

Inspection report

Quayside Care Home Service

250 Halley Street
Yoker G13 4DT

Inspected by: Sarah Gill
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 17 November 2005

Service Number

CS2003010419

Service name

Quayside

Service address250 Halley Street
Yoker G13 4DT**Provider Number**

SP2003002226

Provider NameBUPA Care Homes (CFHCare) Limited No.
2741070**Inspected By**Sarah Gill
Care Commission Officer**Inspection Type**

Announced

Inspection Completed

17 November 2005

Period since last inspection

9 Months

Local Office Address

Central West, Paisley.

Introduction

Quayside is a purpose built Care Home for 180 service users. The accommodation is divided into 6 units of 30 places.

Three of the units are occupied by older people with dementia who require nursing care.

Two of the units are occupied by older people who require nursing care.

The 6th unit (Caledonia) is occupied by older people, some of whom may have dementia, and do not require 24 hour nursing care. Nursing care needs for this unit are supplied by District Nurses.

All of the bedrooms are single rooms with en-suite toilet. There are shared communal bathing and shower facilities, dining room, sitting rooms and smoking room on each unit.

Basis of Report

This report is written on the basis of four Care Commission Officers and two Lay Assessors visiting the Care Home over a period of two days. The Lay Assessor's report is included at the end of this report under the heading "other information".

During this visit service users and staff were consulted. The relevant records were examined and observation of some mealtimes and activities took place. The accommodation and facilities were inspected.

The Care Home service was measured against the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002. Scottish Statutory Instrument 2002 No.114.

In addition six of the National Care Standards for Care Homes for Older People were focused on as follows:

Standard 1 Informing and Deciding.

Standard 5 Management and Staffing.

Standard 6 Support Arrangements.

Standard 7 Moving In.

Standard 13 Eating Well.

Standard 18 Staying In Touch.

Action taken on requirements in last Inspection Report

There were 24 requirements made in the previous inspection report of March 2005. Of these 12 have been met satisfactorily, 11 have been partly met and one has not been met.

The details are as follows:

SSI 114 Regulation 10 Fitness of Premises

1. The provider requires auditing the premises and identifying within the units the equipment and carpets which requires to be replaced/repared. (Immediate) Requirement met.
2. Service user"s bedrooms and unit corridors should be clean and in a good decorative state. (Immediate) Requirement met.
3. Chairs, tables and other identified equipment in use require to be clean. (Immediate) Requirement partly met. Some chairs and tables are still to be replaced. The Manager has

confirmed these have been ordered.

4. The provider needs to ensure the units are free from malodours. (Immediate) Requirement partly met. Kennolworth Unit has persistent odours. Requirement will be repeated in this report.

5. Pillows require to be replaced which are found to be lumpy and not conducive to sleep. (Immediate)

Requirement met.

6. Infection control procedures require to be updated to reflect current Scottish best practice/guidance/standards. (2 months) Requirement met. The new Glasgow Infection Control Guidelines have been adopted by BUPA.

7. The use of toilets as staff changing and storage of uniforms/clothes must be discontinued. (immediate) Requirement met.

8. There was also no risk assessments carried out with service users regarding the bedrooms doors being left open or closed at certain times of the day and especially at night. (1month) Requirement partly met. Risk assessments had been completed but contained some inappropriate information and had not been signed and agreed by the service users or their representative. Recommendation to rectify this.

9. The fire risk assessment relevant to each unit should be held within that unit to ensure staff are aware of the risks and the risk reduction measures which are to take place. (1month) Requirement met.

10. Specialised equipment such as pressure relieving cushions and mattresses, wheelchairs etc require to be maintained and repaired as appropriate to the needs of the service users. (1 month) Requirement met.

11. The provider requires to re evaluate the housekeeping duties and the time that is available to them to clean the units to a satisfactory standard. (2 months) Requirement met.

12. The majority of care plans inspected did not reflect the current needs of the Service User. The provider shall develop a written plan which sets out how the service user's health and welfare needs are to be met. (6 months) Requirement partly met. Progress has been made and this remains an ongoing area for development.

