

# Care service inspection report

Full inspection

## Abercorn Nursing Home Care Home Service

11 Abercorn Terrace  
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Abercorn Care Ltd

Service provider number: SP2003002437

Care service number: CS2003010607

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](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://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	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

### What the service does well

Abercorn Nursing Home provides a homely environment and has a pleasant, secure garden area.

The manager was visible in the service and was available to residents, staff and visitors to the service.

Residents and their families told us that staff were welcoming and caring towards their relative.

There was a good selection of home cooking and baking available. Residents were seen to enjoy this.

### What the service could do better

We have identified areas for development in quality themes and statements in this report. This includes aspects of healthcare, namely skin care and medication management.

There were issues relating to the environment that needed to be improved.

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

The provider was acting as the manager of the service at the time of this inspection. There were plans to recruit to the manager post and we have been notified about the absence of the previous manager.

The Certificate of Registration will be amended after the new appointment.

There were seven recommendations made at the last inspection. Some of these were met and details can be seen in the relevant statements of this report.

### Conclusion

Abercorn Nursing Home provides a pleasant and homely environment. Staff were caring and we saw examples of care being delivered taking into account the preferences of the resident.

However we have identified areas for improvement in this report which would enhance the performance of the service if these were addressed. This includes the environment, aspects of care and completion of some aspects of the documentation.

# 1 About the service we inspected

Abercorn Nursing Home is a care home service, registered to provide 24 hour care to a maximum of 22 older people. It is situated in a residential area of Portobello to the east of the city of Edinburgh and is close to shops, Portobello Promenade and beach, bus routes and other local/ community services.

The care home is a stone built, detached property, with parking and a garden to the front of the house. There is an enclosed garden at the rear of the building. Next door to Abercorn Nursing Home is another care home owned and operated by the same provider (Abercorn Care Ltd). The rear gardens of both of these homes are connected by a small gate and path. This gives the residents an opportunity to use both gardens and enables them to meet and mix with their neighbours.

Accommodation is provided on two floors, with stairs and a passenger lift giving access to the upper floor. There are 12 single and five twin bedrooms, 13 bedrooms have en suite wash hand basin and toilet facilities. The Home has two shower rooms and one bathroom with multi-function bath facility. Two sitting rooms and a dining room are on the ground floor.

The service's website notes that it aims to set "small achievable goals on an upward spiral toward excellence". The Philosophy of Care states that:

"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. "

## 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 4 - Good**

**Quality of environment - Grade 4 - Good**

**Quality of staffing - Grade 4 - Good**

**Quality of management and leadership - Grade 4 - 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 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

This report was written after an unannounced inspection which took place over two days.

Two inspectors from the Care Inspectorate carried out the inspection on Wednesday 23 March 2016 between the hours of 12:20 and 19:50 and Thursday 24 March 2016 between the hours of 8:45 and 19:30 approximately.

Feedback was given to the manager of the service on Thursday 24 March 2016. The deputy manager attended part of the feedback session.

During this inspection we gathered evidence from various sources. We looked at samples of documents and records including:

- Annual return information sent to us before the inspection.
- Self-assessment completed by the service before the inspection.
- Action plans received by us following regulatory activity.
- Certificate of registration displayed in the service.
- Staffing schedule displayed in the service.
- Notifications made to us by the service.
- Minutes of meetings held in the service.
- Samples of resident personal plans and relevant documents (for example, monitoring charts and dependency assessments).
- Medication records.
- Activity information.
- The newsletter.
- Audits undertaken in the service.
- Checklist of professional registers for staff working in the service.
- Staff training information.

- Samples of staff recruitment files.

We spoke with:

A number of staff working in the service during the days of inspection including the manager of the home and deputy manager, registered nurses (RN), carers (HCA) and the housekeeper.

We spoke with a number of people who used the service, individually and in group settings, when they were carrying out their daily activity.

Some residents were not able to tell us their views of the service. We observed how staff engaged with these residents and how residents spent their day so that we could consider their experiences of life in the home.

We took into account responses from our Care Standard Questionnaires (CSQ). Twenty - two were sent to service for distribution to users before the inspection and one was completed and returned.

