

Care service inspection report

Galashiels Nursing Home

Care Home Service Adults

Kirkbrae

Galashiels

TD1 1NJ

Telephone: 01896 752414

Inspected by: Miriam Innes

William Morrison

Type of inspection: Unannounced

Inspection completed on: 16 January 2014



HAPPY TO TRANSLATE

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Service provided by:

Pryce & Co Ltd

Service provider number:

SP2003002284

Care service number:

CS2003010293

Contact details for the inspector who inspected this service:

Miriam Innes

Telephone 0131 653 4100

Email enquiries@careinspectorate.com

Summary

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

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

We gave the service these grades

| | | |
|--------------------------------------|---|----------|
| Quality of Care and Support | 2 | Weak |
| Quality of Environment | 2 | Weak |
| Quality of Staffing | 2 | Weak |
| Quality of Management and Leadership | 3 | Adequate |

What the service does well

Many of the staff have worked in the home for some time and are familiar with residents care and support needs and individual preferences.

Residents are encouraged to maintain their links with the local community and socialise outwith the home.

We saw kind interactions between staff and residents.

The relatives we spoke with continue to be happy with the service being provided by the home.

What the service could do better

The service should continue to work toward fully meeting requirements and recommendations in order to provide positive outcomes for residents.

On-going staff training is needed to ensure staff have the skills necessary to provide care and support that follows good practice guidance. Regular one-to-one meetings (supervision) should be provided to staff to support them in their role.

Improvements are needed in the completion of documentation including care plans, treatment charts and medication administration records.

A more thorough system of safety and maintenance checks is needed.

What the service has done since the last inspection

Although not all requirements and recommendations made at our last inspection have been fully met, the service has made progress on most of the issues raised. This

was evidenced by an overall improvement in the home environment and the care and support being provided to residents.

Conclusion

The home has taken action on the issues raised at the last inspection. Whilst further progress is needed, the service was able to evidence that some improvements have been made in the home environment and the care and support they provide to residents.

Staff are committed to providing good care to residents.

Residents and relatives continue to give positive comments about the home.

Who did this inspection

Miriam Innes

William Morrison

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

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

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve; we may make a recommendation or requirement.

A **recommendation** is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

A **requirement** is a statement, which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS) took over the work of the Care Commission, including the registration of care services. This meant from 1 April 2011 this service continued its registration under the new body, SCSWIS which is now known as the Care Inspectorate.

Galashiels Nursing Home is registered to provide care and support to a maximum of 37 older people. There were 30 residents living in Galashiels Nursing home at the time of this inspection. The home is located in a residential area near to the centre of Galashiels and is close to local amenities. The home is set in private grounds with well tended gardens and its own parking.

The accommodation is provided over two floors within the original building and ground floor in a small extension. A lift and stairs give access to the first floor. There are four double rooms with the remaining rooms providing single occupancy. The bedrooms located in the extension have en-suite facilities with shared bathing and toilet facilities on both floors in the main building. The main dining room is on the ground floor where there is also a large lounge/conservatory area. The first floor has a smaller, open plan dining/lounge area.

Galashiels Nursing Home states it's broad aim is to:

"make the most of the human potential in every resident within a caring, homely environment".

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

Quality of Care and Support - Grade 2 - Weak

Quality of Environment - Grade 2 - Weak

Quality of Staffing - Grade 2 - Weak

Quality of Management and Leadership - Grade 3 - Adequate

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 0845 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

We wrote this report following an unannounced inspection. This was carried out by Inspectors Miriam Innes and William Morrison. The inspection took place on 11 December 2013 between 10am and 9.30pm. It continued on 8 January 2014 from 7.45 am until 7.30pm. We gave feedback to the manager and provider on 16 January 2014.

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.

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

We spoke with:

- * eight residents.
- * two relatives.
- * the manager and deputy manager.
- * four care workers.
- * three registered nurses.
- * the maintenance worker.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects

of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

The provider must ensure that all care plans are up-dated following reviews and that staff and families are aware of these changes.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 5, 2 (b) (c) and Regulation 4 (1) (a)

This also takes into account National Care Standards, Care Homes for Older People, Standard 6 - support arrangements

Timescale: for completion by 8th December 2013.

What the service did to meet the requirement

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

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that service users who require monitoring and recording of their fluid balance have this competently recorded. This must include:

- a) A note of the recommended 'aimed for' daily intake for each resident.
- b) A record of fluid intake and output that has a total added up in each 24 hour period.
- c) a system of regular monitoring of fluid charts by senior or management staff to identify any actions required to support residents to increase their fluid intake.

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

This also takes into account National Care Standards, Care Homes for Older People, Standard 14 Keeping well - health care.

Timescale: (a) and (b) immediate. This was required immediately at the time of inspection, (c) for completion by 8 December 2013.

What the service did to meet the requirement

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

The requirement is: Met - Within Timescales

The requirement

The service provider must make proper provision for the health, welfare and safety of residents and ensure they meet the needs of residents who are at risk of damage to the skin from pressure. To do this they must:

- a) risk assess residents skin care needs, using the service's chosen assessment tool, on a regular basis
- b) update residents' care plans to reflect the risk assessment, to ensure they accurately identify all of an individual skin care needs and provide detailed information and guidance on how these needs are to be met. This must include, but not be restricted to:
 - (i) the type and setting of pressure relieving mattresses and cushions required.
 - (ii) re-positioning charts state the frequency of position changes required.
- c) ensure pressure relieving devices are maintained at the appropriate setting.
- d) ensure re-positioning charts are accurately completed.

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

This also takes into account National Care Standards, Care Homes for Older People, Standard 14 Keeping well - health care.

Timescale: (a) (c) (d) immediate. This was required immediately at the time of inspection (b) for completion by 8 December 2013.

