

# Care service inspection report

## Viewpark

### Care Home Service Adults

15 Abercorn Terrace  
Edinburgh  
EH15 2DE

Type of inspection: Unannounced

Inspection completed on: 26 January 2015



HAPPY TO TRANSLATE

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## Service provided by:

Abercorn Care Ltd

## Service provider number:

SP2003002437

## Care service number:

CS2007162742

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## 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	4	Good
Quality of Environment	4	Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

The service has a well-trained, caring and motivated staff team. Service users (residents) were supported in a way that recognised their individual preferences and routines.

The service is situated near local shops and parks and the beach is close by. We found the environment homely, clean and comfortable.

### What the service could do better

The service should make sure that residents always receive enough help to care for their teeth and dentures.

There was good information in residents' care plans about how to meet health and well-being needs. This could be developed further by including regular evaluation of specific care plans to record a judgement of their current level of well-being.

### What the service has done since the last inspection

The service has met all of the requirements made at the last inspection. The dining facilities have been improved

The extension had been redesigned and refurbished to increase the availability of single en-suite bedrooms.

## **Conclusion**

Viewpark gives good care and support within a homely, clean and comfortable environment. Staff are well-trained, caring and attentive towards residents. We have made some recommendations to help the service improve particular aspects of care and support.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://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

- 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- A requirement is a statement, which sets out what is required of a care service to comply with the Public Services Reform (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 Care Inspectorate.

Viewpark is a care home service, registered to provide 24 hour care to a maximum of 23 older people. The service is provided in a stone built, detached property situated in a residential area of Portobello to the east of Edinburgh.

There is a garden and parking area to the front of the home and enclosed garden to the rear. This links with the garden next door which belongs to another home owned by the same Provider. This gives service users access to a larger outdoor area and enables people to meet and mix with their neighbours.

The home is within easy reach of local services such as shops, churches, library and doctors surgeries, and is on a main bus route connecting the city of Edinburgh.

Accommodation is provided on two floors, with stairs and a passenger lift giving access to the upper floor. The care service is in a traditional building with a modern extension. There are three twin rooms and seven single rooms of which all have wash hand basins and one single room has an en-suite toilet. The recently refurbished extension provides a further 11 single rooms with en-suite facilities.

The service's website describes their care philosophy. "Our goal is to develop a cohesive unit, which provides quality care, in a homely setting. The care is to be delivered in a competent manner by a well-trained, motivated staff, thereby ensuring:

- The staff will act in such a way as to promote and safeguard the well-being and interest of the residents at all times.
- The care will be given in a competent manner. Each resident will be treated as an individual taking into account their physical, emotional and spiritual needs
- The resident's right to privacy, dignity and confidentiality will be respected
- The full involvement of the resident in determining their care will be undertaken
- The caring and supporting role of relatives and friends will be fully acknowledged and their active participation in determining the quality of care will be sought".

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 5 - Very Good**

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](http://www.careinspectorate.com) or by calling us on 0345 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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following an unannounced inspection which was carried out by one inspector and took place on Thursday 15 January 2015 between 1:25pm and 5:35pm and Monday 19 January 2015 from 9:45am to 3pm. We gave feedback to the Manager and two of the Directors of Abercorn Care Ltd on Monday 26 January 2015.

As part of the inspection, we took account of the completed annual return that we asked the provider to complete and return to us.

During this inspection we gathered evidence from various sources, including the following:

We spoke with:

- Seven residents individually and groups of residents in public areas
- Manager
- Deputy Manager
- Staff Nurse
- Carer
- Cook

We looked at:

- Four residents' personal plans
- Medicine Administration Records (MAR)
- Home's Newsletter
- Records of staff meetings
- Records of residents' meetings
- Records of relatives' meetings
- Consultation survey results
- Complaint records
- Staff rotas

- Staff training records
- Accident and incident records
- Maintenance records
- Records of quality assurance checks
- Information on activities available in the home
- The environment including some of the furnishings and equipment.

### **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](http://www.firelawscotland.org)



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

### The requirement

The provider must ensure the administration of medicines is properly recorded.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services), SSI 2011/210, Regulation 19(3)(j), where a provider must keep a record of medicines for the use of service users which are kept on the premises from which the care service is provided.

### What the service did to meet the requirement

Action taken to meet this requirement is described under Quality Theme 1, Statement 3.

**The requirement is:** Met - Within Timescales

### The requirement

The Provider must review and improve the bath provision on the ground floor.

