the Requirement been met? Not Met

12. The provider and manager must ensure that staff who are expected to conduct supervision are trained and competent to deliver this adhering to the company's' most recent supervision policy and procedure. Minutes of staff meetings should provide an agenda with clear reference to who is responsible for actioning any changes required and show a timescale for when actions are required to be met. The minutes of meetings should be available to staff to ensure that they remain fully informed of the future development of the service and demonstrating positive outcomes for the people working and using the service. This is in order to comply with: SSI2011/210) Regulation 15 (a) - Staffing.
Timescale; within one month upon receipt of this report.

Action taken on Requirement 12: See Quality Statement 3.3 for detail.
Has the Requirement been met? Met

13. The provider and manager must ensure that all newly appointed staff receive a

complete and comprehensive induction programme. This should be completed within a reasonable timescale and be reviewed at regular intervals by the management to ensure that the staff member is knowledgeable and competent to deliver care and support to the people using the service. This is in order to comply with : SSI2011/210) Regulation 15 (a)(b)(i) Staffing. Timescales; within 3 months upon receipt of this report.

Action taken on Requirement 13 : See Quality Statement 3.3 for detail.

Has the Requirement been met? Met

14. The provider must improve quality assurance systems within the service to ensure that deficits within the service are identified and evidence is available to show the action taken to effect improvements. This should include but not exclusive of; * accident/incident audits * medication audits * care plan audits. This is in order to comply with; SSI2011/210 Regulation 4 (1) (a) Welfare of service users.

Timescale; within one month upon receipt of this report.

Action taken on Requirement 14 : See Quality Statement 4.4 for detail.

Has the Requirement been met? Not Met

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.

A self-assessment was not requested as part of this inspection.

Taking the views of people using the care service into account

The Following comments were made by residents/relatives in the services recent survey:

- . Improve cleaning in home
- . Activities should be led by all staff not just specialist staff
- . Scottish singer requested for entertainment
- . Happy with service given
- . Would like trips out
- . More staff
- . Satisfied with things at the moment

Residents spoken with have no issues regarding the care and support they receive. They spoke highly of staff and we seen some really positive relationships between residents and staff during our visit.

We saw residents engaged in a range of activities and people stated they were happy with the activities provided and that they were always asked what they would like to do.

Taking carers' views into account

We did not speak to any relatives during our visit.

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: 2 - Weak

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

Taking into account the evidence presented and discussions with service users and staff, the service was still found to be performing at an adequate level in relation to this Quality Statement.

The Service's participation policy reflects the ways in which it will involve service users, their representatives and outside agencies, such as health, in influencing the way the service is provided. This included meetings, questionnaires, 1:1 discussions and the use of a suggestion box.

Where residents personal plans had or were being updated we could see that the service were trying to involve the resident's families or representatives in this process. This was to help to ensure that the information contained in these was an accurate reflection of the person. This was particularly relevant where staff were completing life story books on individuals.

We made a recommendation at the last inspection that related to the service re-establishing systems that allowed it to gain the views of residents and their relatives on the quality of care and support provided by the home. The service had to show that where issues or concerns were raised that these were actioned to the satisfaction of the individuals concerned.

We found that the service had set dates for residents and separate relatives meetings for the coming year. The relatives meeting were arranged for different times in the hope to encourage wider participation.

The service was in the process of obtaining relatives e-mail addresses so that even those who are unable to attend meetings are aware of what has been discussed and agreed.

We could see from the minutes of the last relatives meeting that people were being kept informed over what was happening in the home. This included information on environment, staffing and care planning documentation. Where relatives raised concerns we could see that actions were being taken to address these or provide people with reassurances. Action plans were developed for any outstanding issues which would be followed up at the next meeting.

Residents had recently decided that they wished to have more frequent meetings to discuss the home and any new developments. This was being accommodated by the service.

Residents were also being kept up to date with what was happening in the home at these meetings this included staff recruitment and on-going refurbishment of the home.

Where the home was developing new policies and procedures these were being put out to residents, relatives and staff for discussion and comment prior to being made final.

The service had recently carried out a resident and family survey. This asked people's views on a range of issues including staffing, communication, complaints, laundry, accommodation, food and make comment on areas for improvement. The results of this survey were being pulled together to share with residents and relatives at the next planned meetings.