What the service did to meet the requirement

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

The requirement is: Met - Within Timescales

The requirement

Personal plans must accurately set out how service users' health, welfare and safety needs are to be met. In order to achieve this, the provider must:

- a) ensure that personal plans accurately set out the service users' current health, welfare and safety needs, including social and leisure needs.
- b) ensure that personal plans are effectively evaluated to make sure they continue to reflect residents' needs.

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

Timescale: To be completed by 8 December 2013.

What the service did to meet the requirement

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

The requirement is: Not Met

The requirement

The provider must make proper provision for the health, welfare and safety of service users by ensuring the implementation of procedures for the prevention and control of infection. In order to do so, the provider must:

- a) ensure that all staff are aware of, and fully implement, current best practice guidance on infection prevention and control, and the provider's own policies and procedures.
- b) implement quality assurance systems to monitor the standards of hygiene and cleanliness in the service. Records of quality assurance must be recorded to evidence how they support improvement in the quality of the service.

This is in order to comply with The Social Care and Social Work Improvement Scotland

(Requirements for Care Services) Regulations 2011 (SSI2011/210) Regulation 4(1)(d)
Timescale: for completion by 8th December 2013.

What the service did to meet the requirement

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

The requirement is: Met - Within Timescales

The requirement

The Provider must ensure that the storage facilities for unsafe chemicals are locked.

This is to comply with SSI 2011/210 Regulation 4(1) (a) make proper provision for the health, welfare and safety of service users.

This also takes account of the National Care Standards, Care Homes for Older People, Standard 4.2.

Timescale: immediate. This was required immediately at the time of inspection.

What the service did to meet the requirement

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

The requirement is: Met - Within Timescales

The requirement

The provider must ensure all items which may pose a risk to the health and safety of the residents are removed from communal bathing areas and that continence products are stored appropriately.

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

Timescale: for completion by 8 December 2013.

What the service did to meet the requirement

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

The requirement is: Met - Within Timescales

The requirement

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

- (a) review staff competencies, practice and previous training to identify staff who require moving and handling training and ensure that the training need is met.
- (b) review the moving and handling needs of all residents and ensure that residents' moving and handling risk assessments and care plans are accurate and up-to-date.
- (c) monitor staff practice to ensure that staff use moving and handling techniques that follow best practice, including the correct and safe use of equipment.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users and Regulation 15(b) Staffing.

This also takes account of National Care Standards, Care Homes for older people, Standard 14 - Keeping Well, Healthcare.

Timescale: (c) immediate. This was required immediately at the time of inspection (a) and (b) for completion by 8 December 2013.

What the service did to meet the requirement

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

The requirement is: Met - Within Timescales

The requirement

The provider must ensure the health and welfare of residents. To do this they must ensure that they review their procedures when considering the use of lapbelts. This should include, but not be restricted to:

- (a) an assessment of the resident's needs must be completed.
- (b) all interested parties are consulted and informed when considering the use of lapbelts.
- (c) all other methods are considered and tried before using lapbelts and should be clearly documented.
- (d) staff should be aware of good practice guidance when considering and using lapbelts.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) - Regulation 4(1)(a) a requirement to make proper provision for the health and welfare of people and Regulation 4 (1)(c) a requirement to ensure that no-one is subject to restraint unless it is the only practicable means of securing the welfare of that or any other resident.

This takes account of National Care Standards, Care homes for older people, Standard 9 - feeling safe and secure and the Mental Welfare Commission (2013) Rights, Risks and Limits to Freedom.

Timescale: for completion by 8 December 2013.

What the service did to meet the requirement

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

The requirement is: Not Met

The requirement

The provider must make proper provision for the health and welfare of service users. In order to do so, the Provider must maintain residents' safety in all areas of the home, by:

- (a) ensuring a falls risk assessment is completed for each resident and reviewed and updated at regular intervals, and after each fall or change of circumstance.
- (b) ensuring residents individual care plans have sufficient detail on the actions required by staff to help reduce the likelihood of a resident falling.
- (c) complete a risk assessment on each resident's abilities to summon help when sitting in public areas or bedrooms.
- (d) consider the location of call bells and residents' abilities to recognise the need for help and use call bells.
- (e) where residents cannot access or use call bells, the service should put a system in place to ensure residents are able to summon and receive assistance promptly.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users and Regulation. This also takes account of National Care Standards, Care Homes for Older People, Standard 4 - Your environment.

Timescale: for completion by 8 December 2013.

Action taken:

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

Has the requirement been met? Not met

11. The provider must review the management and procedure for serving food and ensure food is served at a safe temperature and in line with good food hygiene practices.

This is to comply with Social Care and Social Work Improvement Scotland

(Requirements for Care Services)

Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a).

This also takes account of the National Care Standards, Care Homes for Older People, Standard 13 - eating well.

Timescale: to be completed by 8th December 2013.

Action taken:

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

Has the requirement been met? Met

12. The provider must ensure that personal protective equipment is used safely and correctly. This must include:

(a) informing all staff of the correct use of personal protective equipment.

(b) ensuring that staff have access to information describing the correct use of personal protective equipment.

(c) monitoring staff practice to ensure that staff apply personal protective equipment procedures correctly.

This is in order to comply with SSI2011/210 Regulation 4 (1)(a)(d) - Health, welfare and safety of service users and appropriate procedures for the control of infection.

This also takes account of National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing.

Timescale: Immediate. This was required immediately at the time of inspection.

Action taken:

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

Has the requirement been met? Met

13. The provider must ensure that medicines are given safely and correctly and in accordance with best practice guidelines. In order to achieve this, the provider must:

a) ensure medication is administered as currently instructed by the prescriber.

Records should be kept of any instance where this is not the case and describe the reason.

b) ensure topical creams and ointments are labelled with the date of opening when in use.

c) develop and implement an audit system to identify areas of poor practice and action plans to deal with areas for improvement. Action plans should identify actions required, by whom and within a given timescale and the date completed.

d) where poor practice has been identified, implement a system to ensure that staff receive training and supervision to ensure they are competent to safely administer medication in accordance with best practice.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) Health, welfare and safety of service users.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(a).

