

Care service inspection report

Rosaburn House

Care Home Service Adults

Rosaburn Avenue
East Kilbride
Glasgow
G75 9DE

Inspected by: Jim Brannigan

Type of inspection: Unannounced

Inspection completed on: 24 October 2011



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Service provided by:

Northcare (Scotland) Ltd

Service provider number:

SP2003002314

Care service number:

CS2006115094

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Summary

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

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

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment		N/A
Quality of Staffing	4	Good
Quality of Management and Leadership		N/A

What the service does well

We thought that the many opportunities for service users and carers to comment on the service had been maintained at a very high level. The Provider continued to collate the information gathered from the consultation processes and to respond to them. We saw staff address service users with courtesy.

People spoke highly of the service they receive.

What the service could do better

We thought that, although good progress had been made in individualising the care plans, and work on them is continuing, there was still some room for further development. The service could further improve how it consults with people who use the service.

What the service has done since the last inspection

The service has been in discussion with others to further develop person centred care and this was ongoing.

Conclusion

We think that the Provider has consistently provided very good opportunities, over a significant period of time, to service users and carers to comment on, and influence, many aspects of this service. They are given

regular feedback on any action proposed as a result of the comments, and there are many examples of changes which have been brought about as a result of service user and carer participation.

We thought that some of the care planning processes could still be more individualised and generally improved upon, to ensure person centred care for all care needs.

The provider has demonstrated a strong commitment to working in partnership with the Care Inspectorate to further develop the service.

Who did this inspection

Jim Brannigan

1 About the service we inspected

Rosaburn House is a purpose built care home, owned and managed by Northcare (Scotland) Ltd and is situated in a residential area of East Kilbride, adjacent to another of the Provider's care homes. The home provides nursing care to 66 older people, including those who have dementia, and had 66 service users at the time of the inspection visit.

The accommodation comprises four wings, on two storeys, each wing having a spacious lounge and dining area. All bedrooms are single, with en suite facilities, and arrangements can be made for people who wish to share, such as a couple. There are balconies on the upper floors, which overlook attractively laid out, secure gardens. The service's stated Aims and Objectives are to provide care, in a safe and secure environment, where service users are supported to achieve independence, enabled to make choices and encouraged to work in partnership with staff to maximise their quality of life.

The service employs nurses and carers who have varying qualifications, experience and skills.

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 means that from 1 April 2011 this service continued its registration under the new body, SCSWIS.

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - N/A

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - N/A

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.scswis.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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We compiled the report following an unannounced inspection. The inspection was carried out by Care Inspectorate Inspectors Jim Brannigan and Jim McNally.

We wrote this report after an unannounced inspection that took place between 10.00 am and 16.50 pm on Friday 21 October 2011 and between 9.30 am and 15.40 pm on Monday 24 October 2011. Feedback was given to the service by Inspectors Jim Brannigan and Jim McNally on Monday 24 October 2011 between 14.00 pm and 15.30 pm.

As requested by us, the provider sent us an annual return. The provider also sent us a self assessment form.

We issued eight questionnaires to friends, relatives or carers and ten to people who used the service. Seven completed questionnaires were returned from people who use the service and seven from relatives and carers were returned before the inspection.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents:

- observing how staff work
- evidence from the service's most recent self assessment
- personal plans of people who use the service
- staff files and training records
- staff supervision and appraisal records
- accident and incident records
- complaints records
- in house questionnaires
- analysis of returned Social Care and Social Work Improvement Scotland (SCSWIS) questionnaires
- minutes of meetings
- policies and procedures

- questionnaires that had been requested, filled in and returned to the care service from people who use the service, their relatives or advocates, and staff members
- discussions with various people, including:
 - the manager
 - the provider
 - care staff
 - three people who use the service
- examining equipment and the environment

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 recommendations we made at our last inspection

One recommendation was made at the last inspection:-

Key information about service users should be recorded in a way which allows ready comparisons to be made when deviations occur. (National Care Standards - Care Homes for Older People; Standard 5 - Management and Staffing Arrangements and Standard 14 - Keeping Well - Healthcare)

It was noted at the last inspection:-

We recognise that good progress has been made in improving the personalisation of the care plans, and is continuing. However, we thought that even some which came into this category would have benefited from being more person centred and detailed. For example, some of the bedtime routines did not have information about the preferred temperature of the bed and bedroom, whether the service user liked a light to be left on or the curtains open, and if they wanted to be checked by staff during the night. We thought that some statements were rather general, such as 'reduce anxiety', 'reassure and comfort', 'encourage to live as independently as possible', without, in some instances, there being information as to the most appropriate and effective way of intervening with each individual service user, and taking account of their preferences and interests.

