

Care service inspection report

Full inspection

Spring Gardens Care Home Service

67 The Promenade
Joppa
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Abercorn Care Ltd

Service provider number: SP2003002437

Care service number: CS2007162838

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

Spring Gardens provides a homely environment for residents. The home was clean and well maintained. The home is located close to local amenities and residents were supported to remain part of the community.

Staff were knowledgeable about residents' needs and provided support in a caring manner. Staff were motivated to provide good care and to develop in their role.

A programme of quality assurance checks was in place and completed regularly. These evidenced that actions were taken to any issues identified. Residents and relatives told us they were very happy with the service they received.

What the service could do better

Some aspects of care plans needed more detailed information to ensure that staff continue to have current guidance on how to meet residents' needs. This

included developing information on skin care and nutritional needs and that records of care plan evaluations are detailed comprehensive.

Some aspects of medication management could be improved.

What the service has done since the last inspection

The service has met the requirement and some of the recommendations since the last inspection, and progress has been made on the remaining recommendations.

The service has continued to seek the views of residents, relatives and staff on aspects of the living and working in the home.

Conclusion

Spring Gardens is a clean and well maintained service that provides a homely place for residents to live. Staff are caring and supportive towards residents and motivated to deliver good care.

There is clear management and leadership of the service and the staff work well together as a team.

Whilst Spring Gardens provides a very good standard of care, we have highlighted some areas where the service can continue to develop and improve.

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

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Spring Gardens is a care home service, registered to provide care for up to 21 older people.

The service is provided in a stone built, detached property in a residential area to the east of the city of Edinburgh. It is close to shops, bus routes linking to the city centre, and other local amenities. The Home is situated on the promenade, with views overlooking the beach and out to sea.

The building has been extended to the rear of the property, and there are enclosed gardens both to the front and rear of the house.

Accommodation is provided on two floors, with stairs and a passenger lift giving access to the upper floor. There are three twin and 15 single rooms. Ten of the rooms have en-suite wash hand basin and toilet facilities.

The Home is owned by Abercorn Care Limited, who also own two other homes in the local area. Abercorn Care Limited's stated Aims and Objectives say that they aim to set "small achievable goals on an upward spiral toward excellence" and "to be flexible and designed to meet your needs."

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 5 - Very Good

Quality of environment - Grade 5 - Very 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 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. This was carried out by one inspector. The inspection took place on Wednesday 21 October 2015 between 2.45pm and 8pm. It continued on Wednesday 28 October 2015 from 10.35am until 9pm. We gave feedback to the manager and the provider on deputy manager on 3 November 2015.

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

We sent 21 care standards questionnaires to the manager to distribute to residents. We did not receive any completed questionnaires from residents prior to our inspection. We also sent 21 care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned ten completed questionnaires before the inspection.

We asked the manager to give out 21 questionnaires to staff and we received four completed questionnaires.

During our inspection, we gathered evidence from various sources. We spoke with a number of staff, including the manager and carers.

We spoke with a number of residents living in the home, both individually and in groups, during their day-to-day activities. Some residents were less able to give us their views and tell us about what it was like to live in the home. To help us assess the quality of care for these residents we spent time observing the care of some individuals. We observed the interactions between staff and residents.

We spoke with relatives who were visiting during our inspection. We looked at the environment as we walked around the service, and spent time with residents in their rooms and communal areas of the home.

We looked at:

The certificate of registration and insurance.

Minutes of meetings.

Newsletters and information displayed in the service.

Staff training information.

Samples of residents' personal plans and related care documentation.

Staffing schedule and a sample of staff rotas.

Quality assurance checks and audits.

Maintenance records.

Accident, incident and complaints records.

The environment, and some equipment around the home, including specialist equipment such as hoists.

Notifications made to us by the service.

Action plans returned to us following inspections.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe the lunchtime experience of two residents.

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.firescotland.gov.uk

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 fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

Taking the views of people using the care service into account

We spent time with residents in lounge and dining areas within the units. We spoke with residents individually and in small groups around the home.

Some residents were less able to tell us what they thought about the service or the care they received. We judged their well-being by interpreting their responses to our conversations, observing how they interacted with staff and how they spent their time.