13. The provider shall undertake a review of nutritional screening procedures to ensure that service users at risk of under nutrition are identified and appropriate care plans developed implemented and evaluated at regular intervals. (2 months) Requirement partly met. Progress has been made and this remains an ongoing area for development.

14. Service users who are identified as at risk of developing a pressure ulcer require to have a preventative plan in place.(immediate) Requirement partly met. This remains an ongoing area for development.

15. The care plan needs to be formally reviewed on a minimal 6 monthly timescale. (to commence immediately) Requirement partly met. Progress has been made, however timescales have not been met in all cases. This requirement will be repeated in this report.

16. Risk assessments require to be specific to individual service users and evaluated at appropriate intervals. (1 month) Requirement partly met. This remains an ongoing area for development.

17. The evaluation of care plans require to be frequent in areas of monitoring and change. (1 month) Requirement met.

18. Staffing levels and the deployment of staff at mealtimes requires to be reviewed to ensure service users receive the support they need. (immediate review) Requirement partly met. This remains an issue in the evening on Kennolworth and Waverly Unit. A requirement has been made in this report relating to this issue.

19. It was identified that some care staff require to be more knowledgeable on the following specialised nursing areas: wound assessment and management, continence management risk assessment and care planning, gastrostomy feeding catheter care, eating and nutrition in the older person and communication. Best practice guidelines need to be promoted

throughout the care home. (to commence within 1 month) Requirement partly met. Best practice guidelines were available in all of the units. Staff have not fully implemented these yet. This will remain an ongoing area for development.

20. It was evidenced by speaking with staff within Caledonia unit that they have little knowledge on the category of Enhanced Residential Care. The provider needs to ensure staff have a good understanding how to manage and facilitate the service users' needs.(immediate) Requirement met.

21. Care staff require an educational update in choice and use of therapeutic equipment in relation to skin care and wound management. (2 months) Requirement partly met. The training update has been planned.

22. The provider needs to ensure the minimal staffing schedule is adhered to at all times in both aspects of skill mix and staff numbers appropriate to the service user's needs. This area has been identified over the last two inspections and the provider has failed to progress and ensure there is adequate staff to meet the needs of the service users at all times. Service users can be left unsupervised in communal areas and the staff available at mealtimes especially within Kennolworth unit at dinner time. (Immediate review and action is required) This requirement has not been met. A variation application is a requirement of this report and a review of staffing is also required.

23. The proposed staff changes are presently being introduced into Kennolworth and Jupiter unit; however this is inconsistent with the proposed staffing schedule It was identified that senior care assistants are not always on duty when there is only one registered nurse on and the numbers do not always reflect an increase when this occurs. (Immediate) A variation application is a requirement of this report. Senior Care Assistants were found to be on duty. Requirement met.

24. The provider requires to review the time available for cleaning of the units to ensure a satisfactory level of cleanliness is achieved. (Immediate) Requirement met.

Comments on Self-Evaluation

The Manager completed a self evaluation of the service against the six National Care Standards listed above. This assisted in identifying many areas of strength and some areas for development.

View of Service Users

The views of service users were focused on by the Lay Assessors and a full report is included at the end of this report under "other issues".

View of Carers

Most family visitors spoken with were very positive about the care and services provided at Quayside. Some had concerns that the staff were very busy.

Regulations / Principles

Regulation 3: SSI 114 Regulation 3 Statement of Aims and Objectives

Strengths

The Care Home had developed a statement of function and purpose which includes aims and objectives of who the service is for and how this is to be provided.

Areas for Development

The statement of function and purpose does not include the provision of care for respite and short breaks. This type of care is provided from time to time when there are spare beds in any of the units. This practice should be reviewed. If respite care is to continue this should be reflected in the aims and objectives of the service and a unit or units named for this purpose. A requirement has been made at the end of this report.