This also takes account of National Care Standards, Care Homes for Older People, Standard 15 - Medication.

Timescale: for completion by 8th December 2013.

Action taken:

We have reported progress on meeting this requirement under Quality Theme 3, Statement 3, Quality of Staffing.

Has the requirement been met? Not met

14. The provider must ensure that robust and effective management arrangements are in place so that all staff receive regular and consistent supervision which addresses training, development and practice issues. It should also be a platform for staff to raise any issues or concerns. Supervision sessions must be properly recorded.

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

This takes account of National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

Timescale: for completion by 8th December 2013.

Action taken:

We have reported progress on meeting this requirement under Quality Theme 3, Statement 3, Quality of Staffing.

Has the requirement been met? Met

15. The provider must ensure that minutes of staff meetings should contain information on who attended and content of the discussions that took place. Minutes should be provided to those unable to attend the meetings. Action plans should be developed to address any issues that come up at the meetings.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (b) (i) Staffing.

Timescale: for completion by 8th December 2013.

Action taken:

We have reported progress on meeting this requirement under Quality Theme 3, Statement 3, Quality of Staffing.

Has the requirement been met? Not met

16. The provider must ensure that staff training is appropriate for the work to be performed, and at all times suitably qualified and competent persons are working in the service. In order to comply with this requirement, the provider must review staff training needs for all staff working in the care home and submit an up-dated training plan to the Care Inspectorate within the time scale set out below. This must include an effective system to monitor and review staff competencies and plan training accordingly.

Staff training must include but not be restricted to:

- * adult support and protection
- * food hygiene
- * nutrition for the elderly
- * falls
- * infection control
- * dementia awareness
- * first aid
- * oral care
- * care planning (person centred care).

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a) and (b) (i) Staffing

This takes account of National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

Timescale: for completion by 8 December 2013.

Action taken:

We have reported progress on meeting this requirement under Quality Theme 3, Statement 3, Quality of Staffing.

Has the requirement been met? Not met

17. The provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users. In order to do this, the provider must:

(a) review the dependency tool used by the service to ensure this takes account of both residents needs and the environment in order to calculate the levels of staff required to meet residents needs.

(b) if staff are removed from other duties, such as domestic work for the service to be compliant with the staffing schedule, this is not a routine occurrence and that the cleanliness of the environment is maintained to an acceptable standard at all times.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a).

This takes account of National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

Timescale: within 48 hours of receipt of this report.

Action taken:

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

Has the requirement been met? Not met

18. The provider must ensure that the nutritional needs of residents are met. In order to achieve this, the provider must:

- a) review staff practice and management of mealtimes to improve the dining experience of residents. This should include a record of actions required, by whom and in what timescale, and when these were completed, in order to evidence improvements in the service.
- b) ensure residents weights and MUST's are recorded regularly (and at least monthly) and in accordance with any recommendations from the Dietician.
- c) ensure that recommendations from the Dietician regarding special diets, supplements or food first approach should be clearly documented in care plans and implemented.
- d) ensure that care plans contain information on residents preferences, choices and assistance required with eating and drinking.
- e) ensure meals provided in the home take into account residents needs and choices and are planned accordingly.

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

This takes account of the National Care Standards, Care Homes for Older People, Standard 13, Eating Well

Timescale: for completion by 8 December 2013.

What the service did to meet the requirement

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

The requirement is: Not Met

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

1. The minutes of residents, relatives/carers and staff meetings should identify any actions required, by whom and within a given timescale and date completed. Progress on any actions should be made known and recorded at the next meeting.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11, Expressing your views.

Action taken:

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

Has the recommendation been met? Not met

2. The Manager should explore further ways of involving residents, relatives and staff in assessing the quality of the service provided.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11 - expressing your views.

Action taken:

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

Has the recommendation been met? Not met

3. It is recommended that the service should continue to develop the residents' personal plans to contain detailed, personalised information that would guide staff in providing care and support in a person centred way.

This takes account of National Care Standards, Care Homes for Older People, Standard 6 - support arrangements, Standard 12 - lifestyle.

Action taken:

We have reported progress on meeting this recommendation under Quality Theme 1, Statement 2, Quality of Care and Support.

Has the recommendation been met? Not met

4. In order that residents have meaningful activities incorporated into their everyday life, it is recommended that the service:

(a) assesses residents social and recreational needs, present and future, how this need is to be met

(b) record and evaluate the social/recreational activities the resident participated in

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

6 - support arrangements, Standard 12 - lifestyle.

Action taken:

We have reported progress on meeting this recommendation under Quality Theme 1, Statement 2, Quality of Care and Support.

Has the recommendation been met? Not met

5. It is recommended that the provider applies a greater usage of dementia friendly signage around the home so that residents' ability to orientate themselves in their living environment is maximised.

This takes account of National Care Standards, Care Homes for Older People, Standard 4 - Your environment

Action taken:

We have reported progress on meeting this recommendation under Quality Theme 1, Statement 2, Quality of Care and Support.

Has the recommendation been met? Not met

6. It is recommended that topical creams and ointments are labelled with the residents details and date of opening. This would help staff judge when to dispose or replace topical medicines and to ensure they are applied within the manufacturers guidelines.

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

Action taken:

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

Has the recommendation been met? Not met

7. The manager must carry out a review of the bedding in residents' bedrooms and remove lumpy pillows and replace with new ones. They must also ensure that the broken bath side cover is repaired or replaced.

This takes account of National Care Standards, Care Homes for Older People, Standard 4 - Your environment.

Action taken:

We saw that the bath panel had been repaired and new pillows and bedlinen had been bought.

Has the recommendation been met? Met

8. It is recommended that all opened foodstuffs are labelled with a date of opening to assist staff in ensuring that these are stored and served in line with the manufacturers' guidelines and best practice in food hygiene.