We were beginning to see that the service were engaging more with residents and their relatives with regard to assessing the quality of care and support provided. We will continue to monitor how well this is embedded in the service at future inspections.

The service was able to show that where concerns had been raised with them by relatives that these had been taken forward and addressed.

Areas for improvement

A recommendation made at the last inspection related to the service developing ways in which it could seek the views of those residents with memory problems and show that these have been acted upon. The service was taking action to address this. They had ordered talking mats to assist with communication and hoped that the further development of residents life histories would aid better communication. They had also produced some pictorial questionnaires. We will follow up how well the service has been able to engage with people at the next inspection. In the meantime

the recommendation will be repeated. (see recommendation 1)

We made a recommendation at the last inspection that staff receive training on the services participation strategy to ensure they have a full understanding of what participation meant in relation to residents and their carers. This training had been planned but due to a recent outbreak in the home had had to be delayed. The external manager was arranging a further date for this training to take place. In the meantime we will repeat this recommendation. (see recommendation 2)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The Service should develop ways in which it can seek the views of those residents with memory problems and show that these have been acted upon. This is in accordance with National Care Standards, Care Homes for Older People - Standard 11 Expressing your views. (repeat recommendation)
2. The service should provide staff training in relation to participation and its implications for the service. Staffs practice in this area should be monitored to ensure that the principles of participation are embedded in staff practice. National Care Standards, Care Homes for Older People - Standard 5 Management and Staffing.(repeat recommendation)

Statement 3

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

Service strengths

Although we noted some improvements in this area, we still assessed the service to be performing at a weak level in relation to this statement.

Three requirements and one recommendation made at the last inspection have been addressed. These related to the following:

* The provider must ensure that the home is staffed as agreed in the existing staffing schedule or apply for a variation to alter the schedule to reflect how the service is currently staffed.

The service was meeting its agreed staffing schedule in terms of shift patterns and number of staff on duty. The service could clearly show where either its own staff or agency staff had picked up additional shifts as a result of illness or staff leave. Where the service was unable to cover this, this was usually in exceptional circumstances.

A variation to change the existing staffing schedule had been submitted to us and was being addressed.

* The provider must ensure that all staff responsible for the development and review of resident's personal plans receives training in relation to person centred care planning and values.

Staff responsible for developing personal plans had received training in relation to person centred care prior to the inspection. We could see that this was having an impact on a number of the personal plans looked at during this inspection. Additional training related to values had also been delivered.

Staff had also had training in relation to looking at outcomes for people and hoped to incorporate this in to the current personal care plans.

* The provider must ensure that the social and recreational needs of service users are met. This must include;

* if a person continually refuses an activity then an alternative should be offered

* how the service user can be supported to be as active as possible must be contained within the personal plan

* there must be a record of what social activities and recreational diversions can be used when a service user is agitated

Activity champions had just been identified from the care staff team. They were responsible to ensure that activities took place in the care home even when activity staff were not in or were involved in other activities with people.

A budget has now been made available for staff responsible for undertaking activities. This has allowed them to purchase new equipment for residents to use. Activity boxes were now in each unit so residents had access to games, arts and crafts materials at all times.

We saw a range of activities happening during the inspection and saw care staff engaging with individuals out with the times of other activity staff being in the home.

The service was looking at new documentation to evaluate activities and training for activities staff had been identified. This included specific training on activities from Stirling University.

Overall we note improvements in this area. The provision of training for key staff in activities will be beneficial and allow staff to continue to develop this area for all living in the home. We will continue to monitor progress at future inspections.

* Staff should ensure that service users are assisted to change clothing as needed. This should include after meals.

We noted staff assist residents where needed to change their clothing as required. This included after meal times.

New personal care plans had been introduced since the last inspection. As stated above, staff had received training on how to complete this documentation. While the plans were being completed, an external company audited these to ensure that they were being completed appropriately and that the detail contained in them was accurate. The audits highlighted actions needed to improve the documentation with a timescale for this work to be done.

We found some good examples in relation to the new care planning documentation, where the information contained in them was person centred and clearly reflected the care and support needs of the person.