Regulation 4: SSI 113 Regulation 4 Variation or Removal of Conditions

Strengths

Staffing changes have been piloted in two of the units, Kennolworth and Jupiter. This has resulted in a reduction of the number of Nurses on duty and an increase in the number of care staff on duty in the afternoons.

Areas for Development

These staffing changes are contrary to the current staffing schedule, which is a condition of registration. This necessitates the need for review of these arrangements and a variation process to be completed in order to appropriately revise the minimum staffing numbers detailed on the staffing schedule. A requirement has been made at the end of this report.

The staffing arrangements in Kennolworth and Waverly unit will require further discussion. See Regulation 13 Staffing.

Regulation 4: SSI 114 Regulation 4 (1) Welfare of Users

Strengths

There is good access to the multidisciplinary team to cater for all service users' health and welfare needs.

Some staff had attended infection control training.

Areas for Development

There was a lack of privacy seen in some of the lounge areas where there is a lot of glass

partitioning. The feeling of privacy could be enhanced using curtains.

There was a lack of supervision in the lounge areas particularly in Waverly and Kennolworth units in the evenings. It was observed that there were service users who were agitated and walking around unsupervised and at times service users were getting annoyed and physical with one another. There was a lack of meaningful activities in the evening and this further exacerbated the walking and irritated behaviours of service users with dementia. There is a need for improved assessment of service users dementia and related behaviours. Following this there is a need for more detailed care planning and appropriate interventions from staff.

Depression was not well recognised amongst service users and the care plans made no reference to depression although some service users were prescribed antidepressant medication.

There was no pain assessment tool seen in use for service users who had symptoms of pain.

Palliative care training has not taken place for staff. There is a need to develop skills in symptom management and end of life care.

Continence care remains an area for development. There continues to be a focus on the management of incontinence rather than promotion of continence. Training for staff would be beneficial.

It was observed that staff sometimes left laundry bags on the floor of the sluice room and that there was a lack of clarity over the separation of laundry.

Regulation 5: SSI 114 Regulation 5 (2) Personal Plans

Strengths

All service users have comprehensive personal plans. The way that these have been compiled has been under development and will be commented on further in Standard 6 Support Arrangements.

Areas for Development

There has been some work done in ensuring that service users and their representatives have the opportunity to attend a review of the personal plan every 6 months.

This review has not been carried out for all service users within the 6 month timescale. A requirement has been made at the end of this report.

The preparation for the review has sometimes been quite limited and the content of the review session does not evidence exactly what has been reviewed.

The aim is for all service users to be given the opportunity to read and agree their personal plan. This includes the care plans and risk assessments completed by Nurses as well as the

personal plans completed by Carers.

It has been suggested that the Unit Managers forward plan the review sessions for the year ahead to ensure that the 6 monthly timescales can be met. It is also expected that if a representative cannot be identified for a service user who lacks capacity that an advocate is appointed. Guardianship procedures should also be considered.

Regulation 10: SSI 114 Regulation 10 Fitness of Premises

Strengths

There premises were found to be in a good state of repair externally, some minor internal repairs needed some attention.

Areas for Development

There remains a strong need to ensure that the environment is made as appropriate as possible to meeting the needs of service users with dementia.

Regulation 12: SSI 114 Regulation 12 Facilities in Care Homes

Strengths

The Manager had recognised in the service development plan that new crockery and cutlery needed to be purchased.

The purchase of coloured plates may be useful for the units for people with dementia.

Areas for Development

There had been a deterioration in the enamel of the baths and most had chipped. These should be replaced. This will be a requirement at the end of this report.

There are hydraulic bath seats which are rarely used due to the service users' risk of slipping off the chair. These bath seats should be reviewed and made safe for use.

There was a chair with foam exposed on Kennolworth unit. This chair has reduced fire retardancy and infection control risks and should be removed from use or replaced. This will be a requirement at the end of this report.

There are no height adjustable beds or beds with back rest. A review of these needs should be made, as posture control beds would be useful for service users who have gastrostomy feeding or breathing difficulties.

Regulation 13: SSI 114 Regulation 13 Staffing

Strengths

The Manager had been able to appoint a Clinical Services Manager. There had also been staffing adjustments and most units reported no problems with current staffing levels.