This also takes account of National Care Standards - Care Homes for Older People, Standard 4, Your environment.

Action taken:

We saw that opened food and drinks were labelled.

Has the recommendation been met? Met

- 9.** In order to maintain the safety of service users. It is recommended the provider:
- (a) complete risk assessments for all residents using bedrails.
 - (b) ensure all bedrails are securely fitted.
 - (c) complete and record regular bedrail checks to ensure the on-going safety of residents.

This takes account of National Care Standards, Care homes for older people, Standard 4 - Your environment.

Action taken:

We have reported progress on meeting this recommendation under Quality Theme 2, Statement 2, Quality of Care and Support.

Has the recommendation been met? Not met

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. The provider told us how the people who used the care service had taken part in the self-assessment process.

Taking the views of people using the care service into account

During our inspection we spent time speaking with residents in lounge and dining areas and in their own bedrooms.

Some residents had dementia or other communication difficulties and were not able to tell us what they thought about the home but we were able to judge their wellbeing by watching how they responded to staff. Residents responded positively to the care offered by staff.

Comments given by residents included:

"I'm happy here"

"I like to stay in my room"

"I don't want to bother staff, they're busy"

Taking carers' views into account

We spoke with two relatives visiting the home. They told us they were generally happy with the service being provided by the home. One visitor felt staff were approachable, whilst another commented that their relative was well cared for and he always got an update from staff when visiting.

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: 2 - Weak

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 statement should be read in conjunction with the inspection report of dated 19 September 2013.

This statement was not fully examined at this visit as the purpose of this inspection was to focus on requirements, recommendations and areas for improvement made at the last inspection.

We found the service continued to use ways of involving residents and relatives in improving and contributing to the care and support provided. This included:

- * a newsletter giving information on past and future events.
- * information displayed in entrance to the home such as the complaints procedure, advocacy services, health topics and adult protection.
- * a participation strategy describing how the service aims to involve residents and relatives/carers in the service such as holding residents and relatives meetings.

A notice was displayed near the entrance to the home asking residents and relatives/carers for their suggestions on menus and how involved people want to be in the service.

Questionnaires had been sent out to all relatives/carers asking for their views on various aspects of the service and suggestions for anything that could be done differently. One response had been received at the time of our inspection with suggestions of menu changes.

A plan was in place to ensure that all resident's care plans were reviewed every six months. We saw that some of these reviews had been completed and for other

residents, relatives had been contacted to arrange a meeting. We previously made a requirement that residents' care plans were updated following reviews and relatives and staff were aware of any changes. Of the care plan reviews we looked at, only one required action following the review. A record was kept of the topics discussed and relevant people attended the reviews. This requirement was met.

The relatives and residents we spoke with during our inspection remain happy with the service being provided by the home.

Areas for improvement

The service has made some progress on the areas covered by this statement, however, further time is needed to allow them to fully evidence actions they have taken following suggestions from residents and relatives/carers.

Following our last inspection, we recommended that the minutes of residents, relatives/carers and staff meetings should identify any actions required, who would complete this and when. This would help evidence that the service had made changes following suggestions made at meetings. The manager advised that she continues to meet residents individually but that only one meeting had been held since our last inspection. Meetings are also important as it provides an opportunity for residents to meet together and share their views. We will make the recommendation again to allow the service further time to make progress in this area (see recommendation 1).

The service should consider how they use the information gained from questionnaires, individual meetings with residents and responses from posters and notices displayed around the home. The service should look at ways of gathering this information, showing how they have made improvements to the service they provide and how this is fed back to residents and relatives. We discussed with the management team who agreed to look at developing this.

The service should further develop ways that residents and relatives can give their views and suggestions on the service being provided. The recommendation from our last inspection remains (see recommendation 2).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The minutes of residents, relatives/carers and staff meetings should identify any actions required, by whom and within a given timescale and date completed. Progress on any actions should be made known and recorded at the next meeting.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11, expressing your views.

2. The Manager should explore further ways of involving residents, relatives and staff in assessing the quality of the service provided.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 11 - expressing your views.

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths

In evaluating this statement, we looked at some of the ways that staff supported residents to make choices in their day-to-day life. Strengths identified under Quality Theme 1, Statement 1 also apply to this statement.

We saw that some residents had chosen to personalise their bedrooms with their own furniture and other familiar items.

Some of the residents' personal plans contained life histories which gave information on their life, interests and past times. These helped staff get to know more about residents' lives before they moved into the home. It can also help staff identify how residents want to spend their time and the kind of interests or activities they might choose.

We saw that residents were supported to socialise outwith the home with family and friends. The activity worker accompanied residents on outings or events and helped them continue their links in the local community.

Areas for improvement

At 8:00am on the second day of our inspection, we found a number of residents were in bed, some asleep, with their clothes on. We asked the manager about this and were told that some residents liked to get up and dressed early in the morning and go back to bed after having their breakfast. Whilst this may be the preference of some residents, the service was unable to demonstrate this in individual care plans. We have made a recommendation about this (see recommendation 1).

We made a recommendation following our last inspection that residents care plans contained more personalised information. This helps staff know about resident's individual preferences and helps them support residents in making choices about their care and support. The service had introduced new care plan documentation and staff were reviewing and changing the information to be more personalised. Whilst progress had been made, due to the amount of work involved, the service had not

been able to complete all the care plans. The recommendation will be made again to give the service time to make further progress (see recommendation 2).

Following our last inspection, we recommended that the service look at how they meet resident's social and recreational needs. We saw that there were some organised activities and individual residents were accompanied on outings. Some of the care plans we looked at had information on the activities residents had participated in. In order to help residents have meaningful activities and social opportunities as part of their day-to-day routine, the service should continue to develop their approach to activities within the home. This recommendation will be made again (see recommendation 3).