Comments from residents included:

"Love it here".

"It's wonderful".

"Nice food".

"Feel like I've lived here my whole life".

"Plenty going on".

Taking carers' views into account

The relatives we spoke with, overall, were very happy with the care and support given to their relative. comments included:

"Can't fault it.....like a family".

"Staff are ever so kind".

"They keep in touch and let us know what's happening".

"Mum is always well dressed, hair done".

"The way they treat visitors is super".

"It would be good if there were more excursions".

"My friend is very happy in Spring Gardens and particularly enjoys the amount of personal freedom she is given".

"I strongly believe Spring Gardens encourages a family atmosphere".

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: 5 - Very 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

During this inspection, we looked at how the service took account of the views of residents and relatives/carers, information displayed around the home, and views of people we spoke with during our visit. We found that the service was performing at a very good level in areas covered by this statement.

From the evidence we found, we concluded that the strengths observed at previous inspections were still evident.

A variety of information was displayed at the entrance and around the home. This included:

- Health information leaflets.
- Recent edition of the home's newsletter.
- Information on staff uniforms and key worker teams.
- Care Inspectorate and Scottish Social Services Council (SSSC) posters.

Information on the policies, aims and objectives of the home and the complaints procedure were clearly displayed. This helped people to be aware of

the standards they should expect from the service and how to raise any concerns or issues.

Focus group meetings were held on a monthly basis for residents. We saw from a sample of minutes that these were well attended and residents were involved in discussions on social outings, activities and other business such as the purchase of garden furniture and changes in room function.

Minutes of the previous meeting were discussed, which helped residents who had not attended keep up-to-date with events. The service had arranged for independent volunteers to facilitate residents' meetings. This was due to commence at the next meeting. Independent facilitation can help encourage people to become involved and give their views. We will look at the progress of this at future inspections.

The service had an informative, easy to read newsletter. This included updates on staff and resident news, events, past and future activities, poems and information on residents meetings. We could see that residents had contributed to articles and information for the newsletter.

Reviews of residents care and support needs were completed at the required six monthly intervals and involved residents and relatives as appropriate. This was confirmed by the relatives we spoke with during our inspection.

These are important in giving people the opportunity to participate in assessing and improving the quality of the care and support provided by the service. Care reviews also ensure that plans accurately reflect residents' needs and that residents and relatives/carers can give their views and preferences for the care and support they receive. The minutes we looked at, evidenced that actions were taken to any points raised during reviews.

The service had a key worker system in place where a small team of named staff were allocated to specific residents. This helped residents and staff to get to know one another and gave relatives and residents another way to discuss their care or any concerns and issues. Relatives and residents we spoke with knew about this system and were aware of who their key worker was.

The service had used questionnaires to gather views of relatives/carers on the change of the dining room and lounge facilities. The manager advised that many of the residents had difficulty completing questionnaires and their views on the change of rooms had been gathered during their focus group meetings.

The manager was visible around the home during our inspection. Their office was located near the entrance to the home and they had an open door policy. This helped encourage residents and relatives to approach them at any time if they wanted to discuss anything or had any concerns.

The residents and relatives/carers we spoke with knew the manager and said they would have no hesitation in approaching them if they had anything they wanted to discuss.

Areas for improvement

On-going reviews of care are important in giving people the opportunity to participate in assessing and improving the quality of the care and support provided by the service. We saw that records of care reviews gave information on the residents care and support needs at the time of the review.

Some of these however, did not fully evidence what was discussed during the review. The service should ensure that this information is contained in records of reviews in order to evidence that residents and relatives/carers views have been sought and that a comprehensive review has been completed. We will follow this up at the next inspection.

Some residents are less able to give their views or participate in meetings or questionnaires. It is important for all residents to have the same opportunities to give their views and contribute to the development of the service. The service should continue to look at ways to support residents with communication problems to be involved and give their views. We will follow this up at future inspections.

Minutes of meetings identified actions and who would complete these but it was not always clear if, or when, actions were completed. This would help the service evidence how they progress suggestions from residents and relatives

and improvements that have been made. This will be followed up at the next inspection.

