

# Viewpark Care Home Service

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Type of inspection: Unannounced  
Inspection completed on: 15 February 2017

**Service provided by:**  
Abercorn Care Ltd

**Service provider number:**  
SP2003002437

**Care service number:**  
CS2007162742

## About the service

Viewpark is a care home registered to provide 24 hour care and support to a maximum of twenty-two 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".

## What people told us

Residents and relatives/carers were very complimentary about all aspects of the service.

Particular mention was made about quality of care, the comfort of the environment and the skills of staff. Outcomes of pre inspection questionnaires indicated that residents and relatives/carers agreed or strongly agreed that overall they were happy with the quality of care provided in Viewpark.

Positive comments about the service were also included in pre inspection questionnaires returned to us by residents and relatives/carers.

Some of the comments made by residents and relatives/carers were as follows:

"My relative has only been in care for a few months but we are happy with the level of care."

"The quality of care provided at Viewpark is exemplary. I am impressed by the long serving staff, their care and knowledge of their residents."

"This is a good place, quite comfortable I like the quiet and peaceful environment. The Food is lovely, always enough to eat and drink. Staff are kind. I have no concerns at all."

"Overall care is very good. I feel there could be more staff on after lunch particularly they seem to be hard to find."

"I am always made welcome and my relative says they are quite comfortable, staff are approachable and issues with medication are being dealt with. I feel reassured about the care provided."

"I like my room its kept clean , staff are kind and try their best, I think it's a happy place."

"Nothing to moan about, I'm quite comfortable and as I can do things for myself, I like to be as independent as

possible, and staff allow this."

"I have been here for respite care and everything has been fine. I've been well looked after, food is good and its nice to have some company, no complaints about my stay here."

## Self assessment

We received a fully completed self assessment document from the service in. Under each statement the manager noted strengths of the service and areas which could be improved or developed further.

The grades awarded through self assessment were 6's - excellent for each quality statement and theme. The grades awarded through inspection were 5- very good for each quality theme.

## From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	5 - Very Good
Quality of staffing	5 - Very Good
Quality of management and leadership	5 - Very Good

## Quality of care and support

### Findings from the inspection

In questionnaires residents and relatives/carers strongly agreed or agreed with the following statements:

- I am (my relative is) able to live my (their) life in keeping with my (their) cultural and religious beliefs or faith.
- The meals provided are nutritious.
- Staff know my (my relatives) likes, dislikes and preferences and do what they can to meet them.
- I am (my relative is) encouraged to make choices about all aspects of my (their) life in the care home.
- I am confident that staff will meet my (my relative's) healthcare needs including arranging to see health care professionals such as doctors, podiatrists and dentists if needed.

We saw how staff cared for residents and we looked at care plans to see if residents' needs were being assessed, planned and reviewed. Appropriate personal and professional contacts were recorded in each care plan and advice was sought when indicated from healthcare professionals.

In the care plans we saw assessments of need and how these needs were to be met, these were also informed by risk assessments. For example. prevention of falls, prevention of pressure ulcers, moving and handling and nutrition. These assisted staff to identify and manage any perceived risks to the resident in the provision of their care.

Systems were in place for regular evaluations of care plans and care plan reviews. These helped staff to identify any changing care needs and to update care plans accordingly. This also informed any changes to staff practice and to ensure the care provided was based on up to date information.

Residents said that staff assisted them with their personal care, hygiene and appearance as they preferred. They

also reported that they were always treated with respect, courtesy and kindness. We saw such an approach by staff during our inspection.

The manager had an overview of residents' legal status which helped to ensure residents' legal rights were protected.

There were planned activities and events which included entertainment events, outings and quizzes for residents to participate as they wish.

Overall, we saw a person centred, dignified and respectful approach to care and support which resulted in positive outcomes for residents.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 - very good

## Quality of environment

### Findings from the inspection

Viewpark was very clean, comfortably furnished and well maintained throughout. Residents and relatives also commented on the comfort and cleanliness of the home.

Bedrooms had been made comfortable and personal in accordance with residents' individual choices and preferences.

Housekeeping staff confirmed that they had ample supplies of equipment, cleaning materials to keep the home clean. Protective clothing such as gloves and aprons were available to staff and we saw that these were used appropriately.

A handyman attended to routine safety checks on equipment, appliances and installations, minor repairs and maintenance work.