We saw that some en-suite bathrooms had clear, pictorial signs on the doors and bedrooms had resident's names on them. This helps residents to find their rooms and bathrooms as independently as possible. We would recommend that the service makes further use of clear signage in areas around the home. The recommendation from the last inspection will remain to allow the service to progress this (see recommendation 4).

Several residents we spoke with told us they chose where to spend their time during the day and some said they liked being in their own rooms. Some residents were less able to tell staff where they wanted to spend time and were not always offered a choice by staff.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. It is recommended that the service reviews residents care plans to ensure these contain information on the care needs, preferences and choices for their morning and evening routine.

This takes account of National Care Standards, Care Homes for Older People, Standard 6 - support arrangements and Standard 8 - making choices.

2. It is recommended that the service should continue to develop the residents' personal plans to contain detailed, personalised information that would guide staff in providing care and support in a person centred way.

This takes account of National Care Standards, Care Homes for Older People, Standard 6 - support arrangements, Standard 12 - lifestyle.

3. In order that residents have meaningful activities incorporated into their everyday life, it is recommended that the service:
 - (a) assesses residents social and recreational needs, present and future, how this

need is to be met

(b) record and evaluate the social/recreational activities the resident participated in.

This takes account of National Care Standards, Care Homes for Older People, Standard 6 - support arrangements, Standard 12 - lifestyle.

4. It is recommended that the provider applies a greater usage of dementia friendly signage around the home so that residents' ability to orientate themselves in their living environment is maximised.

This takes account of National Care Standards, Care Homes for Older People, Standard 4 - Your environment.

Statement 3

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

Service strengths

This statement should be read in conjunction with the inspection report of dated 19 September 2013. This statement was not fully examined at this visit as the purpose of this inspection was to focus on requirements, recommendations and areas for improvement made at the last inspection.

Personal care plans were in place for each resident. These showed that the health and care needs for each resident had been assessed and some had clear information on how staff should meet these needs. Some of the care plans we looked at contained information on individual resident's likes and dislikes. The service had started using new care plan documentation which made information clearer and easier to find.

Risk assessments were in place to identify any specific needs and how staff could reduce any risk to individual health and well-being. These included assessments for:

- * falls.

- * use of bedrails.

- * skin/pressure area risk assessment, which helps staff identify residents at risk of developing pressure ulcers.

We saw from entries in care plans that residents had been seen by other healthcare professionals such as GP's and Dieticians. This showed that staff communicated with other professionals to ensure residents' health concerns were being managed appropriately and consistently.

We made a requirement at our last inspection that the service must ensure they meet resident's skin care needs. Of the care plans we looked at, we saw that these had information on the type of equipment needed such as special mattresses and how

often residents needed help to move position. Skin/pressure risk assessments had been completed regularly. We saw that re-positioning charts were in place for residents who needed regular help to change their position and had information on the mattress and positioning instructions. Overall, this requirement has been met, however, please see areas for improvement for further information.

We spent time in the dining rooms at mealtimes and saw that residents did not have to wait long for their meal to be served. Residents were assisted promptly by staff as needed and were offered the menu choices and alternative dishes. Staff appeared knowledgeable about residents individual likes and dislikes. Overall, we saw that resident's mealtime experience was better but some further improvements could be made. See areas for improvement for further information.

At our previous inspection, we required that the service competently recorded and monitored the fluid intake for residents at risk of not drinking enough. The service had introduced a new fluid balance chart to help with more accurate recording and monitoring of what residents had to drink. Fluid balance charts were completed and were being monitored by senior staff. The service had met all aspects of this requirement. However, please see areas for improvement for further information.

We saw that the service had made efforts to address issues raised at our previous inspection and the standard of care and support residents received had improved since our last visit. However, the service must continue to make improvements on the areas discussed under this statement in order to provide positive outcomes for residents.

Areas for improvement

At our last inspection, we made a requirement that the service must ensure the nutritional needs of residents are being met. We saw that resident's weights and MUST's (Malnutrition Universal Screening Tool) were recorded regularly but not consistently for two residents who needed to be weighed on a weekly basis due to weight loss. This meant that staff did not have accurate knowledge of residents' weights or risk of weight loss or gain, which is needed to help staff decide if the Dietician or GP should be contacted. Some residents did not always get their dietary supplements as prescribed.

Some of the care plans we looked at did not have information on individual dietary likes and dislikes and assistance needed at mealtimes. This information along with results from questionnaires or meetings would help the service develop menus that took account of individual preferences and requests.

The manager advised that she had completed a review of mealtimes although this had not been recorded. Whilst we saw that the overall mealtime experience had improved for residents, the requirement will remain to allow the service to fully meet all aspects of the requirement (see requirement 1).

In the evening of the first day of our inspection, we saw a member of staff completing two fluid balance charts and a re-positioning chart with information on what residents had drunk or when they had been helped to change position earlier that day. Late recording of information may result in charts not being accurate and does not give carers the opportunity to give residents further assistance such as more encouragement to have drinks (see requirement 2).

A requirement was made previously, that personal plans must be accurately completed with resident's current care and support needs and must be evaluated. At the time of our inspection, the service was in the process of reviewing all residents care plans to ensure these contained up-to-date information on residents' needs. The requirement will remain to allow the service time to make further progress on this (see requirement 3).

We saw some topical creams and ointments were not labelled with residents name or the date of opening. We found four residents who had creams in their rooms that were not prescribed for them and two who had creams with a different resident's name on them. We made a recommendation about labelling creams and ointments at our last inspection which will remain (see recommendation 1). In addition, the service should ensure that all medications, creams and ointments given to residents are prescribed by their GP (see requirement 4).

The service completed monthly assessments of resident care needs and complied with the set staffing levels on their schedule. However, at times during our inspection, we saw that there were no carers in the lounge or dining rooms with residents as they were busy assisting residents elsewhere in the home. We were concerned that, at certain times during the day, there was not enough staff to meet the care and support needs of the residents. The requirement from the previous inspection regarding this will be made again (see requirement 5).