Grade

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

During this inspection we looked at aspects of nutrition and the dining experience, medication management, general care, and care planning.

Strengths identified in Quality Theme 3, Statement 3 also apply to this statement. We found that the service was performing at a very good level in the areas covered by this statement.

Care plans were completed for each resident and overall contained good information on residents' support and health care needs. We saw evidence that care plans were audited to ensure these were completed to the standard expected by the provider.

Risk assessments were completed to help identify if residents were at increased risk in any specific aspects of their daily life. These included falls and skin risk assessments. These contained information to guide staff on the actions to take in order to reduce the identified risks.

We could see that staff acted on health concerns and liaised with relevant health professionals appropriately, for advice or further assessments for residents. Staff were knowledgeable about residents support needs and of their individual preferences in their daily routines. Relatives told us they were

generally kept up-to-date and informed of changes in their family member's health or support needs.

We found that medications were stored safely and securely. Carers had protected time to administer medications and we saw that other staff recognised the importance of this by not distracting them.

We looked at a sample of Medication Administration Records (MAR's), which, overall, evidenced that residents received their medication as prescribed. See areas for improvement for aspects of medication management that could be further developed.

Some residents needed to have medication given by a patch to their skin. Charts were in place to record the application and monitoring of patches. These evidenced that the patch had been checked every day to ensure it remained in place and the medication was being given.

The service used the Malnutrition Universal Screening Tool (MUST), which helped staff identify residents at risk of losing or gaining too much weight.

We observed residents mealtimes during our inspection and saw these were well organised and residents were served promptly. Staff were attentive to residents and, overall, residents were offered choices and further helpings throughout their meal. Tables were nicely set and mealtimes were a relaxed and sociable experience for residents.

Regular drinks and snacks were on offer in between mealtimes. This included smoothies, home baking and savoury snacks. This helped residents who needed extra, high calorie snacks to maintain their weight. Fresh fruit platters were also offered regularly which assisted residents to maintain a healthy diet.

As part of our mealtime observations we used the SOFI 2 tool. This is an approved and recognised tool which provides a framework to enhance the observations we make about residents' well-being, how they engage with the world around them and interact with staff.

As a result of our observations, we saw that one resident was encouraged by staff to have their meal as independently as possible. Another resident interacted less with other residents and staff but appeared to enjoy looking at the decorations in the dining room. Staff told us that the resident often chatted with others during meal times but this depended on how they felt on that particular day.

We observed that most residents who had their meal at dining tables interacted with each other and seemed to have a relaxed and sociable dining experience.

During our time in the home, we saw that residents were well presented in their personal appearance and seemed comfortable and settled. Staff approached residents in a caring manner and residents seemed relaxed around staff. We saw good humour shared between residents and staff during our visit.

The residents and relatives we spoke with told us that they were very happy with the care provided by the service and spoke positively about staff.

The home had a dedicated activity worker who organised and provided a range of regular activities and events. A weekly programme of social activities was planned and copies delivered to each resident. This let residents know what was happening in and around the home and helped them to participate in activities of their choice.

These included outings, arts & crafts, quizzes, visits from local schools, mum and baby group, visiting entertainers, talks and local walks.

During our visit, we saw residents participating in organised activities with the activity worker and care staff. Residents appeared happy and the atmosphere was relaxed and good fun was shared between residents and staff.

Areas for improvement

We found that there was good information on residents' care and support needs in some care plans, however, this was not consistent. Care plans should continue to be developed in order to evidence the care being given by staff.

Some skin care plans needed more information on the types of special mattress or cushion used, mattress settings and the frequency that residents needed help to move position. More detailed information was needed in some plans on the use of creams or ointments. The recommendation from the last inspection on this has been amended to take account of evidence obtained at this inspection (see recommendation 1).

At the last inspection, we discussed with the management team ways of regularly evaluating specific care plans in order to judge their effectiveness. We found that care plans were evaluated around every three months; however, these did not fully evidence what had been evaluated and whether the plans continued to be effective. The recommendation will remain (see recommendation 2).

Care plans contained information on the nutritional needs of residents, including whether the resident needed a fortified diet, extra snacks or smoothies to help increase their calorie intake. We were unable to see information in care plans on the assessment and recommendations of the dietitian and/or speech and language therapist.