Areas for Development

The staffing numbers in Kennolworth and Waverly units were observed as being insufficient to meet the needs of service users in the evening. This resulted in potential safety hazards as service users were left unsupervised and at risk of falls or injury to one another. There was also an increase in agitation and distress amongst service users on these units in the evening. It was also observed that staff found the evening meal difficult to manage and this resulted in some service users eating very little.

The staffing numbers on these units from teatime until about 11 o'clock need to be increased to allow sufficient staff availability.

This will be the subject of a requirement at the end of this report.

Regulation 19: SSI 114 Regulation 19 (3) Records

Strengths

The records examined were found to be satisfactory.

Areas for Development

The electrical appliance book should be updated as some electrical items may not be on the premises.

All special chairs should be checked regularly for signs of wear and tear and appropriate action taken if foam becomes exposed.

The fire panel kept showing a common fault. This should be repaired or replaced.

The padlocks used on the gates around some of the units should be reviewed and consider suitable alternatives.

National Care Standards

National Care Standard Number 1: Care Homes for Older People - Informing and Deciding

Strengths

There was a BUPA Care Homes brochure, with an insert describing the services provided at Quayside Care Home. The Administrator provides this to anyone who is making an enquiry.

The Administrator provided an example of a residents' information sheet and a residents' brochure which is given out prior to admission.

The Administrator reported that charges and services provided are discussed verbally with prospective service users.

A copy of the terms and conditions for private service users was seen and this clearly detailed the accommodation and service provided.

There were complaints leaflets seen which detail the complaints process.

The most recent inspection report was seen displayed on the notice board.

There is a variety of information leaflets and brochures available for service users and the provision of this information is staggered between the enquiry and admission stages.

A welcome pack was seen to be available in all service users' rooms.

Areas for Development

BUPA does not provide details of the charges and the services provided in written format to service users who are admitted under the local authority contract.

There was no written information regarding the arrangements that need to be made of private funding runs out.

Although there is a comprehensive mission statement and philosophy of care, this was not included in the information given out to service users.

The current information available does not include arrangements that would be put in place if the Care Home was to close or change ownership.

Recommendations have been made at the end of this report relating to this Standard.

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

The Care Home had all of the relevant policies and procedures.

Staff were reminded about policy and procedure changes through the use of memos, staff meetings and one to one supervision sessions.

There was a robust recruitment system including the uptake of 2 references, Disclosure Scotland enhanced level checks were carried out for all staff and registration checks were carried out for nurses.

The staff group were all experienced in care of older people. An induction process was used

to ensure staff were up to date with key areas of practice. There has been a good rate of completion of Scottish Vocational Qualification (SVQ) 2 training for carers. Some carers are working towards completion of SVQ 3.

A new post of Clinical Services Manager has been created. The new post holder will be responsible for enhancing staff development and implementing staff supervision sessions.

Each unit had a Best Practice folder which contained relevant best practice statements and guidelines for staff.

The Manager supplied a copy of the service development plan.

Staff consulted felt that there had been good levels of training offered and that their training needs were being met.

There was a policy on "wandering and use of restraint". Units also had access to guidance from the Mental Welfare Commission on these issues.

Areas for Development

Some BUPA policies made reference to English statutory bodies instead of Scottish statute. This was noticed particularly in relation to the induction policy.

It was also noted that the notifications of accidents and serious injury to the Care Commission was not specified in the reporting of accidents policy.

The best practice folders should also include the relevant Scottish Intercollegiate Guidelines Network (SIGN) guidelines.

The implementation of the staff performance review system to include 6 supervision sessions per year, as per BUPA policy, will be an area for development.

The medication administration records should not have sticky labels added.

The temperatures in medication storage areas should be monitored and if it consistently rises above 25 degrees centigrade action should be taken to reduce the temperature.

Care should be taken to put the date on sharps boxes.

Original prescriptions should be signed and a photocopy retained in accordance with the Royal Pharmaceutical Society Guidelines.

