

Care service inspection report

Full inspection

Viewpark Care Home Service

15 Abercorn Terrace
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Abercorn Care Ltd

Service provider number: SP2003002437

Care service number: CS2007162742

Inspection Visit Type: Unannounced

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Summary

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

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

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

Viewpark is a recently refurbished home which provides a pleasant homely environment.

Staff treated residents with respect and dignity and provided support in a very caring manner.

There was a range of equipment to meet people's needs.

We saw residents enjoying activities and entertainment during our inspection. There was a secure, patio garden easily accessible from the home. We saw that residents who liked to spend their time walking around the home, were supported to do so by staff.

What the service could do better

We have identified areas for improvement throughout the report. These included:

- aspects of pressure ulcer prevention.
- staff training.

- completion of care documents.

What the service has done since the last inspection

The service has met the recommendations made at the last inspection. Details can be seen in the relevant statements of the report.

The planned refurbishment and extension had been completed.

The service had employed a second activity worker.

Conclusion

The home has completed their planned refurbishment and extension of the building which has enhanced the environment for residents.

We have identified strengths in the report and areas where there needs to be improvements. Some aspects of care and record keeping need to be improved. This should be supported through staff training and reflection on developments in good practice guidance.

1 About the service we inspected

Viewpark is a care home registered to provide 24 hour care and support to a maximum of twenty-three older people. The home is a detached, stone built property located in the coastal area of Portobello, a few miles east from the centre of Edinburgh.

The home has private parking to the front of the building and is on a main bus route. There are local shops and facilities within easy reach.

Accommodation is provided on two floors, with stairs and a passenger lift providing access to the upper floor. There is a combination of twin and single rooms, with some having en-suite toilet facilities. Further shared bathing, showering and toilet facilities are provided throughout the home.

The home's website describes their care philosophy as;

"It's staff has a responsibility to provide a high quality of care and maintain ethical and professional practice".

"Our goal is to develop a cohesive unit, which provides quality care, in a homely setting".

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 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 two inspectors. The inspection took place on 3 March 2016 between 9.45am and 3.55pm. It continued on 10 March 2016 between 10.10am and 10pm. We gave feedback to the manager at the end of our inspection on 10 March 2016.

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 twenty-three care standards questionnaires to the manager to distribute to residents. We did not receive any completed questionnaires before our inspection. We also sent twenty-three care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned eleven completed questionnaires before the inspection. We gave the manager twenty staff questionnaires to give out to staff. The provider told us that the manager made these available to staff, however, we did not receive any completed staff questionnaires.

During our inspection, we gathered evidence from various sources. We spoke with a number of staff, including the manager, deputy manager and staff at different levels within the care team.

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.

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 on a one-to-one basis during our inspection and gathered feedback on what they thought of the service. 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:

"The food's good".

"Not quite enough to keep you occupied.....staff are good".

"Quite lucky really".

"No" from one resident in response to asking if they have enough to do.

"I like it here, it's better than staying on my own".

"I'm very happy, the staff are great".
"the meals are great, I can pick and choose".
"I can go on outings.....(person name) comes to visit".
"We've got the best of attention".
"You just shout and someone will come".
"I can't walk, so I sit for meals in the lounge"

Taking carers' views into account

We spoke with relatives who were visiting the home during the inspection, who wished to speak to us.

Comments received from speaking to relatives and visitors and from completed care standard questionnaires included;

"The quality of care seems less good than previously".
"the staff are very friendly and know what (residents name) has been doing or requiring at all times".
"She is always clean and fresh".
"The staff know her well".
"There is always somebody around".
"Staff knock on the doors....I'm able to attend meetings and raise issues".
"My relatives toiletries are named and toothbrushes are changed".
"Staff couldn't do any more".
"We feel welcomed and are offered teas, snacks and meals when we're in".

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

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 good level in areas covered by this statement.

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

- information placed around the home informing people of social opportunities and events, visiting organisations and community information.
- a complaints procedure was in place and displayed near the entrance to the home to ensure people using the service knew how to raise any issues.
- the home produced a regular newsletter which kept people up to date with events, celebrations, staff news and activities. The newsletter was colourful and had interesting articles such as poems and a different residents story in each issue.

Questionnaires had been distributed to relatives to gather their views on the overall quality of the care provided.