This information should be clearly recorded in care plans to ensure that staff have appropriate guidance to support residents with their nutritional, eating and drinking needs. We will follow this up at the next inspection.

We looked at a sample of Medication Administration Records (MAR's). Whilst some records were completed well, others had gaps where we expected there to be signatures to indicate medication had been given. Some charts did not have information to indicate why a medication had not been given as prescribed.

Some residents were prescribed medicines to be given 'as required'. The service should ensure that information is in place to guide staff on the circumstances in which these should be given, particularly when used for symptoms of anxiety and distress.

This should include information on when to administer these and what actions could be taken first before considering giving medication. We have made a requirement on aspects of medication management (see requirement 1).

We found that some risk assessments were not consistently completed. This included falls risk, skin assessments and MUST assessments. Whilst falls risk assessments were completed at regular intervals, these were not always reviewed each time, after a resident had fallen.

The service should ensure that risk assessments are reviewed regularly and after a resident has had a fall. This will help ensure that staff have up to date information on residents' individual risks and the actions they could take to help prevent this. We will follow this up at the next inspection.

Grade

5 - Very Good

Requirements

Number of requirements - 1

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

- a) Medication must be administered according to the prescribing instructions.
- b) Administration of medication, or reason for omission, must be recorded at the time of administration.
- c) 'As required' medicines to treat symptoms such as distress, agitation and anxiety, should have protocols in place that contain information that describes how staff are to help the resident with these symptoms or action taken before considering administering medication.

This should include what signs may indicate the need for medicine to be given, actions staff should take and the maximum dosage to be administered in a given time period.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) - a requirement

to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

This takes account of the Royal Pharmaceutical Society of Great Britain (RSPGB) "The Handling of Medicines in Social Care", October 2007, Nursing and Midwifery Council "Record keeping: Guidance for Nurses and midwives", April 2010 and National Care Standards, Care homes for Older People, standard 15 - keeping well - medication.

Timescale: To commence on receipt of this report and for completion by 31 January 2016.

Recommendations

Number of recommendations - 2

1. Resident's pressure ulcer prevention care plans should include information on:

- Topical medicines, including the indication for use, type, amount and frequency. A system of monitoring of assessing and evaluating the use of treatments and their effectiveness should be implemented.
- Specialist equipment needed and settings if relevant.
- Re-positioning needs.

This takes account of 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 centred 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: 5 - Very 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 strengths identified under Quality Theme 1, Statement 1 also apply to this statement and support residents and relatives/carers to participate in assessing and improving the quality of the environment within the service.

Areas for improvement

The areas for development described in Quality Theme 1, Statement 1 are also relevant to this statement.

We continued to encourage the service to involve residents and relatives/carers in changes or improvements to the home environment.

Grade

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

In assessing this statement, we looked at some bedrooms and the communal bathroom, lounge and dining areas of the home. We looked at some of the

equipment used in the home and spoke with staff during our inspection. We found the service was performing at a good level in areas covered by this statement.

During our time in the home we found it to be clean and tidy. A programme of regular maintenance checks were completed to ensure that the home and equipment were checked for safety and maintenance issues. Moving and handling equipment had been serviced in line with Lifting Operations and Lifting Equipment Regulations (LOLER).

A range of environmental risk assessments were carried out. These helped the service to identify potential risks or hazards and put action plans in place. These had been reviewed on a regular basis.

The main entrance had secure doors and all visitors to the building were asked to sign in and out of the home. This helped staff to know who was in the home at any given time.

Staff had received training in areas that helped them to maintain a safe environment for people who used the service. This included health and safety, food hygiene, fire and first aid. The provider had a range of policies in place to give further guidance to staff.

Risk assessments were completed for residents on aspects of their care and environment, for example on falls and moving and handling risks. These helped identify potential risks or hazards for residents, and helped staff take preventative action to reduce these.

A computerised repairs system had been installed. This provided a centralised log which could be quickly accessed by the maintenance team. The system also allowed staff to check and monitor the progress of each maintenance issue.