Grade awarded for this statement: 2 - Weak

Number of requirements: 5

Number of recommendations: 1

Requirements

1. The provider must ensure that the nutritional needs of residents are met. In order to achieve this, the provider must:
 - a) review staff practice and management of mealtimes to improve the dining experience of residents. This should include a record of actions required, by whom and in what timescale, and when these were completed, in order to evidence improvements in the service.
 - b) ensure residents weights and MUST's are recorded regularly (and at least monthly) and in accordance with any recommendations from the Dietician.
 - c) ensure that recommendations from the Dietician regarding special diets,

supplements or food first approach should be clearly documented in care plans and implemented.

d) ensure that care plans contain information on resident's preferences, choices and assistance required with eating and drinking.

e) ensure meals provided in the home take into account residents needs and choices and are planned accordingly.

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

This takes account of the National Care Standards, Care Homes for Older People, Standard 13, Eating Well.

Timescale: for completion by 26 April 2014.

2. The provider must make proper provision for the health, welfare and safety of service users. In order to do this, the provider must ensure that care charts are accurately completed. This must include, but not be exclusive of;
 - a) residents who require monitoring and recording of their fluid balance have this competently recorded. This should include the timely recording of residents' fluid intake to ensure all information is accurate and to allow for corrective action to be taken to support residents to increase their fluid intake.
 - b) residents who need help to change their position have this recorded at the time of assistance so that all staff are aware of when care is next required, in line with their assessed skin care needs.

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

This also takes into account National Care Standards, Care Homes for Older People, Standard 14 Keeping well - health care.

Timescale: for completion by 26 April 2014.

3. Personal plans must accurately set out how service users' health, welfare and safety needs are to be met. In order to achieve this, the provider must:
 - a) ensure that personal plans accurately set out the service users' current health, welfare and safety needs, including social and leisure needs.
 - b) ensure that personal plans are effectively evaluated to make sure they continue to reflect residents' needs.

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

Timescale: To be completed by 26 April 2014.

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4. The provider must make proper provision for the health, welfare and safety of service users. In order to do this, all medication must be prescribed by the authorising GP and administered according to best practice.

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

This takes account of National Care Standards, Care homes for older people, Standard 15 - keeping well - medication.

Timescale: To be completed by 26 April 2014.

5. The provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users. In order to do this, the provider must:
 - (a) review the dependency tool used by the service to ensure this takes account of both residents needs and the environment in order to calculate the levels of staff required to meet resident's needs.
 - (b) if staff are removed from other duties, such as domestic work for the service to be compliant with the staffing schedule, this is not a routine occurrence and that the cleanliness of the environment is maintained to an acceptable standard at all times.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a).

This takes account of National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

Timescale: for completion by 26 April 2014.

Recommendations

1. It is recommended that topical creams and ointments are labelled with the resident's details and date of opening. This would help staff judge when to dispose or replace topical medicines and to ensure they are applied within the manufacturers guidelines.

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

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 2 - Weak

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.

We saw that residents had personalised their bedrooms with personal items, photos and furniture.

Areas for improvement

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

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We did not look at all areas covered by this statement but focused on requirements and recommendations made at our last inspection and improvements the service has made.

We saw that improvements had been made in the overall home environment since our last inspection. The home was cleaner and tidier and general repair and maintenance had been carried out on issues raised previously. A new automated washer had been installed in the sluice. We saw that staff used gloves and aprons appropriately and the manager completed handwashing audits with care staff. These improvements will contribute to a reduced risk of spreading infection and cross infection. The requirement covering issues of infection control from our last

inspection is met.

The service had improved the way it stored unsafe chemicals and incontinence products and has met the requirements covering these issues.

Fire safety checks were completed regularly and small electrical equipment used by residents and staff had undergone Portable Appliance Testing (PAT) in line with legal requirements.

The service had started to carry out monthly safety/maintenance checks on all wheelchairs. Records were kept to evidence that these were being completed and equipment was being maintained.

On our first day of inspection, we observed meals being served in both dining rooms. On the first floor dining room, although the heated trolley kept some food hot until being served, there was not enough space for all dishes to be kept in a heated compartment. We tested one meal as it was about to be served to a resident as a second helping and found it was lower than the recommended temperature. We told the deputy manager about this at the time of inspection. On our second visit, we saw that new heated serving dishes were in place and there was space for all food to be kept hot. This requirement is met.

At our last inspection, we required that resident's moving and handling needs were to be re-assessed and staff competencies in moving and handling practice was to be reviewed. Of the care plans we looked at, we saw that resident's needs had been reviewed and care plans had been updated. Staff had received moving and handling training and senior staff had completed observed practice with some staff to ensure their practical skills followed best practice. This requirement is met.

Areas for improvement

Following our last inspection, we required the service took actions to ensure that care plans had information on individual resident's risk of falling and actions to be taken by staff to help reduce this risk. We saw that care plans had falls risk assessments in place but did not have enough detailed information to guide staff on actions needed to meet resident's needs. The service was in the process of reviewing all care plans during our inspection so this requirement will remain to give more time for the service to make further progress (see requirement 1).

On the evening of our visit, while staff were helping residents with their evening routine, we saw one resident who had been left alone in their bedroom whilst seated in a wheelchair with a lap belt in place. The resident was seen to lean forward and was at risk of tipping the wheelchair. We found a member of staff who promptly helped the resident; however, this showed that staff were not aware of the risks and best practice when using lap belts. The requirement made at the last inspection, will remain (see requirement 2).

In one shared bathroom, we found the temperature of the hot water was hotter than recommended. There was a system in place for checking water temperatures throughout the home, however, records did not show which rooms were checked. The service should ensure that water outlets throughout the property are checked regularly, any remedial action is taken and detailed records kept. We spoke with the maintenance person who told us that regular maintenance checks were completed on other areas and equipment but no records were kept. The service must ensure that a system of safety and maintenance checks is in place and records are kept in order to evidence that checks are carried out and corrective action taken. (see requirement 3). The recommendation regarding checks on bedrails previously made will remain (see recommendation 1).