A Keyworker system was in place which provided residents with a named allocated worker. This gave residents another way to discuss any concerns and issues they may have.

Residents were supported to keep in contact with relatives, family and friends by telephone and internet services. The home had a portable touch screen computer that could be used throughout the home, which helped all residents access the internet in surroundings they were comfortable in.

Areas for improvement

It was not always clear from the sample of minutes of meetings given, whether actions were fully completed. The implementation and completion of action plans following meetings would help the service evidence the on-going development of the service, in response to any issues raised. We have made a recommendation in respect of the use of action plans in Quality Theme 4, Statement 4.

We were unable to see that six month care reviews were completed for all residents. These are important to ensure that people are given the opportunity to discuss their care, how this should be met and to ensure care plans contain current and up-to-date information. The service must ensure that care reviews are recorded accurately and evidence that a full, comprehensive review of residents' care and support needs has been completed (see requirement 1).

Complaints are an important way for people to be able to raise issues or concerns. We saw evidence of complaints being recorded. We could not see evidence of a clear process of managing the complaints. This would include acknowledging, investigating and reporting of actions to be taken. We directed the manager to the Social Care and Social Work Improvement Scotland (requirements for care services) Regulation 2011 (SSI 2011/210) 18. Whilst we have not made a requirement on this occasion, we will review the implementation of this at the next inspection.

We have concluded that there are some important strengths for this statement. However, issues we have raised for improvement are specific to the legislation. The service should take action to address these.

Additionally, as part of the inspection process, we thought that the service could further improve on how they engaged with people to allow them to express their views on all aspects of the service. Issues relating to how residents views were sought on the environment and staffing were raised at the last inspection.

Our findings on this statement have been taken in to account when awarding the grade for participation statements.

Grade

4 - Good

Requirements

Number of requirements - 1

1. The service must ensure that there is a plan in place to complete all care reviews. Care reviews must be completed and recorded accurately and evidence that a comprehensive review of residents' care and support needs has been completed.

This is to comply with the Social Care and Social Work Improvement Scotland (Requirements for care services) Regulation 2011 (SS! 2011/210) 4 (5 (b) (iii)).

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

Timescale: a planner must be completed by 5 December 2016.

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, tissue viability 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 good level in the areas covered by this statement.

During our inspection, we saw that residents appeared well cared for and were nicely dressed. There was a calm, homely atmosphere throughout our inspection, even during times of the day when staff were busy supporting residents and completing daily tasks.

We saw that staff approached residents in a caring manner and residents seemed relaxed and responded positively to support offered by staff. The staff we spoke with knew residents needs well and were familiar with their individual choices and likes or dislikes.

Tissue viability:

There was a range of pressure relieving equipment for use in the home. The manager told us that they had a policy for mattress selection in place, to ensure that the correct equipment was used depending on residents assessed level of risk. Records were kept of routine cleaning and rotation of mattresses.

Residents were assessed using a recognised pressure ulcer risk assessment tool. During our inspection, the manager provided training to staff on the use of the risk assessment tool. There was a system in place to record if residents skin was broken and if creams were to be applied.

The manager confirmed and showed us that she had access to best practice information on tissue viability. As a result of other regulatory input, the

manager had subsequently joined 'Wounds UK', which is an educational and training resource for those working in the care sector.

Care Planning:

Personal plans were in place for residents. A range of assessment tools were used to identify risks for individual residents on aspects of their care and environment, including for the risk of skin damage from pressure and nutritional risk. These were completed and evaluated in order to help identify potential risks or hazards for residents, and guide staff on preventative action to take in order to reduce these.

Risk assessments were completed regularly for residents at risk of falling. The manager had oversight of accident and incident records and completed a monthly analysis. This meant that she had an awareness of who was involved, where the event occurred, the time and outcome of any accident/incident.

Specific documentation was in place for the assessment, review and treatment of wounds. This gave guidance for staff on the location, description and size of the wound. Information was recorded on the dressing type and frequency that this should be changed.

Care plan records evidenced that the service had liaised with other health professionals such as Speech and Language Therapist, Podiatrist and GP, to manage residents' on-going health and support needs.

A variety of equipment was available in the service for staff to assist residents with support tasks such as showering, bathing and mobilising or changing position.