Twenty - two were sent to the service for distribution to carers and relatives before the inspection and six were returned.

We acknowledge that the CSQs were sent to the service over five months before the start of the inspection.

We looked at the environment as we walked around the service and spent time in communal areas of the home.

### **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](http://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.

This was completed and returned to us before the inspection.

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

Before the inspection we received one completed CSQ.

The respondent told us that they were satisfied with all aspects of the service. We acknowledge that the CSQs were sent to the service over five months before the start of the inspection.

There were a number of residents who were unable to give us views about the service verbally during the inspection. We observed interaction between staff and residents and saw that the residents were supported by staff who treated them respectfully.

We received the following comments during the inspection:

"It is very, very good cooking here.....most of the time I get what I want".

"Staff are ok".

"It's quite nice here".

"Well I don't ask for much but as long as I get my meals and television I am Ok".

"I do what I can do so they (staff) don't have to do much....I don't have long conversations with them but they are nice".

"I go to bed after tea - I don't want to do much".

"It's generally one of the best places".

"They do us very well - I can get a fried breakfast but I don't like it".

"Nothing to complain about. Lasses are all nice. We have a good laugh".

"The food is good - that is a great thing".

"I choose my clothes....sometimes the girls will say - do you want this or that".

### Taking carers' views into account

Before the inspection we received six completed CSQs. We acknowledge that the CSQs were sent to the service over five months before the start of the inspection.

People stated that overall they were happy with the quality of the care provided in the service.

They expressed 100% satisfaction with:

Knowing the key worker.

Social events.

The availability of snacks and hot drinks.

Their relative's preferences respected.

Their relative feeling safe and secure.

The home being clean and hygienic.

Their relative offered privacy and treated with respect.

There was less satisfaction expressed by some in respect of:

Their relative having choices about aspects of their daily life.

Their relative having no restrictions placed on them, for example the time of getting up or going to bed.

Their relative being able to discuss their concerns and give views about the service.

People who chose to give us written comments told us:

"xxxx is usually clean, well dressed and tidy".

"Overall I am very pleased with the care".

"We are delighted that xxxx is well looked after and is safe.... "

"xxxx depends on staff to move her - does not always have a member of staff in attendance".

During the inspection we spoke with people visiting the service and they were complimentary about the transition to the home from hospital. The resident and their relatives were continuing to work with the manager to make adjustments to the accommodation so that this could be the best possible.

The position of the home and the gardens were said to be crucial factors in making a decision to use Abercorn Nursing Home.

### 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

This quality statement also takes into account Quality of the Environment Statement 1, Quality of Staffing, Statement 1 and Quality of Management and Leadership Statement 1.

We have assessed that the service was performing at a very good level for this statement. We took into account a range of information we saw, spoke with people and observed how staff and residents interacted throughout the days of inspection.

We found that there continued to be a variety of ways in which people could express their views at Abercorn Nursing Home.

Meetings were held and these kept people up to date. Discussions included, staffing in the service, updates to improvements in the environment and the Care Inspectorate inspection.

We saw that actions were set out and carried forward following some meetings, this included those attended by staff.

'My home life' suggestion slips were available for people (including staff, residents and visitors) to raise any issues and give suggestions. The manager

confirmed that responses to these are given in the newsletter.

The newsletter was well presented. This kept people updated on what was happening in the service. There were photographs of events and celebrations. Information was given to people about the results of consultation. For example, changing to a strawberry tea event from the planned barbeque.

A key worker system was operating in the home. They have key responsibilities in looking after the resident. This is a good way to give the resident and family a point of contact.

We also noted that staff spoken with were knowledgeable about each of the residents.

Responses in CSQ returns told us that 100% of people were satisfied that staff knew the resident's preferences. Respecting people's choices is an important way to ensure that individuals are 'heard'. Care files included some life stories and 'This is me' information which gave important information about residents past preferences and activity. Staff awareness of resident's preferences and choices helps to make sure that care is delivered in a way that is meaningful to the individual.