The service had introduced a system for checking the condition of mattresses and to ensure that these were turned frequently. We saw that these were placed in resident's rooms and completed regularly. The recommendation made on this at the last inspection has been met.

The service had made provision for the safe keeping of resident's money and valuables. A system for recording receipt and return of valuables had been put in place. The requirement on this from the last inspection has been met.

Areas for improvement

We looked at a sample of residents' creams and ointments. A few of these were not labelled with the date of opening. This helps staff decide when to dispose of, or replace, creams and helps ensure they are applied according to manufacturers' guidelines (see recommendation 1).

At the last inspection, we recommended that the service review and update their sling log to ensure that all slings have LOLER checks completed. The service had individual integrity sheets for each sling to record checks completed.

We saw that slings had been LOLER checked but that one sling did not have an integrity sheet in place. A comprehensive list of all slings is useful in ensuring that the service can monitor the equipment in use in the building and ensure that all maintenance checks are completed and recorded. The recommendation will remain (see recommendation 2).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Topical creams and ointments should be labelled with the date of opening. This would help staff judge when to dispose of or replace topical medicines and to ensure they are applied within the manufacturers guidelines.

This takes account of National Care Standards, Care Homes for Older People, standard 15, keeping well - medication.

2. The service should review and up-date the sling log in order to make sure that every sling in the service is listed and made available for LOLER checks.

This takes account of National Care Standards, Care Homes for Older People, standard 5 - management and staffing Arrangements and standard 4 - your environment.

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 strengths identified under Quality Theme 1, Statement 1 also apply to this statement and support residents and relatives/carers to participate in assessing and improving the quality of staffing within the service.

Areas for improvement

The areas for development described in Quality Theme 1, Statement 1 are also relevant to this statement.

Grade

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

To assess this statement we observed staff while they worked and interactions between staff and residents. We looked at some staff training and development records and spoke with residents and people visiting the home. We have assessed that the service was performing at a very good level for this statement.

We found staff to be friendly and approachable during our time in the home. Staff were seen to be caring and supportive towards residents. Staff were knowledgeable about residents care needs and individual preferences for their daily routine and support.

We found staff to be helpful and receptive to the inspection process. The staff we spent time with wanted to provide good care for residents and appeared motivated to attend training and develop within their roles.

We were told that there was good team working and communication between staff. Communication books, a work allocation system and short meetings on each shift meant that staff were organised and knew who had responsibility for specific tasks on each shift.

All new staff completed an induction which provided the theory and practice to help them gain an understanding of their role and tasks relevant to their job. An on-going training programme was in place that provided staff with mandatory and supplementary training. This included moving and handling, medication management and adult support and protection.

Team meetings were held regularly for all levels of staff. We saw from a sample of minutes that practice issues, roles and responsibilities and service development were amongst topics discussed. Staff told us that the minutes were circulated to all staff to ensure the team was kept up-to-date with what was happening in the home.

One-to-one supervision gives staff the opportunity to discuss areas of work, development and training, and support staff in their role. Supervision meetings also allow managers to assess the quality of work, identify training needs and promote best practice with staff.

The service had a schedule in place to provide supervision for staff around every three months. We saw that all staff had received supervision within this planned timescale. Staff told us that they found their supervision meetings helpful and they had the opportunity to talk about training, work issues and their own development.

The Scottish Social Services Council (SSSC) is the regulator for the social service workforce in Scotland. The SSSC sets standards of practice, conduct, training and professional development. All relevant staff in the service were registered with the SSSC.

Questionnaires had been distributed to staff to gather their views on aspects of the service, including training, the environment, management of the home and their role. The results of these were collated and fed back to staff.

Areas for improvement

The areas for improvement discussed in Theme 1, Statement 3 are also relevant to this statement.

The provider should ensure that staff continue to receive on-going support and training in order to address the areas for improvement highlighted in Theme 1, Statement 3.

Grade

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

The strengths identified under previous participation statements, Quality Theme 1, Statement 1 and Quality Theme 3, statement 1, also apply to this statement.

Areas for improvement

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

Grade

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

To assess this statement we looked at the system of audits and quality assurance in the home and took into account our findings during the inspection. We have assessed that the service was performing at a very good level in areas covered by this statement.