A dependency assessment tool was used to calculate residents' individual care needs on a monthly basis. This information was completed in order to determine the numbers of staff needed to meet the care needs of residents. A comparison of a sample of staff rotas and residency dependency calculations showed there were sufficient staff to meet the needs of residents.

Medication management:

We found that medications were stored safely and securely. Staff administering medication wore tabards to alert others that they should not be disturbed during this time.

We looked at a sample of Medication Administration Records (MAR's). These included an identification sheet for each resident, containing their photograph and information such as allergies and GP contact details.

A protocol was in place for the use of over the counter medication, which could be given without prescription but which was authorised by the GP. This was done individually for each resident.

Protocols were in place for medication that was given on an 'as required' basis. This included information on medication start and review dates, how and why the medication should be given and the maximum dose allowed in a 24 hour period.

Nutrition and dining experience:

The service used the Malnutrition Universal Screening Tool (MUST), which helped staff identify residents at risk of losing or gaining too much weight. Residents weights and MUSTs were monitored regularly. Records showed that there was involvement with other professionals regarding residents nutritional needs.

Menus were planned on a four weekly basis, with all meals and home baking freshly prepared and cooked on the premises. Fresh fruit was freely available for residents and a variety of snacks and hot and cold drinks were provided in-between meals.

We observed mealtimes during our inspection and saw that these were well organised and residents were served promptly. Tables were nicely set with flowers and condiments and pictorial menu boards were displayed in the lounge and dining room.

There was a variety of adapted cutlery and crockery to help residents enjoy their meals as independently as possible.

At the last inspection, we recommended that the service put systems in place to support staff to consistently meet service users' oral care and hygiene needs and that this should be monitored.

Action taken to meet this recommendation;

We saw that a system was in place to ensure toothbrushes were changed on a three monthly basis, this was recorded on care summary sheets. We spoke with a resident and relative who confirmed this. Staff had received training on oral care and hygiene. Care plans contained oral care assessments. This recommendation is met. See areas for improvement for further information.

The home had two activity workers who organised a regular social diary of events, visiting entertainers, outings and home based activities. The weekly programme was displayed in the home, which helped residents know what was happening that week, so they could plan what they wanted to participate in.

During our inspection, we saw a number of residents gathered in the lounge for visiting entertainers. Residents appeared relaxed and all seemed to enjoy the music.

During our inspection, we saw residents spending time in various areas around the home and were supported by staff to spend time where they wished.

Areas for improvement

Tissue viability:

We saw areas of tissue viability that needed to be improved. These were discussed with the manager during inspection and included;

- information in a small number of care plans sampled detailed specific types of pressure relieving cushions that residents were assessed as needing when seated. During our inspection, however, we did not see these being used in all cases.
- some residents had care charts in place that were used to record when residents had been helped to change their position. In a small number of those sampled these charts were not consistently completed. The care plan for one resident noted that they needed to be helped to change

position every four hours, however, on checking their care chart at 6pm, we saw that the resident had been assisted to move position at 7.30am but no further entries were recorded. We acknowledge the recording chart directed staff to only record overnight. However, we would expect the recording to continue during the day as well to evidence that staff are clear the care prescribed has been carried out.

- one care plan noted a resident's skin was red but we were unable to see that this had resulted in a review of their pressure risk assessment or their plan of care.

Pressure ulcers negatively affect quality of life and prevention is crucial in care settings (see requirement 1).

During our inspection we saw that two residents had existing wounds. We discussed the assessment and treatment of these with the manager and deputy manager. We will review the assessment and treatment of any wounds at the next inspection.

Medication management:

We looked at a sample of Medication Administration Records (MAR's). Whilst some records were completed well, we identified some aspects of medication management that needed to be improved.

These included the use of some topical creams and ointments, which were not dated when opened. This helps staff decide when to dispose of, or replace, creams and helps ensure they are applied according to manufacturers' guidelines. We discussed this with the manager during our inspection and will follow this up at the next inspection. We also discussed other issues relating to medication. These included some medication that had not been given as prescribed and had no reason recorded for this on the reverse of the MAR (see recommendation 1).

Nutrition/Hydration:

During our inspection we saw that some residents were having what they had to drink recorded on charts in their rooms. This indicated that the service had

assessed that these residents needed to have their fluid intake and/or output monitored. We looked at a sample of charts and found that these were not completed consistently.