Complaints are a good way for a service to learn how to make improvements when issues are raised. The service had their complaint policy displayed and this told people that they could raise issues with us if they wished.

A complaint log was in place and one complaint was in the process of investigation.

The manager confirmed that the information would be kept in the file.

Reviews of care are significant for residents and families/representatives to discuss the care in the home and whether there should be any adjustments made to meet the needs of the resident.

From our sample of care files we saw that reviews of care took place and that significant people attended.

Comments from family members in written responses to the home and from people we gained views from showed that they were able to raise issues.

The service had a range of information relating to Adults with Incapacity(Scotland) Act 2000 and 'Do not attempt cardio pulmonary resuscitation' (DNACPR). This included policies and procedures.

### Areas for improvement

One recommendation was not met at this inspection about the use of action plans after each residents' forum meeting. Whilst we saw that action plans were in place if issues were raised at resident forum meetings, we did not always see that the actions had been completed. The implementation and completion of action plans following all meetings would help the service evidence the on-going development of the service, in response to any issues raised.

(See recommendation 1).

Whilst we saw that reviews of care were carried out these did not always fall into the expected timescales and we acknowledge that the service has taken action to address this.

We will monitor this at the next inspection.

We looked at the home's system in respect of legal authorities to act on residents' behalf. A power of attorney is an authority given by an individual to another person to deal with their affairs when they are no longer able to do so. The manager confirmed that work had commenced on seeking copies/ clarification on the powers of individuals.

Additionally we included information about 'Do not attempt cardio-pulmonary resuscitation' (DNACPR). This is a legal system which recognises the wishes of people in situations where they may need treatment when they become acutely ill or their heart or breathing stops.

Adult with Incapacity certificates (a prescribed document issued under the authority of the Adults with Incapacity (Scotland) Act 2000) did not always have a treatment plan attached to show what was covered by the certificate.

We could not always see who had been included in decision making and the timeframes of when there needed to be a review of the documents.

We acknowledge the completion of these forms was not the responsibility of the care home staff. However, staff needed to make sure that these were current so that individuals were treated according to their wishes and relevant legislation.

In order to further support the service we advise that the following 'best practice' documents can be used as a resource.

'The National Health Service Education for Scotland (2011) Respecting and Protecting Adults at Risk in Scotland - Legislation and Practice can be used as an educational resource. '

The MWC's good practice document "Working with the Adults with Incapacity Act", provides useful guidance and can be accessed through our website or directly from the Mental Welfare Commission website.

We will review progress at the next inspection.

Whilst we have shown that there were a number of ways to support people in assessing and improving the quality of the care and support provided by the service, there were a number of people who did not feel that this was the case. Fifty percent of relatives who responded to us in CSQs told us that they were encouraged to discuss their views on the service, (This meant 3 out of six people) with 33 percent stating that they were unable to give feedback. (This was two out of six respondents).

As previously stated, the CSQs were sent to the service five months before the inspection commenced and two individuals had stated that they were unable to express their views.

We shared this with the manager and thought that care files could be used to set out the preferences of the individual in the methods whereby they preferred to give their views. For example, this could be through face to face contact or attending meetings or completing surveys.

We will review this at the next inspection.

We have concluded that the performance for this statement does not require significant adjustment. However, we have identified some areas for

improvement that need to be addressed in order to maintain or improve the grade awarded for this statement.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 1**

1. After each residents' forum meeting, an action plan should be developed that describes the decisions made and actions to be taken to carry out decisions or suggestions. The action plan should be reviewed at the next meeting so that residents can be given information relating to the actions taken and progress made.

This takes account of National Care Standards, Care Homes or Older People, standard 11 - Expressing your Views.

### Statement 3

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

#### Service strengths

We did not look at all aspects of healthcare during this inspection. We looked at general care and care planning, aspects of nutrition, tissue viability (skin care and pressure area care), stress and distress and medication administration.

General care and care planning:

We saw residents who were encouraged and supported to maintain their preferences in respect of their appearance and hygiene.

One recommendation was met in respect of staff communication skills and responding to resident's care needs.

We did not observe any incident of stressed or distressed behaviour during the inspection.