We did not find that base line information, such as the normal limits for that service user's blood pressure or pulse rate, was always identified in the sections of the care plans in which the day to day readings of those functions were recorded, although some were noted elsewhere in the care plan. We thought that some staff may not know where to find that information, and may, therefore, fail to respond appropriately to variations in vital functions.

At this inspection we have made several recommendations in relation to care plans in Quality Statement 1.3 which encompass the issues raised above.

The recommendation has not been repeated.

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.

Social Care and Social Work Improvement Scotland received a fully completed self assessment document from the service provider. We were not satisfied with the way the service provider had completed this and with the relevant information they had given us for each of headings that we grade them under.

We thought that the self assessment was not a fair and objective assessment of the Care Homes performance, particularly in relation to the assessment of grades. This was discussed with the Owner.

The service provider identified what they thought they did well, some areas for development and any changes they had planned. The service 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

We sent out ten questionnaires and seven were completed and returned to us before our inspection. When asked about the overall quality they receive in this service:

- five people indicated they were very satisfied;
- two people indicated they were satisfied;

The comments we received in questionnaires included:

We did not receive any comments in the questionnaires which were returned.

One issue was raised in the questionnaires which were returned.

One person said that they did not know how to make a complaint to SCSWIS.

We spoke with people who use the service during the inspection who made the following comments:-

' Care here is second to none' and described staff as being ' sent from heaven'.

'First class, the care is excellent'.

' Looking after me well'.

' Staff are excellent and we are well looked after. I enjoy the food. We are well fed'.

' I have no complaints. I don't know my room number but I know where my room is. Food is very good'.

Taking carers' views into account

We sent out eight questionnaires and seven were completed and returned to us before our inspection. When asked about the overall quality they receive in this service:

- seven people indicated they were very satisfied;

The comments we received in questionnaires included:

' The nursing care in this Home is first class. The owners and care staff are always on hand to listen to any concerns that may arise. I am completely happy with the overall care'.

' I feel that the staff give high level of care even at times when there is a great demand put on them. I have in the past and would recommend Rosaburn to anyone looking for care'.

' Staff are doing all they can to help to help my Mum and our family. They have been extremely supportive to us all. We want for nothing and they have respected our choices for Mum to remain in the home, in her room rather than in hospital. We have visited many many homes but what she has at Rosaburn has certainly surpassed others. Hence the main reason Mum has remained here. Staff are caring and go out of their way to do their best. We are greatly appreciative of their dedication'.

'If anything the identification of the need for and organising a special chair for my mother took a little longer that was necessary'.

' I can honestly say that from the Nurses to the youngest carers, I am totally impressed by their standard of care and attitude at all times. Management run a very professional unit at Rosaburn. The manager is always available and actions any requests quickly and efficiently, you can see she is respected by her staff. The

Managing Director is very approachable and genuinely interested in your comments, she is very hands on. My wife has improved since going into Rosaburn and I put that down to the standard of care and stimulation that she gets from being in the environment. I have a very high opinion of the Management and staff at Rosaburn and so glad to get the opportunity to tell you how good they are'.

Relatives we spoke with during the inspection made the following comments:-

' If I had any concerns staff and management are very approachable'.

' They go the extra mile. Staff seem genuinely attached to my Mum. They are always very nice and friendly'.

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

Overall grade awarded for this theme: 4 - Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

We found this service was performing at a very good level in the areas covered by this statement. We concluded this after we:

- spoke to the manager, the owner and five members of staff;
- evaluated questionnaires returned from service users and carers ;
- reviewed minutes of meetings;
- observed staff practice;
- reviewed care plans;and
- spoke to people who use the service and their relatives.