Some charts showed there had been long periods of time where there was no information indicating whether drinks had been offered or taken. Charts did not include information on the amount each resident should aim to drink, or had drunk, in a 24 hour period. We were unable to see that these charts were monitored or reviewed by a senior member of staff.

This meant that it would be difficult for staff to accurately determine if residents had drunk enough fluids to meet their assessed needs and to enable staff to give accurate information to other professionals such as the GP.

Where systems are put in place to monitor resident's fluid intake and output, the service must ensure that these are accurately completed (see recommendation 2).

We noted other issues which were significant to promote good nutritional care. For example;

- where an individual cannot take food and fluids orally, it is important that their oral care is documented.
- we did not always see that individual resident's preferred eating environment, as stated in their care plan, was followed.
- we were aware that some residents had been referred to Speech and Language Therapists (SALT) where staff had identified they had problems eating and drinking. However, we were unable to see in care plans, the outcome of these assessments and recommendations for delivering care.

Care planning:

Some care plans still referenced the use of the Liverpool Care Pathway which is no longer recommended as good practice in the care of someone at the end stages of life. We discussed this with the manager, who advised that this care pathway is not used by the service but care plans had yet to be updated regarding this.

Whilst we acknowledge that care planning is a significant, on-going piece of work, the service should prioritise the areas for development in care planning,

based on our findings at this inspection. For example, tissue viability and nutrition/hydration.

We saw that residents personal care plans were stored in an area of the home that was not secure or locked. This meant that information on residents health, care and support needs were not stored confidentially. We discussed this with the manager and will look at this again at the next inspection.

Capacity and consent:

A review of resident files showed that some records did not clearly document who had responsibility in decision making for an individual, where they lacked capacity. Whilst there was key information such as contact details for family or representatives, it was not clear the level of involvement, or specific powers, they had in decision making in the care and treatment of the resident. The service needs to make sure that this information is readily accessible for all staff. We discussed this with the manager and provided advice and best practice information. Namely, guidance to the Adults with Incapacity Act (AWI) and National Health Service Education for Scotland (2011) Respecting and Protecting Adults at Risk in Scotland - Legislation and Practice, as an educational resource to the manager.

Some residents were less able to make decisions or choices about their care and had been medically assessed under Section 47 of Adults with Incapacity (Scotland) Act 2000. For residents needing treatment for multiple or complex healthcare issues, it is recommended best practice to have a plan in place that outlines the treatment they need as covered by the Section 47 assessment. These were in place for some, but not all, relevant individuals. We discussed this with the manager and signposted them to the Mental Welfare Commission for further advice and guidance.

Legal systems are in place to recognise and record the wishes of people regarding care at the end of life. This recognises the person's wishes for active medical treatment to prolong life if they become acutely ill, or their heart or breathing stops. We saw that some of these records did not have a timescale for these to be reviewed.

We acknowledge the completion of these forms was not the responsibility of the care home staff. However, they needed to have an understanding of the legislation on Adults with Incapacity to support and direct improvements in this area of practice.

We discussed these issues with the manager and we will continue to review progress at the next inspection.

We have concluded that there are some important strengths for this statement. However, we have identified issues which may have the potential to cause negative outcomes for residents. The service should take action to address the areas we have identified for improvement to improve or maintain this grade.

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 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 - 2

1. The provider should ensure that medications are managed in a manner to protect the health and welfare of service users. In order to achieve this, the provider should ensure that staff implement best practice in relation to medication management.

This takes account of National Care Standards, Care Homes for Older People -

standard 15: keeping well - medication.

2. The provider should ensure that the nutrition and hydration needs of residents are met. In order to achieve this,

- Charts should contain sufficient information to guide staff on delivery of care
- Staff must complete records appropriately
- Records are evaluated on at least a daily basis.

This takes account of National Care Standards, Care Homes for Older People - standard 13: eating well

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

The 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.

Residents had homely rooms decorated with their own belongings, furniture and ornaments.

Areas for improvement

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

Grade

4 - 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 communal areas including the lounge and dining room, conservatory, garden and shared bathroom facilities. We looked at some of the equipment used in the home and spoke with staff during our inspection.

As part of this quality statement we took into account staffing in the home. Based on the evidence found at this inspection, we graded this statement as very good.