Staff interacted with residents in a caring and supportive manner.

Care files were individualised and had a range of good information about the resident and how the service delivered their care. There was also evidence of healthcare professional involvement to meet the needs of people.

Nutrition:

Dining table has menus displayed and told residents about the alternatives they could have if they did not want what was available on the menu. A pictorial menu was in place which would help residents make choices. Tables were nicely set with tablecloths, napkins, condiments and flowers. Staff were relaxed with residents and we overheard good humour and laughter during the mealtime. This helped to create a positive mealtime experience for residents.

A 'rolling' breakfast was provided. This meant that residents could have

breakfast at a time that suited them. One resident told us that they could have a cooked breakfast if they wished but that they did not always want this.

There was a good selection of home baking, home cooking, snacks and sandwiches available.

We were told that a fruit platter was offered in the afternoon and residents were supported and encouraged to have this.

The chef was aware of residents who required special diets and staff could tell us about foods that were fortified so that residents had a high calorie intake if they needed this.

Staff we spoke with had good knowledge of specific diets that residents needed.

Responses from the CSQs demonstrated that residents were 100% satisfied that there were snacks and hot drinks available in the home.

Mealtimes provide a good opportunity to help the resident increase their fluid intake, we acknowledge that the provider consults with residents and their families about all aspects of nutrition in the home and there has been no complaint made about when drinks are made available.

Risk assessments were in place to assess the resident's risk of under nutrition. There was evidence where actions were taken when a resident lost weight.

Tissue viability (skin care and pressure area care):

A risk assessment tool was used to determine the level of risk posed to each resident of developing pressure ulcers.

A range of pressure reducing equipment was in place in the home which included mattresses and cushions.

There was a system in place for the checking, cleaning and rotation of mattresses. This was documented in each resident's room.

The manager confirmed that there were no wounds in the home that could be attributed to pressure and that one wound, sustained during a hospital stay, was improving.

We looked at wound care charts. One file contained an assessment and a body map to record the location of the wound and a treatment plan.

Medication administration:

We examined the management of medicines in the home, including the storage, administration and recording systems. A monitored dosage system was used to record receipts of medicines, administration and any returns of medicines to the pharmacy.

Medications were held securely. There were no controlled medications in the home at the time of inspection; however there was a system in place to record these.

Guidance was on display for staff in respect of the receipt and return of medications to the pharmacy and for discarding liquid preparations.

The deputy manager informed us that they had been reviewing medications in the home. We were informed that this review was brought about through a routine medication audit. He had begun to address the issue of recording and administration of medications.

Where medications were given through an 'as required' protocol, to treat symptoms of stress or distress, information was in place to help guide staff on actions to take to help the resident before considering giving medication.

One recommendation was met in respect of the use of covert medications.

### Areas for improvement

General care and care planning:

We saw that care plans were needed with information on how residents could be supported when they were feeling stressed or distressed. For example, describing factors that may contribute to stress or distress (triggers).

Additionally, guidance for staff to recognise and manage these situations would make sure that the resident is supported in a person centred way and help to avoid and/or minimise these events.

An audit completed by the service identified that this was an area that needed improvement and it would be positive for the residents if this work was progressed

The provider can direct staff to the "National Health Services Education for Scotland (2012) best practice guidance. Promoting psychological wellbeing for people with dementia and their carers: An enhanced practice resource". We will follow progress at the next inspection.

One recommendation was not met in respect of personal planning and evaluation of these.

The manager explained that when a risk assessment has been completed and there was no change, there would be no change to the care plan.

We acknowledge this but there needs to be evidence that the care plan has been evaluated to make sure that planned care continuously meets residents' care and support needs. We saw that there were instances where care plans did not evidence that they had been updated for a considerable time. For example, some since January and June 2015.

We have carried forward this recommendation.

(See recommendation 1).

Nutrition:

Whilst there was an alternative menu available for meals, we did not see that residents who were unable to decide from a written format were given the opportunity to select from the options available during the time the inspectors observed the dining experience. We were informed about the usual process in the home where residents were supported to make choices.