This is in order to comply with SSI 2011/210 Reg 4(1)(a) - a regulation regarding the welfare of users and also in accordance with the National Care Standards Care Homes for Older People Standard 4 - Your environment, Standard 9 - Feeling safe and secure, the SSSC Code of Practice for Employers Sections 1.5 and 2.2.

### What the service did to meet the requirement

Action taken to meet this inspection is described under Quality Theme 2, Statement 2.

**The requirement is:** Met - Within Timescales

### The requirement

The provider must ensure that staff give moving and handling assistance to residents in a safe and comfortable way. In order to achieve this the provider must:

(i) monitor staff practice to ensure that staff use the correct technique when giving moving and handling assistance including the correct and safe use of equipment

- (ii) update moving and handling risk assessments and care plans to include information on the size and type of sling to be used with equipment such as hoists and stand aids
- (iii) ensure that a sufficient range of replacement slings are conveniently available, replacements should reflect the range in use by service users.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users.

### **What the service did to meet the requirement**

Actions taken to meet this requirement are described under Quality Theme 1, Statement 3.

**The requirement is:** Met - Within Timescales

### **The requirement**

The provider must install suitable bed screening in all shared twin bedrooms to ensure service users' privacy is fully maintained.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(b) provide services in a manner which respects privacy and Regulation 14(b) facilities in care homes.

### **What the service did to meet the requirement**

Action taken to meet this requirement is described under Quality Theme 2, Statement 2.

**The requirement is:** Met - Within Timescales

### **The requirement**

The provider must ensure that there are sufficient numbers of suitably qualified staff to meet the health, welfare and safety needs of service users. In order to achieve this the provider must:

- keep individual records of four weekly assessments of physical, social, psychological and recreational needs and use these to inform individual direct care hours required
- ensure there are sufficient numbers of care and nursing staff to consistently meet service users' care needs during evening hours.

This is to comply with The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 (SSI 2011/28) Regulation 4(1)(a) - Records the provider must keep and The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15(a) Staffing. In making this requirement National Care Standards for Older People Standard 17 - Daily Life and Standard 14 keeping well - healthcare are taken into account.

### **What the service did to meet the requirement**

Action taken to meet this requirement is described under Quality Theme 3, Statement 3.

**The requirement is:** Met - Within Timescales

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

Five recommendations were made at the last inspection. The service has met three of these. Actions taken on recommendations are described under the relevant Quality Theme.

### **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 Care Inspectorate received a completed self-assessment document from the provider. The provider identified what it thought the service did well and identified areas for development under some of the headings we grade them under. The service graded each theme at a higher level than was found at this inspection.

### **Taking the views of people using the care service into account**

At this inspection there were 12 people living in the home following the temporary closure of the extension for building work. We spoke individually with seven residents. Residents who were able to express a view told us that they were pleased with the service they received and commented that staff were kind. People felt the food was good. Comments included:

"Well looked after here...food is good, sometimes feel there's a bit too much"

"It's lovely"

"Quite well"

"Food? Quite good".

Some residents were not able to answer specific questions about the care they received. We judged these residents' wellbeing by spending time chatting, sitting and looking at how they spent their time and their emotional responses when approached by staff. We found that they appeared comfortable and at ease in the company of staff.

We received five completed questionnaires "How satisfied are you with this care service". Two strongly agreed and three agreed with the statement "overall I am happy with the quality of care I receive in this home".

### **Taking carers' views into account**

We met a resident's family member who was visiting at the time of the inspection. They were pleased with the care their relative received and told us they were kept up-to-date with any changes in their relative's health. They commented that the home is in a good situation for visiting the local community and this made it easier for them to take their relative out. They particularly liked visiting the nearby park.

We received four completed questionnaires. Two strongly agreed and one agreed with the statement "overall I am happy with the quality of care my relative/friend receives at this home". One questionnaire had not ticked an answer to this question.

## 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: 4 - Good

#### 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 very good at providing ways for residents and their relatives to comment on and influence the quality of care and support. These included:

- residents focus groups
- relatives meetings
- complaints and suggestions
- web site (including a direct e-mail link to contact the head office of the provider)
- surveys and consultations.

A newsletter was issued every season. We looked at the last two newsletters. There was information on activities, future developments and staff training and news.

Each resident's personal plan was reviewed with them or their representative about every six months. Records of these showed that staff prepared reviews well and collated relevant information to be shared with the resident or their representative.