Specialist equipment such as baths and hoists were checked by an external contractor in line with LOLER requirements. (Lifting Operations and Lifting Equipment Regulations 1998). These checks were up to date and equipment and installations we saw were clean and in working order.

Some refurbishment and redecoration was taking place at the time of the inspection and further work was planned to replace kitchen equipment and upgrade the kitchen. Residents were consulted about changes to decor and refurbishment and arrangements were being put in place to consult residents about the catering arrangements during the time the kitchen will be out of use.

Telephone, TV points and call buzzers were fitted in each bedroom. Alert mats were also in place where residents may not be able to use the call buzzer system to summon staff assistance.

Medication management systems including recording and stock control were well organised.

Accidents and incidents including falls were recorded and these were audited regularly to consider any preventative measures or any changes which may be needed to individual risk assessments. The outcomes of these then informed any changes which may be needed to care planning and staff practice.

Health and safety policies and procedures were in place for staff guidance and refresher training on moving and handling, fire safety and management of stress and distress also helped staff to maintain safe practices.

Overall these checks, audits and training arrangements contributed to having a safe and comfortable environment for residents, staff and visitors.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 - very good

## Quality of staffing

### Findings from the inspection

We did not look at all aspects of this quality theme. We noted progress with improving safe staff recruitment and a requirement we made about staff training at the last inspection in March 2016.

The sample of staff recruitment files we looked at included a checklist to note progress with the application, sending and receipt of references and Protection of Vulnerable Groups (PVG) checks. The sample of staff recruitment files we looked at had been fully completed.

Induction training was in place for all new staff who were also required to successfully complete a probation period. Thereafter, mandatory training was in place for staff to meet legislation requirements, to meet service users' needs and to keep their skills up to date. The training plan was up to date and staff spoke positively about the quality and variety of training provided.

Records were kept of staff registration with regulatory bodies such as NMC (Nursing and Midwifery Council) and SSSC (Scottish Social Services Council). These showed that staff who required to be registered and registrations were up to date.

In pre inspection questionnaires residents and relatives/carers told us that they strongly agreed or agreed that:

- "I am confident staff have the knowledge and skills to care for me (my relative)".
- "My (my relatives') privacy is respected by staff".
- "Staff treat me (my relative) politely at all times".

However, in one questionnaire (of 10 returned) one relative/carer disagreed that about there being enough staff. There was no contact details to allow us to follow this up. Therefore, we provided the manager with a summary of the outcomes of questionnaires in order that this may be further discussed at relative meetings.

Residents dependency assessments and a sample of staff rotas showed that staffing hours provided met or exceeded those assessed as needed. The sample of staff rotas also showed that the minimum staffing requirements as noted in the staffing schedule were met. Staff told us that they felt reassured that additional staff would be provided where necessary, for example in the event of resident illness.

Deployment of staff was well organised and staff were able to tell us about their duties and responsibilities to provide a high standard of resident care.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 - very good

## Quality of management and leadership

### Findings from the inspection

We did not look at all aspects of this quality theme but followed up on requirements and recommendations made at the last inspection in March 2016. We also took into account our findings throughout this inspection and the outcomes of audits used in the home.

All the previous requirements had been met and recommendations had been implemented.

Quality assurance systems had been improved and action plans were regularly used to monitor progress with actions needed following the outcomes of audits, meetings, and questionnaires. In addition, self assessment, complaints policy and staff training were also used to measure, improve and develop the quality of the service.

Audits :

- Care plans were regularly reviewed and charts evaluated to inform care planning and any changes which may be needed and to inform staff practice.
- Pharmacy audits both in-house and by the dispensing pharmacist helped to ensure safe and competent management and staff practice in this area of care.
- Home environment audits and safety checks in-house and by external agencies such as Fire and Rescue services and Environmental health helped to identify any safety improvements needed to keep the home safe for

residents.

We received positive comments from staff about training opportunities and the support and guidance they received in the home. Staff felt safe at work and no one had any training needs which were not being met by the service.

Some comments by staff in relation to their work included:

"The training standard is very high."

"The company is very helpful to staff if any cause of concern, they help best they can."

"I enjoy my work and find the company listens to any concerns. I have regular supervision and my manager is very supportive."

"I think the home is a good place, residents are well looked after, there is enough training and I feel supported."

"There is enough training and support for staff. The small care home helps us to be more person centred with the care provided and it's a more homely atmosphere for residents."