Drinks were not always offered along with the meal and drinks were given after the meal was complete at teatime. There were no cold drinks offered with meals during the inspection.

We shared this with the manager and will review this at the next inspection.

Tissue viability (skin care and pressure area care):

One recommendation made at the last inspection was not met in respect of pressure ulcer prevention care plans and skin care. This recommendation has been reviewed and the issues we have identified at this inspection will be addressed in a requirement.

We did not see care plans that were specific to pressure ulcer prevention and

care. The information relating to this aspect of care was included under the 'mobility' section of care files. We discussed this with the manager who advised us that the model of care used in the home incorporated pressure care.

Information was not sufficient and clearly written to guide staff in practice. For example, there were statements such as:

"Encourage xxx to sit on a cushion"; This did not tell us the type of cushion.  
"Reposition/relieve pressure regularly"; There was no advice on what this entailed.

There were no records of repositioning of residents who sat for prolonged periods of time or who spent time in bed. The manager stated that these were not routinely used in the home. She told us that staff were aware of the needs of residents and that residents were moved position when being assisted to use the toilet. Whilst this may be the case, record keeping is an integral part of care and is necessary to evidence that care has been delivered.

Staff should be supported to keep records and be directed by their professional codes. This is further discussed in Quality Theme 3, Statement 3.

We acknowledge that subsequent to this inspection, the Provider has begun to work with our Health Improvement Team to make improvements. We will review the progress made at the next inspection.

(See Requirement 1).

Medication management:

During the inspection we showed the deputy manager areas where the recording of medication management could be improved. For example, we saw that the carers notes were not always used.

This meant that where medications were omitted or given through an 'as required' protocol, this was not explained. We saw an example of medication used 'as required'. The instructions needed to be clear to help guide staff on actions to take in administration.

We saw some examples of medications that were signed as given but these remained in the dosette box and were not given. We acknowledge that the

provider had taken steps in respect of this.

There was conflicting information about the administration of prescribed foods. Two sets of directions describing what was to be administered were sent from the hospital. The home did not pursue this to check what was to be given. We found it hard to determine the instructions that were being followed by the home. The manager agreed that this issue should have been picked up in the home and planned to progress this.

A requirement, resulting from other regulatory activity, is in place relating to medication administration. The timescales for completion was not reached at the time of this inspection.

The above findings must be taken into account when addressing this requirement.

We have concluded that there are strengths in this statement, however some of the issues we have identified are constraining the performance for this statement.

The service should address the areas we have identified for this statement.

## Grade

4 - Good

## Requirements

### Number of requirements - 1

1. The provider must ensure that procedures are put in place to minimise the service users' risk of pressure ulcer development and ensure that appropriate preventative measures are implemented and are clearly documented in care plans.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011 (SSI 2011/210) 4(1) (a) - a regulation about health and well-being.

Timescale: on receipt of this report and for completion by 5 December 2016.

**Recommendations****Number of recommendations - 1**

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.

## Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

### Statement 2

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

#### Service strengths

To make our assessment of this statement, we looked at a sample of bedrooms, ensuite toilets, communal sitting rooms and dining rooms and bathrooms in the service. We observed daily activity in the home, and looked at a sample of records.

We have taken into account staffing levels in this statement as it is important that services have sufficient staff numbers in place and that they are deployed appropriately.

We have assessed that the service was performing at a good level for this statement.

There were a number of strengths which made sure the environment was safe and service users were protected. This included a secure entry system to the home and a sign in book.

The gardens were enclosed with seating and raised planting beds which residents were enjoying.

One Hundred percent of respondents in our CSQs told us that they felt safe and secure in the home.

There was a maintenance system in place. For example, checks were completed of items of equipment to ensure that they were 'fit for use'.

A system was in place to check portable appliances (PAT) and items were last checked in February 2016.

Staff had access to a variety of moving and handling equipment which had been serviced and was in date. We saw that moving and handling slings and

wheelchairs were regularly checked for maintenance/repair issues. The manager advised us that these were completed in accordance with the policy.