Financial support plans need some development. The only records held are at reception and this is carried out by the Care Home Administrator. Some service users will require money to be brought over to the units and held for safekeeping. Staff involved with assisting service users with money must record this. A record must be developed at unit level for individual service users.

National Care Standard Number 6: Care Homes for Older People - Support Arrangements

Strengths

The service user's preferred name was recorded in the personal plan.

Some personal plans were very comprehensive.

A personal plan audit had been developed.

Some personal plans had good life story records. The CareNap E (Single Shared Assessment) supplied by the referring social worker often had good information about past life stories as well as current health and social needs.

There were a variety of risk assessments that had been carried out. All service users had a regular reassessment of their moving and handling and pressure relief needs.

Individual health needs were recorded throughout the personal plan or care plan. There were records kept of visits by healthcare professionals.

The Manager had recognised the need for staff training in person centred planning and this has been included in the service development plan.

Areas for Development

The risk assessments seen had not been signed by the service users or their representative. Some risk assessments lacked individual details and used very standardised language. There were some instances where a high risk of falls was recorded but no order was seen for hip protectors.

The personal preferences for food and drink and any special dietary needs lacked detail in the personal plan. Although this area has improved slightly, the likes and dislikes could be expanded.

The split between the "personal plan" and the "care plan" remains an area of potential confusion. The personal plans and care plans are written using similar headings to describe an issue requiring care or support. This gives rise to duplication and sometimes conflict of information. The care and support needs of service users must be clearly recorded and stored in an agreed place so that carers can use this to inform their daily practice. The headings of feeding, toileting and working and playing should be reconsidered.

The social, cultural, spiritual and leisure interests were recorded in a limited way. This information was often not updated to reflect current interests. In general the provision of appropriate activities seemed to be limited.

The purpose and use of the BASOLL (behavioural assessment tool) was unclear. There seemed to be little use of the outcome of this assessment in terms of informing the personal plan/ care plans.

Some special equipment was found to be recorded clearly but sometimes the detail was missing. For instance the type of mattress, cushion or sling type was often not recorded.

There was no heading within the personal plan to record who the service user has agreed should be involved in reviews.

Communication needs were recorded in a limited way. This will be commented on further under Standard 18 Staying in Touch.

The medical history may not include the type of dementia. This is an ongoing area for development to be able to link with Medical Staff and determine wherever possible the type of dementia to enable best practice to be followed. This relates to the SIGN guideline for dementia.

Some healthcare needs were not fully recorded. This was noted particularly in relation to nutrition, continence and skin care.

The review process should be improved as required by Regulation 5 (2).

The 6 monthly review should include a reassessment of healthcare needs.

The storage of personal plans should also be reviewed to ensure they can be stored securely.

A copy of the personal plan should be offered to service users.

National Care Standard Number 7: Care Homes for Older People - Moving In

Strengths

There was a named Nurse and Keyworker system in all units. The service development plan identified that this will be fully implemented by the end of January 2006.

There was a staff photo board seen on all of the units.

There is a review led by the referring Social Worker approximately 4 weeks after moving in to give service users and their families the opportunity to decide if the right move has been made. Staff reported that there was no problem with this process and Social Workers were making contact and initiating these reviews.

Areas for Development

The staff who are allocated as named nurse or named carer could be made clear within the welcome pack.

The need for staff groups of service users to be displayed on the notice board could be relocated to the staff room.

Staff could be more proactive in assisting service users in preparing for the 4 week review.

National Care Standard Number 13: Care Homes for Older People - Eating well

Strengths

There was some record of likes and dislikes of service users with regards to food choices. There were some prompts for staff seen to reinforce those service users who needed special diets.

The timing of meals had been reviewed and this allowed time for a midmorning drink and snack to be served.

There were some innovations being trialled on different units to encourage staff in meeting the needs of service users. A table plan was seen in one unit and another unit used different meal sittings.

Some food wastage charts and fluid record charts were seen in use. Snack boxes were seen on all units containing handy extras that could be offered in between meals.