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 0

**Grade:** 5 - very good

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

## Previous requirements

### Requirement 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 requirement was made on 10 March 2016.**

## Action taken on previous requirement

A plan for care plan reviews was in place and all reviews were up to date. Information in care plan reviews indicated that the entire care plan was reviewed and updated where indicated.

**Met - within timescales**

## Requirement 2

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 requirement was made on 10 March 2016.**

## Action taken on previous requirement

Regular risk assessments were undertaken to assess any risks associated with pressure area development and care plans note any preventative measures in place, for example use of pressure relieving equipment.

**Met - within timescales**

## Requirement 3

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 requirement was made on 10 March 2016.**

## Action taken on previous requirement

A training plan was in place which indicated that all staff training was up to date and included the training identified above.

**Met - within timescales**

## Requirement 4

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 requirement was made on 10 March 2016.**

**Action taken on previous requirement**

Appropriate notifications have been made to the Care Inspectorate.

**Met - within timescales****Requirement 5**

The provider must ensure that staff responsible for admitting people to the home complete accurate assessments of needs and that there is a system in place to ensure that any errors are identified and rectified.

**This requirement was made on 11 October 2016.**

**Action taken on previous requirement**

A one month care plan audit system was in place for all new residents admitted to the home. This allows the manager to ensure information in the plan is accurate .

**Met - within timescales****Requirement 6**

The provider must review the current pressure area care-policy to ensure that the following is included:

- i. Clear guidance on the responsibilities for the different grades of staff.
- ii. Information about contributing factors in addition to nutrition.
- iii. A section around general skin care for example, skin assessment, general skin care, which includes the use of over the counter (OTC) or prescribed skin care products and managing diagnosed skin conditions. This would include when and in what circumstances a SSKIN bundle would be put in place.
- iv. Clear guidance in the policy about taking photographs which includes but not exhaustive of consent, protocol, storage and confidentiality.
- v. Expansion of information on management of minor cuts/grazes. This should include reference to NES workbook on the management of minor skin tears/trauma. Including current use of silicone coated dressings on these types of wounds.
- vi. Clear guidance on how would pain is assessed and managed.

In addition, the provider must evidence that staff understand and follow any policy and guidance that is in place on pressure ulcer prevention and management.

**This requirement was made on 11 October 2016.**

**Action taken on previous requirement**

The wound management policy and pressure area policy have both been updated to reflect the requirements above.

**Met - within timescales****Requirement 7**

The provider must ensure that when a pressure ulcer has developed that the care and treatment of this follows good practice guidelines, including guidance in the provider's own policy. This must include but not exhaustive of the following:

i. All individual's identified at risk using these tools require to have an individual prevention plan initiated and documented which should include:

- Level of risk and skin integrity status.
- Type of mattress in use.
- Type of chair cushion in use.
- Frequency of skin checks.
- Frequency of positional changes /whether turning chart in use.
- Any prescribed lotions or creams with details of where, how often applied etc.
- Any other relevant individual care interventions.
- The frequency of the care plan review.

ii. Repositioning plan - individual documented plan of positional changes for when up or in bed, based on individual clinical need.

iii. Wound management - evidence of indication of number and location of any wounds. Documented plan of management for each wound with evidence of a wound assessment/treatment chart, record of prescribed wound care products and on-going evaluation of the wound's progress.

**This requirement was made on 11 October 2016.**

### Action taken on previous requirement

There were no wounds as a result of pressure damage at the time of this inspection. However, the pressure area policy and care plan records have been updated to reflect requirements made above.

**Met - within timescales**

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 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 recommendation was made on 10 March 2016.**

#### Action taken on previous recommendation

We saw that improvements had been made to the management of medicines in the home and medication audits were in place. These showed any deficits in and any actions required of staff. We also saw that staff meetings addressed improvements needed in staff practice in the management of medicines. This recommendation had been implemented.

**Recommendation 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 recommendation was made on 10 March 2016.**

**Action taken on previous recommendation**

No food or fluid recording charts were being used at this inspection. However, systems had been put in place to improve the completion and evaluation of any charts in use. Therefore we deemed that sufficient improvement had been made to consider that this recommendation had been implemented.

**Complaints**

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

**Enforcement**

No enforcement action has been taken against this care service since the last inspection.

**Inspection and grading history**

Date	Type	Gradings
10 Mar 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good
26 Jan 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 5 - Very good
24 Oct 2013	Unannounced	Care and support 4 - Good

Date	Type	Gradings	
		Environment Staffing Management and leadership	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	4 - Good

Date	Type	Gradings	
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good

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