Risk assessments were in place which looked at aspects of the environment for example waste disposal, fire and the laundry system. Where a risk was identified an action plan was put in place to address the issue.

There were supplies of liquid soap and towels and protective garments, such as disposable aprons and gloves for staff use which helped to prevent the spread of infection.

Domestic staff told us that they had good supplies and were able to request any items they wished.

Staff told us that they had attended infection control training.

During the inspection we found some taps where the water was extremely hot. This meant that there was the potential for staff and residents to be scalded.

There had been work by a contractor in the street and all premises were informed that there could be potential problems with the water supply due to the work.

The deputy manager took action to have the water temperatures checked and staff and residents alerted to the problem.

Staffing:

Dependency assessments were used to determine the staffing numbers needed to meet the care needs of residents. Individual care files of residents showed their assessment of dependency.

There had been changes to the staffing hours in the service. There had been consultation with staff on staffing hours. Staff had expressed their views on times when most staff were needed, and following this, changes were made to staffing hours in the service.

We saw that staffing levels were in line with the staffing schedule and

exceeded the dependency assessment of needs of residents. Where there was staff sickness, this was covered.

### Areas for improvement

We found that there were some malodours in the home during the inspection. We thought that the close proximity of toilet facilities to the lounge area may have been a factor. We noted that the door was not closed after use and that no measures were in place to prevent odours permeating into communal areas of the home. This was commented on by a resident who expressed their unhappiness.

We discussed the issue with the manager in order that some steps could be taken to minimise this. The manager told us that this was not usual for the home.

We noted other issues that needed to be addressed in respect of infection control / safety practice. These included :

- Cleaning of some bedframes and wheels of beds.
- Meals not covered at all times when being taken to bedrooms and
- Residents' topical creams that were not in their own baskets. (This was for residents who had shared rooms).

We spoke with the manager about the storage of prescribed powders for thickening fluids. These should be kept safely out of reach and accessible by staff only. We noted a tub of this along with water and juice beside a resident on a small table in a communal area. A tub was on a sideboard in a lounge area in the evening.

We will review the environment at the next inspection.

We looked at the system of testing portable appliances (PAT). Checks are important to ensure Whilst there was a system of testing portable appliances (PAT) records showed that all of the areas and items we looked at were not included. For example, the treatment room and items such as a shaver and fridge.

We thought that the provider should review their records to make sure that all areas and items are captured.

We will review this at the next inspection.

There are important strengths in this statement, namely the dependency assessments of residents and staffing. The service should take action to address the areas for improvement.

### **Grade**

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

### Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

#### Service strengths

During our inspection we looked at a selection of staff recruitment files for people who had been employed in the service since our last inspection.

We found that there were systems in place to ensure safe recruitment practices were followed. We saw that these systems followed best practice guidance from The Scottish Executive "Safer recruitment through better recruitment."

In the recruitment files we saw applications were processed and there were details of for example:

- Completed application, including skills, experience and qualifications.
- Right to work checks.
- Identity check.
- Requests for references, including one from the previous employer and
- PVG check (Protecting Vulnerable Groups).

The manager told us that all staff were registered with the SSSC (Scottish Social Services Council) and the Nursing and Midwifery Council (NMC) and stated that she was planning to review the recording of all staff status.

The SSSC and NMC are the regulatory bodies for staff who work in care settings.

Induction training was in place for all new staff which was confirmed with staff who we asked about this. Thereafter personal and professional development was through supervision, appraisal and refresher training. This was also

confirmed by staff who we asked about this and in the sample of staff training records we looked at.

We concluded that the recruitment practices showed that the service provider had procedures and practices which were well-managed in this home. This assisted them to make sure appropriate staff were employed and contributed to safe guarding service users and their relatives/carers.

### **Areas for improvement**

Whilst we saw that there was a checklist and system in place to process applications, we were unable to confirm that all relevant documents and checks were in place in all circumstances. For example, we saw that there was only one reference for an individual.

There was action taken to request the reference again. This was not forthcoming but there was no action taken to seek another reference from another person. We could have expected further efforts to have been made in line with best practice guidance.