The care service involved the people who use the service and their relatives and carers and asked for their views in several ways. These included:

- the service has continue the implementation of the service's consultation and participation strategy. We thought that they had maintained the consultation processes very well;
- we saw that the various forums and meetings occurred regularly, were minuted, and information was provided on any action to be taken as a result;
- from the minutes of the service users' and relatives' meetings, we read that discussions had taken place on a number of issues relating to the day to care of service users;
- we thought that there continued to be good evidence that the opinions of those being consulted were responded to appropriately;

- we saw questionnaires which had been issued about activities, and dignity and respect. The responses which we read contained very positive comments about the extent to which service users were treated with respect by staff, and their dignity preserved, and the courtesy extended to them by staff;
- we also saw that the practice of circulating the results of the questionnaires to service users, carers and staff, together with the provider's action plans to address them, had continued, as a way of ensuring good communication throughout the service;
- the Provider also produces an 'overview of the forums' which is a summary of all of the proposals and comments made at the service users', relatives' and staff forums, and of the action taken to implement them;
- we read the minutes of service users' and of the relatives' forums. In those, there was evidence of consultation about, for example, the introduction of improved ways of recording how personal care, and assistance with meals should be given, discussion about the continued benefits of 'protected mealtimes' and satisfaction with the level of consultation about the repainting of the bedrooms. The Manager gave us examples of the recent changes and developments made as a result of feedback from others, which included the range of activities and mealtime arrangements when relatives visit;
- from the records we reviewed, and our discussions and observations, we thought that there were a number of opportunities for service users and carers to make known their opinions about the appropriateness of the care provided. These included consultation with them when care plans were being compiled, in review meetings, and informally, either by attending one of the Provider's and Manager's 'surgeries', or in discussion with a staff member;
- we saw that members of the relatives' forum, as well as service users, had been consulted on new care plans relating to eating and drinking, personal care and

moving

and handling;

- we also noted that the monthly 'surgery' for carers who wished to raise any individual issues with the Provider and the Manager, had continued, and information about them, and the forums, were widely publicised throughout the service;
- Information on advocacy services was available;
- the complaints procedure was displayed, as well as a suggestions box, and the service's participation strategy;
- this service, together with the other care homes in this company, had recently been assessed and awarded the Customer Excellence Award - an award which is in recognition of 'putting the customer at the heart of service delivery' and 'prioritising customer focus'.
- we saw that the service published a monthly newsletter which provided very good information for service users and their cares on what was happening in the care home ;

We thought that the service was performing at a very good level in this Quality Statement.

Areas for improvement

The service is maintaining very good standards.

The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

We saw that the service had very good systems and processes to obtain peoples views as described above. We thought the views of relatives was well documented and recorded. However, the views of people who use the service was not as well documented and was limited in the number of service users who's views were obtained.

This is an area where the care home could improve, however, we recognise that this will be challenging given the nature of the people who use the service.

We have made a number of recommendations which we hope will improve the responses from people who use the service as below:-

The number of in house questionnaires returned from people who use the service was limited and did not provide a representative sample of those people living in the care home.

(see Recommendation 1)

The quality of the information we saw in meetings could be improved. It was not clear whether the people attending the meetings were staff, service users or carers, there is no record of what was actually said, no clear agenda and no clear action plan with timescales to address the issues raised. Attendance at service user meetings was poor.

(see Recommendation 2)

It was good to see that in house questionnaires were anonymous. However, the questionnaires that we saw did not make clear whether the person completing it was a person who uses the service, a relative or a member of staff.

(see Recommendation 3)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The manager should explore ways to improve the number and range of responses from people who use the service.
(National Care Standards - Care Homes for Older People; Standard 11: Expressing Your Views)
2. The manager should ensure that In house meetings have a clear agenda, clearly record who attended and their status, accurately record what was discussed and have a clear action plan, with timescales, to address issues raised.
(National Care Standards - Care Homes for Older People; Standard 11: Expressing Your Views)
3. The manager should ensure that questionnaires make clear whether the person completing them is a person who uses the service, a relative or a member of staff.

(National Care Standards - Care Homes for Older People; Standard 11: Expressing Your Views, National Care Standards - Care Homes for Older People; Standard 5: Management and Staffing)

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

This statement was examined as a result of a concern raised by Social Work Services in relation to the management of one service users finances:-

- we saw that the service users relative has legal power of financial attorney for the service users

Areas for improvement

The service is maintaining good standards.

The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

We saw some evidence in the care plans we looked at of relatives making decisions on service users behalf where it was not clear if they had legal authority to do so.

The Inspector signposts the service to the Mental Welfare Commission (MWC) publication 'Working with adults with incapacity (Scotland) Act' available from the MWC website for information and guidance,

and ;

The Scottish Government publication 'Adults with Incapacity (Scotland) Act 2000 Code of Practice For managers of authorised establishments under part 4 of the Act for information and guidance.

(see Requirement 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that where decisions are being made on service users behalf that the person making that decision has legal authority to do so and this is appropriately recorded.