Residents continue to be registered with General Practitioners at a range of practices across the Hamilton/ Burnbank area. Referrals to other health professionals such as Community Psychiatric Nurses, Dentists and Dieticians are made for advice and guidance when needed.

Areas for improvement

Although we have seen some improvements in relation to how the service was addressing peoples' care and support needs, the following four requirements are still outstanding and have a poor outcome especially in relation to peoples' health needs.

- * The Provider must ensure that personal plans are used to record the needs of people who use the services, in all areas of their life and detail how these needs will be met. This should include how the provider intends to promote/maintain independence, health and welfare and quality of life. In order to do this the service must ensure that the personal plans;
 - * accurately reflect all the current needs of individuals
 - * include details about individuals preferences over all aspects of care and support
 - * include information about care and support interventions and are developed to fully reflect the care being provided
 - * include information about care and support that is up to date and regularly evaluated
 - * have a full range of risk assessment tools in place and that the outcome of the assessments are used to their full potential to inform care planning
- * The provider must review residents eating and drinking care plans and associated fluid monitoring charts. To ensure that all residents' needs are identified; the required intervention specified and updated, and care is implemented, effectively monitored and the evaluation is comprehensive.

As stated above, we noted some improvements in relation to the personal care plans in place, but this was not consistent enough to allow us to improve the grade in this area at this time.

We still found a number of examples where the plans lacked clear information and detail in relation to how staff must support people to meet their care and support needs. Examples of this included a lack of detail around what the person was capable of doing for themselves, where peoples' care needs had changed, plans were not updated to reflect this; no detail on how to manage an individual's skin even where the skin had broken down; we saw evidence that people were not being weighted on a weekly basis where this was assessed as needed and where significant changes were noted in residents weights staff had not identified this as a potential issue.

We found that where residents required their intake of fluid to be monitored that this was not being carried out appropriately by staff and as a result, where intake was poor we could not see what actions staff were taking to ensure the health needs of the individual.

We found that in some areas of the home staff were keeping close observation charts on residents, even where there was no assessed risk in relation to people leaving the home.

We found documentation in relation to do not attempt to resuscitate that needed to be reviewed to ensure that the information contained in it was still relevant at this time.

Taking into account the above, we could not say that the service were meeting peoples' care and support needs in a manner that ensured the best outcomes for the individual involved.

As stated above, staff had had training on developing the new personal care plans, however, new staff had subsequently been employed and had not had this training. The service need to ensure that all those responsible for writing these plans receive the appropriate training so that these can be completed appropriately.

We will therefore repeat this requirement. (see requirement 1)

*The provider must ensure that there is adequate trained, competent staff on duty at all times to ensure people receive their prescribed medication at times instructed by the prescriber and in line with the persons daily routine.

The service was taking some actions to try and address this requirement. Additional staff were being trained to give people their medication, but had still to be deemed competent to carry out this task.

However, at this time, we still found that it took one staff member a considerable length of time to administer medication to residents living in two units of the home. We concluded that this continued to have a negative impact on people who were receiving their prescribed medication later than instructed, which then effected the times of their subsequent medication times for the rest of the day. (see requirement 2)

* The provider must ensure that service users have a supply of their prescribed medications at all times. Staff must ensure that sufficient stock is maintained to ensure that people's health and wellbeing is not compromised by not receiving their prescribed medication. There must be accurate records of all medication stored, balance of stock and any required actions and outcomes identified.

We continued to find issues in relation to medication management in the home. The depute manager had started to carry out audits in relation to medication and had identified significant failings in this area that could have a negative impact on residents who need their medication to manage identified health needs. Despite issues being identified and discussions taking place with staff ie: those we found, the same issues continued to come up in a couple of audits and from our examination of records during this inspection. (see requirement 3).

* The staffing levels in the home had to be reviewed in line with the dependency levels of the people who live there and layout and design of the accommodation:

Since the last inspection the service had identified an alternative assessment tool to assess resident's dependencies. At the time of the inspection, this information had still to be formally collated to ensure that staffing in the service was appropriate to meet the needs of those living in the home. We will repeat the requirement until the home is able to show that staffing levels are appropriate on an on-going basis. (see requirement 4)

Although, as stated above the service was now meeting its staffing schedule in relation to times and number of staff on duty, there were still issues in relation to skill mix. This was due to a lack of senior care staff currently employed in the service to meet this. The management were aware of this and hoped that through the variation and additional recruitment that this would be addressed. We will monitor this at future inspections.