During our visit, we found the home to be clean, tidy and had a welcoming, homely atmosphere. Since the last inspection, an extension to the home had been completed providing bright and airy bedrooms, communal facilities and a conservatory.

Entrance to the home was secure, with staff giving visitors entry and exit to the building. This helped staff to know who was in the home at any given time.

The home had private, sheltered patio garden areas, with some residents having direct access to the gardens from their bedrooms. The gardens could be easily accessed from the conservatory and provided pleasant areas for residents to use and enjoy.

Staff had access to a variety of moving and handling equipment, which was maintained and had been serviced in line with Lifting Operations and Lifting Equipment Regulations (LOLER). Electrical equipment used by residents and staff had undergone Portable Appliance Testing (PAT) as legally required.

A system of regular maintenance checks was in place. This helped the service to ensure that the home and any equipment used within the building were checked for safety and maintenance issues. 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.

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. The service was able to evidence that environmental inspections on areas such as pest control and food hygiene standards had been completed and passed.

Following the last inspection, a recommendation was made that records of accidents and incidents should be analysed for environmental, staffing and care factors. We saw that the manager reviewed accident and incident records on a monthly basis, noting the number and type of accidents or incidents, number of resident falls and where and when these had occurred. The recommendation has been met, however, we discussed how this could be further developed (see areas for improvement).

Areas for improvement

We found that doors to sluice facilities were unlocked. This can be a risk for residents who may be able to access harmful sluice equipment and places them at risk of infection. We have since been advised that key pad locks have been fitted to all doors which contain spaces that may present a risk of harm.

We looked at a sample of staff rotas. Whilst these showed that the numbers detailed on the staffing schedule were met on the whole, there were some occasions where there was one less member of staff than required, for a period of 30 minutes in the evening. We discussed this with the manager at feedback and advised on ways that this could be easily rectified. The manager assured us that this would be addressed. We will look at progress at the next inspection.

We saw that some accident and incident forms recorded remedial actions to be taken by staff and that the risk assessment, relevant to the incident, had been updated. This was not, however, completed on all relevant accident and incident forms. As noted previously, the manager completed a monthly analysis of accident and incident forms. We discussed with the manager that this could be further developed to include a review of risk assessments and to take further account of staff deployment. We will follow this up at future inspections.

We acknowledge the lack of adherence to the conditions of registration in respect of the staffing schedule. However, the manager understood the actions that needed to be taken to rectify this.

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 the grade awarded for this statement.

Grade

5 - Very 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

In order to assess staff recruitment we looked at a sample of staff files held in the service. The six files we sampled, were for a variety of staff roles and levels. From this sample, one file was particularly well devised and organised.

A checklist system was used to help ensure all aspects of the recruitment process were progressed and completed. We found that each file had a completed application form and record of interview.

Protection of Vulnerable Groups (PVG) checks were carried out on all prospective employees before they started working in the service.

Induction training was in place for all new staff starting work in the service. The staff we spoke with confirmed this was in place and completed.

A probationary checklist was completed at intervals of 4, 8 and 12 weeks after staff started working in the service. This helped the manager ensure that new staff met the requirements relevant to the role they were employed in.

Areas for improvement

The files we looked at were maintained to a variety of standards and information was easier to find in some records than others.

Evidence of start dates and copies of contracts were not kept in the file but were located at their head office.

One file we looked at did not contain two references from previous employers. The manager advised that the member of staff had been transferred from another home owned by the provider and was therefore unable to clarify why this had not been completed. We were subsequently advised of the reason for this, and whilst we could see the action that had been taken, we would have expected further efforts to have been made in line with best practice guidance.

Two files did not have a checklist in place to help monitor the recruitment process and ensure all relevant checks and documentation were completed.

It may also be helpful that the service obtain a copy of guidance from The Scottish Executive "Safer recruitment through better recruitment" to inform the development of the service provider's recruitment policy and procedures.

We have concluded that there were strengths in this statement, particularly related to an induction and probationary period which had been completed by all new staff. We thought there should be some improvements in the recruitment process and documentation, as stated above.

The service should take opportunities to improve and strive to raise their performance. The areas identified need to be progressed by the service so that a comprehensive audit trail is in each staff members file.