There was a good selection of food items available in the fridges on each unit. This included full fat milk, cream, butter portions and custard pots. Fortified milk was made up and served regularly.

All service users had a monthly nutritional risk assessment. Some had been placed on weekly weight and risk recording.

There is a BUPA development programme in current progress looking to develop best practice amongst the Chef Managers. This includes the introduction of "Catering Champions".

The Manager had introduced a BUPA nutrition package and anticipates all staff will complete this by December 2005. The Manager has also recognised the need to improve the dining experience and has included this in the service development plan.

The Manager has joined the Gerontology Demonstration Site which is run by Caledonia University. This will assist in carrying out nutritional audit against the nutritional best practice statement.

Areas for Development

Staff had a heavy reliance on memory of service users likes and dislikes rather than it being clearly recorded in the personal plan.

Some staff did not follow the prompts that were displayed with regards to fortified diet or texture alterations.

The menu seemed to have a high content of processed foods. The nutritional content should be reviewed.

Although a cooked breakfast was available every day staff did not order a soft choice for service users.

The appearance of the pureed diet was not good. There was a lack of choice for the pureed

and soft diets.

The staffing in the evenings to cover the tea time meal was observed to be difficult in Waverly and Kennolworth units. See Regulation 13 Staffing.

The recording of oral care and care of dentures was not seen.

The mealtime experience for service users could be further enhanced. Staff could offer bread and condiments more readily. There seemed to be a lack of clothing protectors available. Napkins should be supplied. Service users should be offered to have their hands washed before and after meals.

Some service users with high nutritional risk had not had their care plan updated accordingly and there is still a need to ensure it is clear who the dietician is and any speech therapy involvement. Although there was a record of health professional visits sheet there was no name and address contact sheet.

National Care Standard Number 18: Care Homes for Older People - Staying in Touch

Strengths

Communication needs were assessed in a limited fashion.

Service users were able to use the trolley phone or their own mobile phones if they wish.

There were lots of visitors to the Care Home on a daily basis.

Advocacy services information is displayed in each unit.

Areas for Development

Service users with sensory or cognitive impairment can have limitations to their communication abilities. This was not always fully recorded and reassessed and regular intervals.

The resources available to staff could be improved. The use of pictures and symbols and awareness of the need to give individualised cues to assist service users in their communication could be developed.

Consideration could be made to the installation of a loop system for service users with hearing impairment.

Service users could be assisted more to prepare for important events such as reviews or hospital appointments.

The BUPA policy "communicating with residents suffering from sensory impairment" should

be highlighted to staff and implemented.

Enforcement

There is no current enforcement action in place.

Other Information

The odours in Kennolworth unit were still present and action needs to be taken to review continence management in this unit and reduce odours.

Lay Assessor's report

Report on the Three Dementia Units

Each unit accommodates 30 residents and at the time of my visit there were approximately 25 residents in each house.

During my two-day visit at the three-dementia units I observed in the bedrooms, I visited, that they were basic but clean and perfectly functional with ensuite facilities. The residents are encouraged to bring some of their personal items along with them such as pictures and small pieces of furniture to help them settle and feel more at home and I noticed that this has been taken on by some of the residents but not all. I liked the "memory box" located outside each bedroom where each resident can have a photograph of family and friends - a useful aid to help the residents locate their bedrooms

The bathrooms were clean as was the sluice area. The communal areas were fairly comfortable with nice armchairs. The soft furnishings e.g. curtains gave the place a nice homely feel.

The residents in each of the three houses all seem happy and content, well cared for and at ease with themselves. I observed the staff appropriately caring for residents that were being a little bit noisy and trying to wander off.

All staff help at lunchtime and recently, the residents have been offered a cooked breakfast and by and large it is appreciated. Approximately, half of the residents in the unit need assistance at mealtimes. The only negative point at Quayside, pointed out by the residents, is the lack of "home-made meals" such as mince and potatoes. One resident backed this up by saying, "We never get buttered scones for tea - but we do get cake." There seems to be quite a bit of processed food on offer - having said this most of the residents still ate it.