Grade awarded for this statement: 2 - Weak

Number of requirements: 4

Number of recommendations: 0

Requirements

1. The Provider must ensure that personal plans are used to record the needs of people who use the services, in all areas of their life and detail how these needs will be met. This should include how the provider intends to promote/maintain independence, health and welfare and quality of life. In order to do this the service must ensure that the personal plans;
 - * accurately reflect all the current needs of individuals
 - * include details about individuals preferences over all aspects of care and support
 - * include information about care and support interventions and are developed to fully reflect the care being provided
 - * include information about care and support that is up to date and regularly evaluated
 - * have a full range of risk assessment tools in place and that the outcome of the assessments are used to their full potential to inform care planning
 - * The provider must review residents eating and drinking care plans and associated fluid monitoring charts. To ensure that all residents' needs are identified; the required intervention specified and updated, and care is implemented, effectively monitored and the evaluation is comprehensive.

This is in order to comply with SSI 2011/210 Regulation 5 Personal plans - a provider shall - prepare a written plan which sets out how the service users health and welfare needs are to be met.

Timescale for implementation: 1 month from receipt of this report. (repeat requirement)

2. The provider must ensure that there is adequate trained, competent staff on duty at all times to ensure people receive their prescribed medication at times instructed by the prescriber and in line with the persons daily routine. This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) Welfare of users.
Timescales; Within one week of receipt of this report.
3. The provider must ensure that service users have a supply of their prescribed medications at all times. Staff must ensure that sufficient stock is maintained to ensure that people's health and wellbeing is not compromised by not receiving their prescribed medication. There must be accurate records of all medication stored, balance of stock and any required actions and outcomes identified. This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) Welfare of users.
Timescales; Within one week upon receipt of this report.
4. The staffing levels in the home must be reviewed in line with the dependency levels of the people who live there. Any staff recording the dependency of a resident must have received suitable training and demonstrate an understanding of the information they are required to record in order to provide an accurate score. This is in order to comply with SSI2011/210 Regulation 4 Welfare of Service users and Regulation 15 (a) Staffing.
Timescales: within 1 week of receipt of this report.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service strengths

We found that the service was still performing at an adequate level in relation to this statement.

We made one requirement at the last inspection in relation to this statement. This related to the provider submitting a full refurbishment plan for the home. This had to show the areas of priority and include an action plan with reasonable timescales for improvements to be fully completed. It had to demonstrate how the people who use the service have been consulted and their views taken into account to improve the quality of the environment they live in.

We received an action plan from the provider and works completed at the time of the inspection was on schedule. The service was able to show that they asked residents and relatives their views on the accommodation. This included choosing furnishings for communal areas of the building.

Areas for improvement

See Quality Statement 1.1 for detail on improvements needed to participation.

The service plan to continue to seek residents and relatives views on the environment. They advised that they will continue to involve people who work and live in the service when making decisions about the environment. There are plans to review and improve areas of the accommodation and we will monitor how effective the service has been at involving people in this at future inspections.

It would be helpful for the service to carry out a review of each room in the home to assess what works and/or upgrades are needed to make sure every room is of a good standard.

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

Taking into account the evidence presented, the service was still found to be performing at a weak level in relation to this Quality Statement.

Since the last inspection work has commenced to upgrade the existing accommodation. This started in Peacock unit where areas had been redecorated and new lounge furniture was in place. Plans were in place to continue the redecoration and refurbishment of the accommodation over the coming months.

The following four requirements and two recommendations made at the last inspection had been addressed. These related to:

* The provider to ensure that service users personal details are stored in a safe and secure environment. Staff must be aware of the importance of maintaining people's confidentiality and ensure that personal information is only accessible to the people who have permission or the authority to see them.

From our observations and discussions with staff, it was clear that appropriate actions had been taken to address this requirement.

* The provider to ensure that all residents have a means of summoning assistance at all times. The nurse call system must be available in all areas of the home including communal areas.