Files did not always include details of start dates or copies of the staff member's contract. Subsequent to the inspection we were advised that this information was held at head office. However it would be helpful if the start date was on the checklist in order to clearly see that this was after the date when the PVG check was returned.

We have concluded that there were strengths in this statement. This was in respect of the probationary and induction period for all new staff.

We thought that there could be some improvements in the recruitment process as stated above.

### **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 interaction between staff and residents, looked at records and spoke with people visiting and/or using the service.

We have assessed that the service was performing at a good level for this statement.

We saw some pleasant interaction between staff and residents..

We have written in Quality of care and support, statement 3 about how staff implemented 'best practice' in some areas of care we looked at.

There was on - going training in the service and the provider supported staff in their professional development.

People who responded to our questionnaires stated that they thought that staff had the knowledge and skills needed.

The manager maintained an overview (matrix) of mandatory training that had taken place in the service.

This record showed that most staff had completed mandatory training as set out by the provider. This included moving and handling, adult support and protection and food hygiene.

The deputy manager told us that there were plans to progress the competency assessments of staff administering medications.

We looked at four individual staff files where training event attended were recorded. We saw that individuals had attended training in events such as, dementia care, bowel management, end of life care, nutrition and the management and prevention of skin tears.

The provider informed us that staff were supported to gain Scottish Vocational Qualifications at differing levels.

Staff we spoke with gave positive comments about team working in the home.

During inspection we were given comments from residents and visitors about staff working in the service and the care they provide. Comments included:

"Always get welcomed and get offered a cup of tea", "She is always clean and tidy and always dressed in something different", "All staff are very good with him" and "If something is not right we just tell them and they correct it".

One hundred percent of respondents to our CSQs told us that they were happy with the care in the service.

Residents' comments have been included in the section, 'Views of users of the service'.

### Areas for improvement

Training records could not evidence that all staff had completed mandatory training as set out by the provider.

We acknowledge that staff spoken with and the manager confirmed that infection control training had taken place and that this was mandatory. However this was not recorded on the matrix.

Whilst individual staff files contained training information, we thought that it would be useful for the manager to maintain an overview of all training that has taken place by staff working in the home to evidence that staff are skilled to carry out their role to meet the needs of residents.

We identified that there needed to be improvement in practice in Quality Theme 1 statement 3.

We will review training and care practice at the next inspection.

We have stated in Quality Theme 1 Statement 3 about the quality of record keeping in the service.

It is important that services are able to evidence that residents' are supported and cared for in line with their assessed needs and wishes. In order to do this,

staff must maintain clear and accurate records, relevant to their skills, knowledge and practice.

We have concluded that there were important strengths for this statement. Staff were motivated to do a good job and interactions were kind and considerate.

We acknowledge that there were a number of new staff who needed on-going support and guidance however, the service should work on areas for improvement we have identified in this report, for example in tissue viability and infection control practice, and evidence that staff can implement any training or guidance into practice.

### Grade

4 - Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of management and leadership

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 management and leadership of the service."

### Service strengths

Information in quality of care and support, statement 1 is relevant to this statement.

### Areas for improvement

Areas for improvement can be seen in quality of care and support, statement 1. These are 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 took into account our findings throughout this inspection and looked at the system of audit in the home. We spoke with staff, carers and residents during the inspection.

We have assessed that the service was performing at a good level for this statement.

Two recommendations were met at this inspection relating to this quality statement. These were in respect of auditing of care records and the analysis of accidents and incidents.

The manager was 'high' profile in the service and worked alongside staff delivering care. This was an important way to monitor staff practice and guide them in aspects of their work.

An action plan had been developed since the previous manager left the service. This helped to make sure that areas for development had been identified and thus have a plan for on-going improvement. The provider was continuing to work through this plan.

There were a range of audits included in the 'occurrence file' for the period between January and March 2016. This is a system to ensure that actions were planned and taken when any fault, error or failing had been reported.

Audits covered issues such as, mattress checks, oral care, the kitchen environment, medications and the menus.

Where there were issues identified for improvement some of these were signed off when completed.