Residents focus groups were held regularly. The meeting in November 2014 brought together residents to discuss the Xmas day menu. The next meeting in January 2015 asked for suggestions for favourite cakes and biscuits so that the cook could include these at afternoon tea. We looked at the records of these meetings and noted that suggestions were acted on where possible. Some residents, as a result of their health, were not able to tell the meeting of their preferences and suggestions. The meeting records showed that these residents' preferences were obtained by

asking their relatives. This meant that the service tried to make sure that all residents were involved in the focus groups.

A menu board showed pictures of the next meal. This made it easy for residents to see what choices were available at each meal.

Some parts of the home were being redeveloped to improve facilities for residents and staff. Residents that we asked felt they got enough information about this and knew when the building work was expected to be finished. Information was also given through displays and relatives meetings.

Each resident had information on their day-to-day personal care needs and preferences in a document that could accompany the resident should they need to go to hospital. This would particularly help those people who were not always able to communicate their views and needs.

Residents and their relatives had been consulted about the impact of building work on accommodation and their views on how residents could be supported.

### **Areas for improvement**

The residents' focus groups were organised and attended by the Social Care Coordinator. The service should consider an occasional meeting that includes a member of the management team. This is so that residents have the opportunity to comment on the quality of the service and have access to information about the management and future development of the service.

Some information on the notice boards was too high to be comfortably read by most residents. We reminded the service to place information on the boards so that it was easy to see.

We discussed with the management team opportunities to increase the involvement of residents in the development of the newsletter and the possible benefits of this.

The home works with residents and/or their representatives to gather life story information. Life stories can include information on preferences in day-to-day life, hobbies, memories of earlier life events, past times, families and friends. This type of information helps staff to identify residents' preferences in leisure and activities and to understand each resident's background and interests. As life story work progresses, residents or their representatives should be consulted on the range of ways their information can be used in their day-to-day care and life. We will look at this again at future inspections.

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**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

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

### Service strengths

We found the service was good at meeting residents' health and well-being needs. Each resident had a personal plan that described their care and support needs and how staff should meet their needs in the ways that suited each resident's preferences and life style.

Personal plans contained assessments that staff used to measure specific risks to residents' health. These included:

- Malnutrition Universal Screening Tool (MUST). A tool that helps staff identify residents who are at risk of under nutrition or putting on too much weight or losing too much weight
- Pressure Ulcer Risk Assessment. An assessment that helps staff to identify residents who are at risk of developing skin damage or wounds from pressure to the skin
- Falls risk assessment.

We looked at the way lunch was served and the help residents' received with their meal. Residents received help in a caring and sociable way. Residents that needed a lot of help received this from one carer who spent time with them throughout their meal. Some residents chose to have their meals on trays in their bedroom or the sitting room. At the last inspection we recommended that the service review the standard of facilities at meal times. A separate dining room that also had a small sitting area had been created and tables were attractively set. The recommendation was met.

At the last inspection we required that staff give moving and handling assistance to residents in a safe and comfortable way. During our visit we saw staff help residents with standing and walking in a safe and unhurried way. We looked at a sample of residents' personal plans and found moving and handling risk assessments and care plans were regularly reviewed and had enough information on the size and type of sling to be used with equipment such as hoists and stand aids. We saw a sufficient range of replacement slings were also available. The requirement was met.

We also required that the provider ensure that the administration of medicines was properly recorded. We checked a sample of Medicine Administration Records and found good recording. The requirement was met.

We recommended that the service improve the quality of information in personal plans to guide staff when helping someone experiencing distress or agitation. We found good information in the sample of care plans that we looked at. Information and guidance was individualised and suited to each person's needs. The recommendation was met.

No-one in the service had a wound that was caused from direct pressure to their skin (a pressure ulcer). This meant that the service was successfully helping residents at risk from this type of wound to maintain healthy skin.

We did not look in detail at the range of activities available to residents during this inspection, but noted that residents enjoyed the company of the Social Care Coordinator and the activities that we saw.

During our inspection, we found that residents appeared well dressed and cared for. There was a welcoming atmosphere during our visit. We saw that residents appeared at ease in the company of staff.

### **Areas for improvement**

Although the service was successful in helping residents at risk from pressure ulcers maintain healthy skin, some of the care plans we saw did not have enough information on pressure reducing cushions for seating or helping residents to change their position when seated. We will look at this again at future inspections.