A system of audits and checks were completed to monitor the quality of the service. This included audits on medication, infection prevention and control and care plans. We saw that this had helped the service identify areas that needed to improve or develop and what action was needed.

A system was in place to ensure that actions were planned and taken to any fault, error or failing that had been reported. This included reviewing any actions taken and assessing if further corrective actions to be taken were appropriate.

A daily management report was completed by care staff for each shift, covering a 24 hour period. This included information on any issues raised, evidence of medication checks, communication and any notable information or changes in residents' needs. The report was used to hand over information between staff on each shift and then shared with the manager.

There was clear management and leadership of the service. The manager was visible around the home and residents and relatives said they knew them and would feel happy to speak with the manager about any issue.

The manager had a good awareness of how the service was performing, what it did well and areas where improvements were needed.

Areas for improvement

The quality assurance checks identified issues or areas for improvement but some did not clearly evidence if the actions were completed. This would help the manager evidence continuous development of the service. We will follow this up at the next inspection.

At the last inspection, we noted that 'the complaints procedure asked those making a complaint to fill out a form. Some residents or members of the public may not be able to complete a form'. At this inspection, we saw that the complaints procedure advised that people could speak to the individual in charge, at the time of the issue, but that they will then be asked to record their complaint on a complaint form.

We discussed with the manager about clarifying the complaints procedure so that people know a form does not also have to be completed. This may help some people, who feel less able to complete forms, raise a complaint. We will follow this up at the next inspection.

The provider should consider how they can further develop their quality assurance systems in order to continue to monitor, evaluate and develop the service.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

1. The provider of the care service must provide a place where the money and valuables of service users may be deposited for safe keeping, and make arrangements for service users to acknowledge deposit and return to them of any money or valuables so deposited at the request of the service user.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations (SSI 2011/210) Regulation 14 (e) Facilities in care homes.

In making this requirement National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements.

Timescales: For completion by the 31 December 2014.

This requirement was made on 01 October 2014

We have reported progress on meeting this requirement under Quality Theme 2, Statement 2, Quality of Environment.

Met - Within Timescales

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

Previous recommendations

1. The service should develop the system of personal plans to include regular evaluation of all aspects of care. Evaluations should be person centred 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.

This recommendation was made on 01 October 2014

We have reported progress on meeting this requirement under Quality Theme 1, Statement 3, Quality of Care and Support.

2. Resident's pressure ulcer prevention care plans should include information on any skin care need and regular/ "as required" treatments. Information about skin care and topical medicines should include but is not restricted to:

- Aim and indication for use.
- The type of cream and strength where applicable.
- Which part(s) of the body it is being applied to.
- How much.
- Frequency of application.

A system of monitoring of care plans, Medicine Administration Records should be put in place to assess and evaluate the use of treatments and their

effectiveness.

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

This recommendation was made on 01 October 2014

We have reported progress on meeting this requirement under Quality Theme 1, Statement 3, Quality of Care and Support.

3. The service should develop and implement a regular checking procedure for mattresses in the home. The procedure should include the condition of the mattress cover and the internal mattress.

National Care Standards, Care Homes for Older People, Standard 4 - Your Environment.

This recommendation was made on 01 October 2014

We have reported progress on meeting this requirement under Quality Theme 2, Statement 2, Quality of Environment.

4. The service should review and up-date the sling log in order to make sure that every sling in the service is listed and made available for LOLER checks.

National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements and Standard 4 - Your Environment.

This recommendation was made on 01 October 2014

We have reported progress on meeting this requirement under Quality Theme 2, Statement 2, Quality of Environment.

6 Complaints

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

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
1 Oct 2014	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
11 Feb 2014	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
31 Jan 2013	Unannounced	Care and support 6 - Excellent Environment 5 - Very Good Staffing 6 - Excellent Management and Leadership 6 - Excellent
9 Feb 2011	Unannounced	Care and support 6 - Excellent Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
26 Oct 2010	Announced	Care and support 6 - Excellent Environment Not Assessed Staffing Not Assessed

		Management and Leadership	Not Assessed
9 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
24 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
11 Nov 2008	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
16 May 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good

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Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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