We found that actions had been taken to ensure people had access to their nurse call system while in their bedrooms and in the communal areas of the home. This meant that where areas were unsupervised that residents were unable to call for assistance if they needed it.

* The service provider must carry out regular risk assessments of the building ensuring the environment is safe for the residents, staff and any visitors to the home.

The service has developed environmental audits that allow it to check the safety of the environment on a regular basis. Appropriate risk assessment were in place to cover areas such as fire safety.

* The Provider must ensure that the home is staffed as agreed in the existing staffing schedule or apply for a variation to alter the schedule to reflect how the service is currently staffed.

The provider had applied for a variation to the existing staffing schedule. In the meantime, they had adjusted the staffing times and levels back to what had originally

been agreed with us. Discussions were on going with the inspector responsible for registration regarding this matter.

* Suitable signage should be placed in the home in order to enable residents to move easily around the service and its grounds. The signage should assist people in maintaining their independence.

The service had introduced new signage to the Peacock unit that was appropriate to meet the needs of those living in this area. Additional signage had been ordered for the rest of the home and was due for delivery.

* The service should ensure that where it is providing written contracts to residents that they are fulfilling their obligations as set out in the contract.

The on-going work to improve the environment helps to ensure that the above recommendation is being met. This includes provision of lockable storage in bedrooms and plans to install appropriate bedroom door locks in rooms where these are not already in place.

* The provider should ensure that systems of laundry and the care of residents clothing are reviewed.

We found that the service had taken action to ensure that residents receive their clothing back from the laundry as soon as possible.

Areas for improvement

As stated above, the service had started to address the requirements made at the last inspection in relation to the environment, however, there were aspects that continued to cause concern.

The main reason for the grade remaining at weak was as a result of our concerns in relation to cleanliness and infection control. The presence of soiled and stained furniture and the level of cleanliness throughout the home were indicators that the service had failed to carry out a deep clean of the environment following a recent outbreak of an infectious disease. Failure to take appropriate action after an outbreak of infection has the potential to allow the outbreak to re occur and this can cause harm to people living within the care home. (see requirement 1)

A requirement made at the last inspection related to the service having to ensure that the internal environment was made safe to allow people to walk freely without having to negotiate trip hazards which have the potential to cause injury. This related to loose flooring, poor lighting and cables in residents bedrooms and layout of Peacock lounge/dining room. The depute manager advised that they carry out a walk round of the building on a daily basis to identify and address such issues. There is no written record to show that these are carried out or that actions are taken if needed. There was also no system in place that the walk round would be carried out by other

staff in the deputed absence. The service needs to ensure that there are robust and accountable systems in place to address any identifiable environmental hazards. (see requirement 2)

The service had developed a range of environmental audits which had been completed by staff. However, we were concerned that we were identifying issues such as emergency cords being tied up and potentially out of reach if someone fell, shower heads needing cleaned, bedding on inside out that these audits had not identified. It is clear that these audits needed to be further developed to ensure that they identified additional checks needed to maintain the environment for those living there at a good standard. (see recommendation 1)

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 1

Requirements

1. The Provider must ensure that the physical environment and equipment is kept clean, hygienic and of suitable standard. In order to do this the service must; ensure that auditing and monitoring of cleaning measures and maintenance are put in place in accordance with Infection Control in Adult Care Homes: Final Standards 2005. This is in order to comply with; SSI 2011/210 Regulation 4 (1) (a) (d) Welfare of users.
Timescales; within one week upon receipt of this report (repeat requirement).
2. The Provider must ensure that there are robust and accountable systems in place to address any identifiable environmental hazards which have the potential to cause injury to those living, working or visiting the service. This is in order to comply with: SSI 2011/210 Regulations 3 - Principles and Regulation 4(1)(a) - Welfare of users.
Timescales; within 24 hours upon receipt of this report.

Recommendations

1. The service should review the environmental audits in place to ensure that they are fit for purpose and take into account the issues highlighted in this report. National Care Standards, Care Homes for Older People -Standard 4 Your Environment

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

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 retained the grade of adequate level in relation to this statement.

See Quality Statement 1.1 for further details on participation.

We could see some evidence that the service had started to involve those living in the service when recruiting new staff. This included, potential staff members pending time with residents and residents views on that person being recorded.