The manager advised us that quality assurance checks were completed but not

always recorded. These included 'environment walk around' and 'observation of staff practice'.

There had been a period of staff change and this included the management of the home. We recognise that the manager had compiled an action plan for improvement since arriving in the service. These actions had not yet been completed and the service needed time to action all of the areas for improvement.

### Areas for improvement

This inspection identified some areas where improvements could be made, for example pressure ulcer prevention and medication management .

We thought that the provider should continue to develop their system of quality assurance checks to make sure that they identify and address any areas for development. Where it is appropriate they should take into account the views of residents, relatives and staff.

### Grade

4 - 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

There are no outstanding requirements.

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

### Previous recommendations

1. After each residents forum meeting, an action plan should be developed that describes the decisions made and actions to be taken to carry out decisions or suggestions. The action plan should be reviewed at the next meeting so that residents can be given information relating to the actions taken and progress made.

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

**This recommendation was made on 09 October 2014**

We looked at minutes of five meetings. One was held by an independent advocate. This is a positive way for residents to be supported to freely express their views about the service. We noted that actions were set out with the named responsible person and the date when action should be taken. However we did not see actions to be taken and that these were signed as completed.

This recommendation was not met and carried forward.

2. The service should work with staff to improve communication skills and ability to recognise and respond to residents' care and support needs in a

way that is person centred.

**National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements and Standard 10 - Exercising your Rights.**

**This recommendation was made on 09 October 2014**

We observed pleasant interaction between staff and residents and it was positive that staff took time and explained to the resident how they would support them. For example, when helping the resident to move.

This recommendation was met.

**3. 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 09 October 2014**

This recommendation was not met and carried forward in Quality Theme 1 Statement 3.

**4. 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.**

**This recommendation was made on 09 October 2014**

This recommendation was not met and carried forward in Quality Theme 1 Statement 3 for details.

**5. The service should develop and implement a procedure for staff to follow when working with medical practitioners to consider covert medication as part of a service user's treatment. The procedure should take into account the Mental Welfare Commission Good Practice Guidance Covert Medication (2013) and include, but not restricted to, guidance on record keeping and obtaining advice from the Community Pharmacist.**

**National Care Standards, Care Homes for Older People.**

**Standard 14 - Keeping Well - Healthcare.**

**Standard 5 - Management and Staffing.**

**This recommendation was made on 09 October 2014**

There were no covert medications in the home. We saw that the procedure was developed for working with medical practitioners. This takes into account best practice information from the Mental Welfare Commission.

This recommendation was met.

**6. The audit of care records should include a measurement of the accuracy of completed assessment tools.**

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

**This recommendation was made on 09 October 2014**

The audit tool used checked various aspects of documentation in care plans. For example falls risk assessments, dependency calculations and skin risk assessments.

This recommendation was met.

**7. 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.**

**This recommendation was made on 09 October 2014**

Records showed that there was a monthly analysis of accidents and incidents. This showed who/where/when any event happened and the action that were taken to prevent reoccurrence.

This recommendation was met.

## 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

## 9 Inspection and grading history

Date	Type	Gradings								
9 Oct 2014	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td>5 - Very Good</td> </tr> </table>	Care and support	4 - Good	Environment	4 - Good	Staffing	4 - Good	Management and Leadership	5 - Very Good
Care and support	4 - Good									
Environment	4 - Good									
Staffing	4 - Good									
Management and Leadership	5 - Very Good									
16 Oct 2013	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>5 - Very Good</td> </tr> <tr> <td>Management and Leadership</td> <td>5 - Very Good</td> </tr> </table>	Care and support	5 - Very Good	Environment	4 - Good	Staffing	5 - Very Good	Management and Leadership	5 - Very Good
Care and support	5 - Very Good									
Environment	4 - Good									
Staffing	5 - Very Good									
Management and Leadership	5 - Very Good									

25 Oct 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 6 - Excellent 6 - Excellent
14 Dec 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent Not Assessed Not Assessed
9 Feb 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
14 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent Not Assessed Not Assessed
10 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
17 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
27 Nov 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
5 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good Not Assessed Not Assessed

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### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

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