Grade

4 - 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

In assessing this statement, we observed staff practice and spoke with residents, visitors and staff. We looked at records including the completion of care documentation and staff rotas. The strengths discussed in quality statement 1.3 are also relevant to this statement. We have assessed that the service was performing at a good level for this statement.

During our time in the home, we found staff to be pleasant, welcoming and professional. Staff were seen to be caring and supportive towards residents and were knowledgeable about residents care and support needs.

The staff we spoke to told us that they were happy to work in the home and that staff worked well as a team, and helped each other during the course of their work. During our inspection, staff appeared positive and happy in the home.

Staff who were new to their role had an induction period and an on-going mandatory training programme was in place for all staff. This included training on food hygiene, moving and handling, adult support and protection and fire safety. We saw that infection control was not included in the yearly mandatory training programme. The manager confirmed this was the case, however, she had identified this and had recently ensured all staff received this training.

Training files were in place for each member of staff. These showed that in addition to mandatory training, staff had attended supplementary training in areas such as oral care, Promoting Excellence dementia care, dignity, and caring for people with Parkinsons Disease.

Staff told us that they felt they had good training opportunities and how training had helped them to improve their knowledge, practice and confidence.

A training policy was in place which gave information on induction, on-going training, completion of training records and responsibilities regarding registration of staff with the relevant regulatory organisations.

Staff informed us that they received regular one-to-one supervision and they felt this was positive in supporting them to do their job. This gave them the opportunity to discuss aspects of their work, training and individual development. Supervision meetings also allow managers to assess the quality of work, identify training needs and promote best practice with staff.

Two dedicated activity workers were employed to support residents to socialise in and out of the home. We found the workers were organised and knowledgeable about the kind of activities residents enjoyed. During our time in the home, we saw the activity worker spent time with residents on an individual basis as well as a planned regular programme of activities for residents.

During our inspection, the manager obtained confirmation of the registration status of nursing staff working in the home. The manager had organised a re-validation meeting for all registered nurses to update them on new requirements in place for registration, to ensure they were fit to practice.

The manager confirmed that all applicable care staff were registered with the Scottish Social Services Council (SSSC). The SSSC is responsible for registering people who work in social services and regulating their education and training.

We advised the manager on how to keep these records for ease of reference. This was by keeping an overview of all staff with their registration number, the dates covered and any conditions that were applied to their registration. The manager acknowledged the benefits of this. We will see if this had been progressed at the next inspection.

Areas for improvement

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

We looked at an overview of staff training and saw some staff had not completed all mandatory training as set out by the provider. Records showed that six members of staff had not completed all of the mandatory training for 2015, with some training dated 2014. We discussed this with the manager who advised she was aware of this and had reminded staff to undertake the necessary training, however, this had yet to be completed.

From the training files sampled, we saw that not all staff had received training on dementia. Of the four trained nurse files we looked at, we saw that only one member of staff had completed wound management training and we were unable to see records to show that tissue viability training had been completed.

There were aspects of training that the provider had stated were mandatory, or important in ensuring the care needs of residents could be met. In some cases these were yet to be achieved (see requirement 1).

During our inspection, we looked at a variety of care records and documentation. The accurate completion of documents such as risk assessments, care plans, medication charts and care charts is an integral part of assessing and planning for residents needs, providing guidance for staff and evidencing the care given to residents. As outlined previously in this report, we found that the completion of these was not consistent. We discussed with the manager the importance of maintaining accurate and up-to-date records. We will follow this up at the next inspection.

We concluded that there were positive aspects of performance in this statement. Staff demonstrated the principles of the national care standards in their everyday practice including dignity and respect. This is an important strength as it has a positive impact on outcomes for residents. However, the service must take action to address the areas for improvement to ensure that staff have all the appropriate skills needed to care for the client group.

In Quality Theme 1, statement 3, we have highlighted areas of care where there were potentially negative outcomes for residents and improvements are needed. This includes aspects of medication management, pressure ulcer prevention and the completion of some care documentation.

In order to deliver positive outcomes for residents, the service must ensure that

staff have the training and knowledge to support the improvements needed and that this is put in to practice.

Grade

4 - Good

Requirements

Number of requirements - 1

1. The provider must ensure that all staff in the provision of the care service have the necessary skills and training in order to meet the assessed needs of the resident group. In order to do this the provider must:

- a) ensure all mandatory training is up to date.
- b) ensure there is a plan to address the deficits identified in staff training with timescales for completion.
- c) training to be provided must include, but not be limited to, the following:
 - Dementia (in line with the Promoting Excellence framework).
 - Tissue viability and pressure ulcer prevention.
 - Wound management.