I was concerned that in the Kennolworth unit, there was an unpleasant smell of urine and on asking the care staff the reason for this I was informed that the carpet had not been replaced during the redecoration and that some staff are not as vigilant as others in wiping up any spillage.

For activities there is "gentle exercises" - throwing a beech ball from one to another; hairdressing, nail care, carpet bowls. These are all organised by one of the activity coordinator. During my visit I was delighted to hear the welcoming sound of "war time music" which made for a really welcoming environment - not only did I enjoy it but also did many of the residents and I noted a relaxing comfortable feeling with people laughing.

The residents I spoke with really enjoyed the opportunity to talk and share memories. This is a job really suited for a volunteer as the staff are busy with their various chores and do not always have time to exchange stories. So I was delighted to hear that interviews are due to take place for volunteers to help out with the activities such as escorting and providing companionship to many of the residents who do not get out much - a worthwhile venture.

I observed very good interaction taking place between the staff and residents. Many were unable to participate in the things going on in Quayside and all they wanted to do was sleep. This they were allowed to do and no one was forced to join in against their wishes.

On one bedroom floor I observed what appeared to be a burn mark I fed this back to the unit manager.

There was a specific area set aside for smoking - this is supervised.

The garden area is wonderful and very well maintained by the gardener and maintenance staff. It was a nice environment to sit and take the fresh air. I especially liked the replica of the "Singer Clock", which appealed to many of the residents as they originally came from the Knightswood area. The water fall area and the pets (rabbits and guinea pigs) all help to make Quayside home from home.

Finally, I would like to comment on the house keeping staff, they take great pride in their work and as one resident commented, " they go that extra mile to keep the place nice, the decor fresh and bright"

Report on The Enhanced Care and the Frail and Elderly Units

The interior decoration has recently been renovated following two inspections by Care Commission Officers in October 2004 and March 2005. The interior is therefore in good repair with new carpets throughout, painted corridors and common rooms and refurbished chairs. Apparently staff painted the common rooms, as funding did not cover these areas!

Overall, the home appears to provide a reasonable service. In spite of this and in my opinion, the service is in need of improvement. From the observations that I made and from the comments of the service users, it is clear that the staff are caring and considerate. However they have heavy and difficult roles and appear to be under significant pressure due to the numbers of service users and the reasonable demands that they make on the available staff.

Communication between service users and staff appeared limited and almost exclusively between staff and the service users who readily responded to comments. It struck me that although the responses by some service users might be limited, the interaction could have significant benefits to the quality of life of all service users, no matter the obvious response. Some consideration could be given to this aspect with the introduction and reinforcement of awareness training to stress the importance of recognising and valuing the individuality of all service users.

The ordering of meals for the following day seems to cause confusion for some service users. The practice needs to be reviewed to find the best solution for all by producing a less confusing method for those troubled by the current method. Consideration could be given to exploring and finding useful ways of conveying what is on offer and when. For example, the use of colour picture cards depicting the food on offer or sign language (if appropriate) could be used for the hard of hearing to clearly show what is available.

Communal areas are very sterile, lack imagination and do not encourage interaction between service users. Chairs ranged along the walls in a large room are not conducive to a relaxed and individual orientated atmosphere. The individual needs to be emphasised and good regular communication encouraged. It might help if the chairs were set out in groups to encourage interaction between the residents.

The volume, value and variety of activities for the service users needs could be improved.

Service users sitting around in front of a television that is switched on but with no sound is not desirable. It was also observed in the Talisman Unit that the recorded activities were very limited and consisted of some movies, hairdressing and short duration visits by a therapist each week. The activities recorded on the chart in Caledonia Unit appeared significantly better. Another approach might be to involve the service users in the planning of the activities. Where practical, the wishes of service users should be paramount. Another consideration might be to provide organised trips to interesting and stimulating locations outside of the home. The area surrounding the home is attractive and interesting yet I did not observe or hear any evidence to suggest that it was being used effectively for the benefit of the service users.