Areas for improvement

See Quality Statement 1.1 for detail on participation.

The service need to continue to build and develop the ways in which it engaged with residents and their relatives in seeking their views on staff through recruitment and on an on-going basis. (see recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should develop methods to enable residents and relatives to comment on the quality of staffing in the service on a regular basis. National Care Standards, Care Homes for Older People - Standard 11 Expressing your Views

Statement 3

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

Service strengths

We concluded that the service had retained the grade of adequate in relation to this statement.

The Company had a range of policies and procedures that related to staff training and development.

A number of staff had or were identified as needing to undertake Scottish Vocational Qualification (SVQ) in care. Staff were being supported to identify and register with training companies for this training.

The training matrix reflected what training staff had undertaken and when it should be repeated. This allows the management to have a clear overview of all training undertaken and highlights which staff still requires specific training inputs.

Some training opportunities had been made available since the last inspection and had included; Fire, Moving and handling, Health and safety, infection control, care planning and safe handling of medications.

Staff spoken with stated that improvements continue to be made in the home. They advised that they felt well supported and that training opportunities had increased.

Two requirements made at the last inspection had been addressed. These related to:

* The provider and manager must ensure that staff who are expected to conduct supervision are trained and competent to deliver this adhering to the company's most recent supervision policy and procedure.

At the last inspection we highlighted that a number of staff had received training in relation to how to carry out staff supervision but that this had not taken place. Supervision sessions had recently been re-established for all staff. A written record of this was held in the persons' own personnel file. We could see where issues had been identified, including training, and that these were being addressed. We will monitor the outcome of this for staff at future inspections.

* The provider and manager must ensure that all newly appointed staff receive a complete and comprehensive induction programme. This should be completed within a reasonable timescale and be reviewed at regular intervals by the management to ensure that the staff member is knowledgeable and competent to deliver care and support to the people using the service.

We found improvements in the induction of new staff. Inductions were now being carried out by people employed by the service. New inductions had been developed for different grades of staff and we could see that specific training dates had been set

aside to ensure new staff received mandatory training such as fire, infection control and moving and handling.

Areas for improvement

One requirement repeated at the last inspection remains outstanding. The requirement related to:

* The service provider must formally assess each staffs competency levels as part of a regular formal assessment of their practice in order to identify where staff may need further training or assistance. There must be a training plan in place which reflects the individual needs of each service users' health and wellbeing needs. Staff must receive training to suit individual service users needs to ensure they are knowledgeable and competent.

We were able to see that the service had started to take action to address these but the work had still to be completed.

The service had developed a questionnaire for staff to complete around identifying training undertaken and additional training needs. This would allow the service to ensure that it has up-to-date training records for all staff as well as enough information to allow management to develop a training plan for the rest of the year. Staff had already identified the following training dementia, mental health, medication, first aid, adult support and protection and epilepsy. Tools to check staffs competency and understanding of training delivered would be developed in line with this. (see requirement 1)

Although we could see that the appropriate staff were registered with the SSSC there was no system in place to check that where a person had a condition placed on their registration that management were aware of this or the timescale in which this condition had to be met (see recommendation 1)

The format of supervision records also needed to be reviewed to ensure that it was meaningful and relevant to the individual staff member and ensures that where actions are agreed that these are carried forward to the next session. The service would benefit from obtaining a copy of 'The Framework for Continuous Learning in Social Services' the Scottish Social Services Council (SSSC) publication for information and guidance on on-going staff training and development. Consideration should be given to how this could be implemented for staff in the service and how it can link in to the services supervision and appraisal formats.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The service provider must formally assess each staffs competency levels as part of a regular formal assessment of their practice in order to identify where staff may need further training or assistance. There must be a training plan in place which reflects the individual needs of each service users' health and wellbeing needs. Staff must receive training to suit individual service users needs to ensure they are knowledgeable and competent. This is in order to ensure each staff member is skilled and competent in the work that they do and carry out safe and effective practice. This is in order to comply with: SSI2011/210) Regulation 15 (a) - Staffing. Timescale: within one month upon receipt of this report. (repeat requirement)

Recommendations

1. The management should develop a system to ensure that where staff are registered with their respective governing body that they are aware of any conditions on this registration and timeframe for these to be met. 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: 3 - Adequate

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 had retained the grade of adequate in relation to this Quality Statement. See the comments made under Quality of Care and Support 1:1 in relation to participation.