This is to comply with: SSI 2011/210 Regulation 4 (1) (a) (b) and (c) - Welfare of users, Regulation 9 (1) and (2) (b) - Fitness of employees and Regulation 15 (b) (i) - Staffing.

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

Timescale: to be completed by 5 December 2016.

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

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 and Quality Theme 3, Statement 1 are also relevant to this statement.

Grade

4 - 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 all of our findings during the inspection. We have assessed that the service was performing at a good level in areas covered by this statement.

The manager was visible around the home and knew residents and staff well. We found the manager to be receptive to the inspection process and to discussions about how the service can continue to develop.

There was a system of audits and quality assurance checks in place. This included audits on medication, care plans and aspects of the environment. We saw that this had helped the manager identify areas that needed to improve, or develop, and any action needed.

We could see from the minutes of meetings and quality assurance checks that areas for development and actions had been identified and action plans put in place.

A daily management report was completed by staff on each shift and covering a 24 hour period. This was used to communicate any information, issues or concerns to staff on the next shift and subsequently to the manager.

Areas for improvement

Areas for development highlighted throughout this report are relevant to this statement.

The manager advised that, following completion of quality assurance checks, action plans were distributed to nursing staff to action, complete and return to the manager. This had not been completed in all cases. For example, the

organisation and completion of care reviews and progressing the assessment and documentation of residents consent and capacity for treatment.

Following discussion with the manager, it was clear that there was not always implementation and completion of action plans following meetings, quality assurance checks and other development work such as questionnaires and surveys. This would help the service evidence the on-going development of the service in response to any issues raised (see recommendation 1).

Services are legally obliged to notify the Care Inspectorate about certain accidents and incidents. We saw some records relating to incidents that we should have been notified about but had not been sent to us. We discussed specific incidents with the manager, who had not been aware of the need to notify the Care Inspectorate of these. We asked that relevant notifiable events be retrospectively submitted to the Care Inspectorate. At the time of writing this report, these had not been received (see requirement 1).

We have concluded that there were quality assurance systems in place that identified areas where improvements were needed. Whilst acknowledging this, the service must ensure that actions plans are fully implemented and completed in order to address the issues identified and continue to promote positive outcomes for residents.

The service should take action to address the areas for improvement to maintain or enhance the grade.

Grade

4 - Good

Requirements

Number of requirements - 1

1. The provider must ensure that the Care Inspectorate is notified of matters listed in the document 'Guidance on notification reporting' and within the correct timescale. In order to achieve this, staff who take charge of the home should be familiar with this notification guidance.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 and Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This also takes account of National Care Standards, Care homes for Older People, standard 5 - management and staffing arrangements.

Timescale: on receipt of this report and on-going.

Recommendations

Number of recommendations - 1

1. Following the completion of questionnaires/surveys, meetings and quality assurance checks, action plans should be implemented and completed. These should include a record of problems/issues identified, action required, by whom, in what timescale and evidence that this has been actioned.

This takes account of National Care Standards, Care Homes or Older People, standard 5 - management and staffing arrangements.

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

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

This recommendation was made on 26 January 2015

This recommendation has been met at this inspection. Details of the actions taken by the service to meet this recommendation can be seen in Quality Theme 1, Statement 3.

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

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

This recommendation was made on 26 January 2015

We saw that aspects of care planning were evaluated by the service. We have made requirements on aspects of care at this inspection, which include elements of the review and evaluation of documentation. We have therefore concluded this recommendation has been met.

3. 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 26 January 2015

This recommendation has been met at this inspection. Details of the actions taken by the service to meet this recommendation can be seen in Quality Theme 2, Statement 2.

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
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26 Jan 2015	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 5 - Very Good
24 Oct 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 5 - Very Good
6 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 6 - Excellent 5 - Very Good
21 Dec 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 6 - Excellent Not Assessed Not Assessed
10 Feb 2011	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
12 Oct 2010	Announced	Care and support Environment Staffing Management and Leadership	6 - Excellent Not Assessed Not Assessed Not Assessed
12 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
6 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed

16 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
25 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good

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