As indicated above, the service is improving and this improvement needs to be maintained. If not already part of the ethos of Quayside it would be of benefit to seek to incorporate a culture of continuous improvement in the organisation at management and staff level. This would be of benefit to the service users and would give the staff a feeling of satisfaction.

Requirements

Regulation 3 A provider shall prepare a written statement of the aims and objectives of the care service.

The provision of a respite and short breaks service should be reviewed and reflected in the aims and objectives of the service.

Variation or removal of conditions.

A variation application must be forwarded to the Care Commission in order to agree appropriate staffing levels.

Regulation 5. (2) The provider of a care home service shall in addition-

(a) make the personal plan available to the service user and to any representative consulted under paragraph 2(1);

(b) review the personal plan- (i) when requested to do so by the service user or any representative; and

(ii) at least once in every six month period;

Personal plans must be reviewed at least every 6 months with the service user and their agreed representative.

Regulation 12. Providers of a care home service shall, having regard to the size of the service, the statement of aims and objectives and the number and needs of service users-

(b) provide such other equipment for the general use of service users as is suitable and sufficient having regard to their health and personal care needs;

The enamel baths which are chipped must be replaced.

The chair on Kennolworth unit with foam exposed must be removed from use and a suitable alternative supplied.

Regulation 13. A provider shall, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of service users-

(a) 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 and welfare of service users;

The staffing numbers must be reviewed on Kennolworth and Waverly units for the evening time period.

Recommendations

Standard 1 Informing and Deciding.

It is recommended that the charges and services to be provided are detailed in written format for service users who are admitted under the local authority contract.

It is recommended that the arrangements to be made if private funding runs out is included in the written information.

It is recommended that a copy of the Care Home's philosophy of care is provided to service users.

It is recommended that the arrangements that would be put in place if the Care Home was to close or change ownership should also be included in the written information.

It is recommended that information is made available in other formats when required for service users with visual impairment or cognitive impairment.

Standard 5 Management and Staffing Arrangements.

It is recommended that policies are checked and updated to reflect Scottish legislation and statutory bodies.

It is recommended that regular staff supervision sessions are implemented for all staff.

It is recommended that a photocopy is retained of original prescriptions.

It is recommended that the practice of using sticky labels on medication administration records is reviewed.

It is recommended that financial support plans are developed for service users who need assistance in managing finances.

Standard 6 Support Arrangements

It is recommended that the social, cultural, spiritual and leisure interests of service users are recorded and updated regularly as preferences and abilities change.

It is recommended that the details of types of equipment such as mattress, cushion or sling, are recorded for individual service users.

It is recommended that healthcare needs are fully recorded.

It is recommended that a heading is included in the personal plan of who the service user has agreed to be involved in reviews.

It is recommended that the duplication of personal plan and care plan is reviewed.

It is recommended that personal plans are stored securely.

It is recommended that service users are offered a copy of their personal plan.

Standard 13 Eating Well

It is recommended that service users' likes, dislikes and special dietary needs are clearly recorded in the personal plans.

It is recommended that staff are reminded about the importance of following the prompts displayed about special diets or texture and fluid alterations.

It is recommended that the nutritional content of the menu is analysed.

It is recommended that choices are offered for service users who need to have a texture altered diet, that these are served in an appetising way and that staff can clearly identify what is being offered to a service user.

It is recommended that oral care and care of dentures is fully recorded. This should include the need for regular dental checks.

It is recommended that a choice of clothing protection is always available and that paper napkins are always available.

It is recommended that service users are offered assistance with handwashing before and after meals.

It is recommended that a clear healthcare contact list is developed to include dietician, speech therapist and dentist.

Standard 18 Staying in Touch.

It is recommended that service users' communication support needs are more fully recorded.

It is recommended that resources are developed to assist service users with sensory or cognitive impairment with communication needs.

It is recommended that staff on Waverly unit receive training to assist them in communicating with a service user who is hearing impaired.

Sarah Gill

Care Commission Officer