We looked at the equipment and maintenance records the service kept. On looking at the servicing records, we saw that some moving and handling slings had not been serviced at the expected timescale in line with Lifting Operations and Lifting Equipment Regulations (LOLER) (see requirement 4).

Grade awarded for this statement: 2 - Weak

Number of requirements: 4

Number of recommendations: 1

Requirements

1. The provider must make proper provision for the health and welfare of service users. In order to do so, the Provider must maintain residents' safety in all areas of the home, by:
 - (a) ensuring a falls risk assessment is completed for each resident and reviewed and updated at regular intervals, and after each fall or change of circumstance.
 - (b) ensuring residents individual care plans have sufficient detail on the actions required by staff to help reduce the likelihood of a resident falling.
 - (c) complete a risk assessment on each resident's abilities to summon help when sitting in public areas or bedrooms.
 - (d) consider the location of call bells and residents' abilities to recognise the need for help and use call bells.
 - (e) where residents cannot access or use call bells, the service should put a system in place to ensure residents are able to summon and receive assistance promptly.

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

This also takes account of National Care Standards, Care Homes for Older People, Standard 4 - Your environment.

Timescale: for completion by 26 April 2014.

2. The provider must ensure the health and welfare of residents. To do this they must ensure that they review their procedures when considering the use of lap belts. This should include, but not be restricted to:
 - (a) an assessment of the resident's needs must be completed.
 - (b) all interested parties are consulted and informed when considering the use of lap belts.
 - (c) all other methods are considered and tried before using lap belts and should be clearly documented.
 - (d) staff should be aware of good practice guidance when considering and using lap belts.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - Regulation 4(1)

(a) a requirement to make proper provision for the health and welfare of people and Regulation 4 (1) (c) a requirement to ensure that no-one is subject to restraint unless it is the only practicable means of securing the welfare of that or any other resident.

This takes account of National Care Standards, Care homes for older people, Standard 9 - feeling safe and secure and the Mental Welfare Commission (2013) Rights, Risks and Limits to Freedom.

Timescale: for completion by 26 April 2014.

3. The provider must ensure that a system of safety and maintenance checks is in place and records are kept to confirm the on-going safety of equipment. This should include, but not be restricted to:
 - (a) completion of safety checks on water systems and outlets throughout the property.
 - (b) records kept to show that corrective action has been taken to address any issues/problems identified.

This is to comply with SSI 2011/210 Regulation 4(1) (a) make proper provision for the health, welfare and safety of service users.

This also takes account of the National Care Standards, Care Homes for Older People, Standard 4 - your environment.

Timescale: for completion by 26 April 2014.

4. The service provider must make proper provision for the health, welfare and safety of residents by ensuring all equipment is maintained to a standard that protects individuals. In order to do so, the provider must ensure that all equipment, including moving and handling slings, are regularly maintained and serviced and records kept of this and when the next service is due.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) make proper provision for the health, welfare and safety of service users.

This takes account of National Care Standards, Care Homes for Older People, Standard 4 - your environment.

Timescale: for completion by 31 July 2014.

Recommendations

1. In order to maintain the safety of service users. It is recommended the provider:
 - (a) complete risk assessments for all residents using bedrails.
 - (b) ensure all bedrails are securely fitted.
 - (c) complete and record regular bedrail checks to ensure the on-going safety of residents.

This takes account of National Care Standards, Care homes for older people, Standard 4 - Your environment.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

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

Areas for improvement

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

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service strengths

We did not look at all areas covered by this statement but focused on requirements and recommendations made at our last inspection and improvements the service has made.

We spoke with staff and observed their practice during our inspection. We observed some kind and caring interactions between staff and residents during our visit. The staff we spoke with were knowledgeable about residents' individual needs and wanted to provide a good standard of care to residents. Staff appeared motivated to complete training relevant to their role.

The service had introduced a system of staff one-to-one meetings (supervision) and observed practice. Detailed records were kept and showed that topics such as training, policies and procedures and practical issues were discussed. A record was

also kept on when the next supervision and appraisal meetings were due. The requirement on supervision made at our last inspection has been met.

Areas for improvement

There have been improvements in medication administration since our last inspection, however, further improvements are needed. We looked at a sample of Medication Administration Records (MAR), We found the standard of record keeping varied and there were gaps in some of these charts where it was expected there would be signatures or information to indicate why a medicine or cream had not been given. Staff should ensure that medication charts are completed in accordance with residents' assessed needs and best practice guidelines. The requirement regarding medication administration made at the last inspection will remain (see requirement 1).

Some residents were prescribed medicines to be given "as required". There was not enough information about the circumstances in which these should be given, particularly when these were for symptoms of anxiety and distress. Individual care plans or protocols give staff specific information on how to administer these, such as the circumstances for use and maximum dose (see recommendation 1).

A requirement was made at a previous inspection that minutes of staff meetings should be recorded and include details of actions to be taken. These should be given to staff who were unable to attend the meetings. This was not met at this inspection and will remain (see requirement 2).

At a previous inspection, we required that staff training needs and competencies were reviewed and a training plan be put in place. The manager told us that staff training needs had been looked at but we did not see entailed records of these reviews. A training plan had been put in place to ensure staff received training on a range of topics including those specified. The requirement will be made again to allow the service further time to fully evidence that all aspects are met (see requirement 3).

Grade awarded for this statement: 2 - Weak

Number of requirements: 3

Number of recommendations: 1

Requirements

1. The provider must ensure that medicines are given safely and correctly and in accordance with best practice guidelines. In order to achieve this, the provider must:
 - a) ensure medication is administered as currently instructed by the prescriber. Records should be kept of any instance where this is not the case and describe the reason.
 - b) ensure topical creams and ointments are labelled with the date of opening when

in use.

c) develop and implement an audit system to identify areas of poor practice and action plans to deal with areas for improvement. Action plans should identify actions required, by whom and within a given timescale and the date completed.

d) where poor practice has been identified, implement a system to ensure that staff receive training and supervision to ensure they are competent to safely administer medication in accordance with best practice.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(a).