We looked at the help residents received to care for their mouth, teeth or dentures. Some of the toothbrushes we saw were worn and required replacing. Although there was information about oral and dental care in residents' personal plans there was no information in the summary of their personal care needs which was in each resident's bedroom and guided staff on day-to-day personal care. Although we found some residents received help to care for their teeth and dentures we did not see this in all cases. We found that residents received help to visit the dentist regularly but more consistent help was needed to ensure that residents received the oral care every day (see recommendation 1).

Although there was good information in residents' care plans about how to meet health and well-being needs, it was hard to judge their current level of well-being and how well the care met each resident's daily needs. Day staff wrote in each residents' care records a short summary of some aspects of well-being and care. These were not sufficient to evaluate all aspects of residents' health. Although some care plans had an evaluation, the information did not have enough detail. We



discussed with the management team ways of regularly evaluating specific care plans in order to judge their effectiveness (see recommendation 2).

The records of residents' six month personal plan reviews showed that most aspects of care and support were considered and discussed. We found it hard to judge from these records whether residents' social and emotional well-being was evaluated and discussed. The service may wish to consider this aspect of record keeping within the six month review process.

Each resident had information on their day-to-day personal care needs and preferences in a document that could accompany the resident should they need to go to hospital. In two of the personal plans we looked at this document had not been kept up-to-date when changes to care had been made.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 2

### Recommendations

1. The service should put in place systems to support staff to consistently meet service users' oral care and hygiene needs. The quality of oral care and support should be monitored.

National Care Standards, Care Homes for Older People, Standard 14 - Keeping Well - Healthcare.

2. The service should develop the system of personal plans to include regular evaluation of all aspects of care. Evaluations should be person centered and consider if planned care is meeting residents' care and support needs.  
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: 4 - Good

### 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 very good at involving residents and their families in assessing and improving the quality of the environment.

Residents were encouraged to personalise their bedrooms with photographs, mementos, pictures and ornaments. Some residents had brought in items of furniture.

A range of methods were used to keep residents and their families up-to-date with the progress of the building works. Some residents were asked to move temporarily from their bedroom to allow building work to start. The provider consulted residents and their relatives about this so that they could help each person in the way that suited them best.

The manager told us they hoped to increase the use of services such as dentists and opticians that residents could visit in the local area rather than these services always coming to the home. This would offer residents more customer choice when visiting local shops and services.

Strengths identified under Quality Theme 1, Statement 1 apply to this statement.

#### Areas for improvement

We discussed the opportunities that the completion of the new extension would give residents to influence the decor and quality of the environment. We will look at how this progresses at the next inspection.

**Grade awarded for this statement:** 5 - Very Good

**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**

We did not look at all aspects of this statement at this inspection. We looked around public areas and some residents' bedrooms to see how the service made sure the environment was safe for residents. We also looked at some of the equipment used in the home to see if it was properly maintained. We found the cleanliness and maintenance of the home was very good.

There was a range of policies and procedures that helped staff to keep the environment and service users safe. This included an adult protection procedure that helped staff know how to act on any concern about a resident's welfare.

There were records of important safety checks of equipment used to lift residents who could not stand or walk independently. These checks were required by law (Lifting Operations Lifting Equipment Regulations - LOLER). Other tests required by law such as Portable Appliance Testing had been done.

At the last inspection we required the provider to install suitable bed screening in all shared twin bedrooms in order to improve privacy. We found this had been done. The requirement was met.

We required that damaged enamel on the bath in the ground floor bathroom be repaired to ensure that the bath could be cleaned easily. A new bath had been installed. This bathroom was also to be redeveloped as part of the building work and new extension. The requirement was met.

We recommended that the service should consider how the conservatory could be improved to provide a comfortable area for the sole use of residents and their visitors. As a result of the building work the conservatory was not in use. The provider told us the conservatory was to be replaced on the completion of the new extension. As a result of this, we judged the recommendation to be met.

### **Areas for improvement**

We brought to the attention of the manager a wheelchair that would be difficult to keep clean as a result of damaged back rest and seat covering.

We noticed that staff sometimes forgot to shut the access gate to the kitchen. This meant that there was a risk residents could visit the kitchen unobserved. We told the management team about this so that staff could be reminded to close this gate.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### 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 very good at involving residents and their relatives/visitors in assessing and improving the quality of staffing. It did this by giving residents lots of opportunities to comment on the quality of staffing.

There was a large staff photo board in the entrance hall. This was a good way to remind visitors of the names of regular staff.