The home had a statement of aims and objectives which were included in the service's brochure. This detailed what the home planned to provide for residents and set out how this would be achieved.

Areas for improvement

See the comments made under Quality of Care and Support 1:1 in relation to participation.

As an area for improvement the service should consider how they can best capture and record peoples' views in relation to management and leadership of the home. They should also consider how they can encourage and seek the views of external professionals, such as health and social services, on the home and service provided to those living there. This will help to ensure that the service has an overview of how other agencies perceive what is being provided and if it is achieving its aims and objectives and placement objectives. We will follow this up at the next inspection to see what actions have been taken to address this.

At the last inspection we made a recommendation that the service should consider having residents and relatives meetings chaired by someone who is independent of the home. We were able to see that discussions had taken place with relatives and someone had volunteered to take this forward. We will monitor the impact of this at the next inspection.

The service will be asked to submit a self-assessment document to us prior to the next inspection. As an area for development they need to consider how they can involve the residents, relatives and staff views when they are completing this document. This will allow them to show that they have discussed the areas covered in the self- assessment with all relevant parties and that their views are reflected in the evidence submitted. (see recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should be able to demonstrate how residents, relatives and staff are involved in completing the self-assessment. National Care Standards, Care Homes for Older People - Standard 11 Expressing Your Views

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

We found that the service had improved in this area and was now performing at an adequate level.

At the last inspection we highlighted our concerns regarding the services failure to progress the serious issues highlighted at past inspections. Since then the Provider had sought assistance from an outside agency as well as bringing in the external

manager and new deputy manager to move the service forward.

We found that improvements had started and that the service was beginning to address some long outstanding issues in an effective and manageable way. The service now notified the Care Inspectorate, Scottish Social Services Council and Nursing and Midwifery Council regarding any notifiable incidents. This included any untoward incidents in the home as well as issues about staff practice. This addresses a requirement made at the last inspection.

We made a requirement at the last inspection that the provider had to improve the quality assurance systems within the service to ensure that deficits within the service were identified and evidence available to show the action taken to make improvements. We asked that particular attention be given to, but not exclusive of; accident/incident, medication and care plan audits.

We found that the service had developed audits to highlight the above as well as other areas such as environmental, meal time experience and maintenance. From a number of these audits we could see that where issues were identified that actions were put in place to address these.

The service submitted its self-assessment and annual return to us when requested.

Areas for improvement

An area for improvement relates to the further development of the quality assurance systems currently in place to ensure that they cover all aspects of service provided and can clearly reflect discussion with residents, their representatives, staff and stakeholders. This should allow the service to clearly show what it does well and what it needs to improve on.

The management also needed to ensure that where weaknesses are identified in the audit systems, such as highlighted under Quality Statement 2.2, that actions are taken to address these. This is to ensure a more robust and responsive audit system is in place.

As previously stated it would be helpful for the service to produce a development plan for the home that clearly identifies the services priorities over the coming months and years. This could be developed and shared with residents, their relatives and staff to show what the priorities would be for the service and demonstrate how and by when they planned to address these. (see recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should bring together a development plan that shows how they plan to move the service forward in the coming months and years. This should be done following consultation with residents, their relatives and staff. National Care Standards, Care Homes for Older People - Standard 5 Management and Staffing.

4 Other information

Complaints

The service has had one complaint upheld since the last inspection. The complaint related to the following areas: cleanliness of an individuals' bedroom, care of clothing and failing to manage a persons' risk of falls. We have followed up the requirements made as a result of this complaints during this inspection. Evidence of the outcomes can be found under the relevant section of this report.

Enforcements

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

Additional Information

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

6 Inspection and grading history

Date	Type	Gradings
6 Dec 2013	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 3 - Adequate Management and Leadership 2 - Weak
18 Jul 2013	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 3 - Adequate Management and Leadership 1 - Unsatisfactory
13 Dec 2012	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

Inspection report continued

10 Aug 2012	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate
28 Mar 2012	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

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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