This also takes account of National Care Standards, Care Homes for Older People, Standard 15 - Medication.

Timescale: for completion by 26 April 2014.

2. The provider must ensure that minutes of staff meetings should contain information on who attended and content of the discussions that took place. Minutes should be provided to those unable to attend the meetings. Action plans should be developed to address any issues that come up at the meetings.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (b) (i) Staffing.

Timescale: for completion by 26 April 2014.

3. The provider must ensure that staff training is appropriate for the work to be performed, and at all times suitably qualified and competent persons are working in the service. In order to comply with this requirement, the provider must review staff training needs for all staff working in the care home and provide the training that it has identified that staff require. Further, there must be a system in place to assess that this is reviewed on an ongoing basis.

Staff training must include but not be restricted to:

- * adult support and protection.
- * food hygiene.
- * nutrition for the elderly.
- * falls.
- * infection control.
- * dementia awareness.
- * first aid.
- * oral care.
- * care planning (person centred care).

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a) and (b) (i) Staffing.

This takes account of National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

Timescale: to review staff training needs by 26 July 2014 to complete the provision of the training identified by 30 September 2014.

Recommendations

1. Where residents are prescribed 'as required' medicines to treat symptoms such as distress, agitation and anxiety, information should be included in the care plan and MAR chart that describes how staff are to help the resident with these symptoms. Information should include what signs may indicate the need for medicine to be given and maximum dosage to be given in a given time period.

This takes account of National Care Standards, Care Homes for Older People, Standard 14 - keeping well. Care Inspectorate (2012) Guidance about Medication, Personal Plans, Review, Monitoring and record keeping in Residential Care Services.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

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 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 management and leadership of the service.

Areas for improvement

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

Grade awarded for this statement: 3 - Adequate

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

The manager and deputy manager were receptive to issues discussed throughout the inspection and the changes needed to improve the service for residents.

The manager had carried out audits on some aspects of the home to ensure the service was running well. This included audits of residents' care plans, infection control and the home environment. We saw that these audits had identified actions required or information that needed to be up dated. The manager advised that further audits are to be implemented to ensure a thorough system of monitoring is completed (see areas for improvement for further information).

The manager has taken action on issues identified at our last inspection and implemented new systems to support and the changes needed in order to provide a better quality of service for residents.

Areas for improvement

Records were kept for all audits which detailed any actions to be taken. These did not include who was responsible for these, in what timescale and when they were completed. This would help the management team ensure that corrective actions are completed and they can evidence that these have helped make improvements in the service. We have made a recommendation about this (see recommendation 1).

The manager may wish to look at how staff at all levels can be supported in developing their roles. Consideration should be given to ways that senior staff can be actively involved in making improvements and developing the service.

We would suggest the management team looks at how information gained from quality assurance systems including meetings and questionnaires are fed back to residents and relatives.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should ensure that audits completed have an action plan to evidence actions taken. This should include actions required, by whom and in what timescale.

This is in order to meet the National Care Standards, Care Homes for Older People, Standard 4 - your environment and Standard 5 - management and staffing arrangements.

4 Other information

Complaints

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

Enforcements

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

Additional Information

The provider has voluntarily agreed to suspend admissions to the home until significant progress has been made in the areas of weakness.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

| | |
|--|--------------|
| Quality of Care and Support - 2 - Weak | |
| Statement 1 | 3 - Adequate |
| Statement 2 | 2 - Weak |
| Statement 3 | 2 - Weak |
| Quality of Environment - 2 - Weak | |
| Statement 1 | 3 - Adequate |
| Statement 2 | 2 - Weak |
| Quality of Staffing - 2 - Weak | |
| Statement 1 | 3 - Adequate |
| Statement 3 | 2 - Weak |
| Quality of Management and Leadership - 3 - Adequate | |
| Statement 1 | 3 - Adequate |
| Statement 4 | 3 - Adequate |

6 Inspection and grading history

| Date | Type | Gradings |
|-------------|-------------|--|
| 19 Sep 2013 | Unannounced | Care and support 1 - Unsatisfactory Environment 1 - Unsatisfactory Staffing 2 - Weak Management and Leadership Not Assessed |
| 7 Dec 2012 | Unannounced | Care and support 3 - Adequate Environment 3 - Adequate Staffing 2 - Weak Management and Leadership 3 - Adequate |
| 31 Aug 2012 | Unannounced | Care and support 3 - Adequate Environment 3 - Adequate Staffing 2 - Weak |

Inspection report continued

| | | | |
|-------------|-------------|--|--|
| | | Management and Leadership | 3 - Adequate |
| 22 Nov 2011 | Unannounced | Care and support Environment Staffing Management and Leadership | 4 - Good Not Assessed 4 - Good Not Assessed |
| 27 Oct 2010 | Unannounced | Care and support Environment Staffing Management and Leadership | 4 - Good 4 - Good Not Assessed Not Assessed |
| 18 Jun 2010 | Announced | Care and support Environment Staffing Management and Leadership | 4 - Good 3 - Adequate Not Assessed Not Assessed |
| 2 Mar 2010 | Unannounced | Care and support Environment Staffing Management and Leadership | 3 - Adequate 3 - Adequate 4 - Good 4 - Good |
| 19 Nov 2009 | Announced | Care and support Environment Staffing Management and Leadership | 3 - Adequate 3 - Adequate 4 - Good 3 - Adequate |
| 24 Mar 2009 | Unannounced | Care and support Environment Staffing Management and Leadership | 3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate |
| 12 Sep 2008 | Announced | Care and support Environment Staffing Management and Leadership | 3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate |

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنم اذہ

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Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com