The newsletter and web site gave information on the training available for staff. There was information about the body that regulates the social services workforce, the Scottish Social Services Council (SSSC).

Strengths described under Quality Theme 1, Statement 1 apply to this statement.

#### Areas for improvement

The service should continue its good practices and consider future developments such as finding out what staff qualities residents think are important and using this information in staff recruitment and development.

**Grade awarded for this statement:** 5 - Very Good

**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

We found the staff group to be well-trained and motivated. We spoke with some staff, who told us they liked their work and felt that communication and team work was good.

There were up-to-date training records held in the home for staff. This meant that the management team could plan staff development taking into account previous training and any training that may have been missed. There was a development programme to help new staff learn about their job (induction). All of the staff we spoke with told us they were given very good training opportunities.

The service provider had a range of policies and procedures to guide staff and to describe the standard of practice and care the provider expected.

The home used an assessment to work out how much care residents needed. This meant that the provider had up to date information that could be used to plan staffing levels. At the last inspection we required that the service ensure there were enough staff on duty to meet the needs of residents. We looked at staff rotas and talked to staff. The staff, we spoke with, told us they felt the home had enough staff to meet the care needs of the residents. As the service was caring for a reduced number of residents (12) and staff told us that staffing levels were sufficient, we judged the requirement to be met. We will look at staffing levels at future inspections.

Promoting Excellence is an NHS and Scottish Social Services Council educational framework and resource describing four levels of learning and competence in the care and support of people living with dementia. The manager told us that they planned to implement the Promoting Excellence framework to ensure that every person working in the service had the opportunity to gain the right level of skill for their role.

We saw residents being treated respectfully and with dignity. Staff spoke respectfully about resident's individual care and support needs.

### **Areas for improvement**

The service should consider the support and development staff may need in order to achieve the recommendations made under Quality Theme 1, Statement 3.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### 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

We found the service was very good at involving people in assessing and improving the quality, management and leadership of the service.

During our visit we saw the manager chatting with residents, offering support and considering residents' well-being. We saw this on a number of occasions. This made it easier for residents to give any views or opinions of the service to the manager directly.

Staff told us that the Directors of Abercorn Care Ltd visited the service regularly. This meant that staff, residents and relatives could get to know and approach senior management with feed back about the quality of the service.

We found a very prompt response when using the services web site to contact senior management. This was a useful way for family members to contact senior managers directly.

Strengths identified under Quality Theme 1, Statement 1 and Quality Theme 3, Statement 1 apply to this statement.

#### Areas for improvement

It is useful to consider bringing together information about the quality of the service and developing an improvement plan that describes what the home intends to develop or improve. This can be shared with staff, residents and their relatives so that they can comment on the plan and influence its contents.

**Grade awarded for this statement:** 5 - Very Good

**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

We found very good quality assurance systems in use. This included a reporting system that staff used to report to senior management any failure or omission that could indicate a need to improve. We saw that consistent processes were being applied. This included managing staff performance to make sure that all staff knew the standards of work and conduct expected in the service.

Local checks (audits) of care records, medicines and the environment were carried out regularly. This helped the service to identify areas of care and support that needed improvement. We found that the quality checks were used well.

At the last inspection we recommended that the service develop a six month personal plan review form to help staff gather, prepare and record information and conclusions from the review. The service had developed a good recording format. The recommendation was met. We discussed further improvements to review the form with the management team (see areas for improvement Quality Theme 1, Statement 3).

## Areas for improvement

At the last inspection we recommended that the audit of accidents and incidents was developed to include analysis of environmental, staffing and care factors. We saw that regular audits were carried out. However the analysis of these focused mainly on identifying those at risk of multiple accidents or falls. We have carried forward the recommendation so that the service can consider developing the audit further (see recommendation 1).

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

## Recommendations

1. The audit of accidents and incidents should be developed to include analysis of environmental, staffing and care factors.

National Care Standards, Care Home for Older People - Standard 5 - Management and Staffing Arrangements.

## 4 Other information

### Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

### 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

<b>Quality of Care and Support - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	4 - Good
<b>Quality of Environment - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 2	4 - Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
24 Oct 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
6 Feb 2013	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 6 - Excellent Management and Leadership 5 - Very Good
21 Dec 2011	Unannounced	Care and support 5 - Very Good Environment 6 - Excellent Staffing Not Assessed Management and Leadership Not Assessed

## Inspection report continued

10 Feb 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
12 Oct 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
12 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
6 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
16 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
25 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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 الا اذه.

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