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

Timescale for Implementation: The provider must do this within 6 months of the publication of this report.

National Care Standards Care Homes for Older People Standard 8 - 4: Making choices, has been taken into account when making this requirement.

Statement 3

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

Service strengths

We found this service was performing at a good level in the areas covered by this statement. We concluded this after we:

- spoke to the manager, the owner and five members of staff;
- evaluated questionnaires returned from service users and carers ;
- reviewed minutes of meetings;
- observed staff practice;
- reviewed care plans; and
- spoke to people who use the service and their relatives.

The care service ensured that people's health and wellbeing needs were being met in several ways: These included:

- we thought that generally the care plans which we saw had clear information about service users' healthcare needs, and how they should be met. We also saw that the continued appropriateness of the care and support which they were receiving was reviewed on a monthly basis;
- we thought that the information for staff in care plans on the tasks to be carried out was detailed and informative e.g. tissue viability, pressure ulcer prevention;
- there were specific care plans for particular conditions e.g. anxiety;
- we saw evidence from the plans that advice and assistance continued to be obtained from community health care professionals, as required e.g. Mental Health Specialist Nurse
- End of life plans were in place for some service users', although, some were blank;
- we saw that nutritional assessments were carried out for service users, and more detailed and

specific ones were completed for service users to monitor their food and fluid intake;

- we saw some good examples of some people taking part in routine daily activities such as peeling vegetables, pairing socks and ironing. We thought these were good activities as they promote self worth, independence and psychological well being;
- we saw some evidence of good practice in some of the care plans we looked at with clear instructions for staff e.g. 'managing anxiety,' 'talk in a slow manner', 'maintain eye contact', 'sit at their level';
- we saw some very good practice by some staff during lunch times in helping service users to make choices in a dignified, unhurried and friendly manner;
- we saw some service users taking part in armchair exercises and it was good to see people with a range of complex needs being encouraged to take part.

Overall, we thought that the service was now performing at a good level in this Quality Statement.

Areas for improvement

The service is maintaining good standards.

The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

We thought that the care plans we saw were focused on medical care and tasks to be carried out. e.g. There was instructions in care plans for staff to 'ensure service users were comfortable and pain free', however, there was no detailed information on what verbal and non verbal signs to look for that might suggest that a person was in pain.

Care plans were 'medical model' style of plan. New person centred plans were being introduced and 'Life Story Books' have been started. Care plans are very much a "medical/nursing" model of a plan. Lots of information on past medical history; medication. The language used was medical in origin.

Plans that we looked at generally focused on disability rather than ability.

There was lots of examples in the care plans that we saw where sections had not been signed off and dated by service users or their relatives or staff. Examples of this were discussed with the owner and the manager.

There was limited information and detail in care plans about what peoples choices and preferences are, for example, how they wish to be dressed, how they wish personal intimate care to be carried out, their decision about whether to wear plastic

tabards when eating, their preferences as to where they would like to eat. Care plans were medical/nursing model. They were not person centred.
(see Recommendation 1)

We saw at this inspection that some good progress had been made in developing 'Life Story Books' for some service users. However, this had not yet been completed for everyone and the information was not yet influencing how care was delivered on a daily basis.

(see Recommendation 2)

Detailed discussion took place with the manager and provider in relation to person centred care. The provider demonstrated a strong commitment to developing person centred care plans.

We were advised that six staff across the organisation had attend a one day training course, 'Leadership and Management in Dementia Care Settings' which includes person centred care in September 2011. The provider informed us that this had been informative and helpful. The provider had also contacted another provider as suggested by the inspector for help and guidance on how to develop person centred care. We thought this was a very positive commitment from the provider.

(see Recommendation 3)

We saw that some personal plans had information about the ways in which activities were being used to meet service users' particular needs. We could not find any evidence that the activities being offered were linked to individual needs and preferences. Activities appeared to be on a 'block' basis and not individualised. We did, however, see some good examples of some people taking part in routine daily activities such as peeling vegetables, pairing socks and ironing.

We signposted the service to the following publication for information and guidance:-
'NHS Dumfries and Galloway Interests and Activities Toolkit For Use with People with Dementia. A guide for Staff and Carers'.

The service took a photocopy on the day of the inspection.

(see Recommendation 4)

We saw at this inspection that bedroom and bathroom doors were locked in the dementia unit as a solution to stop people wandering into other peoples rooms and disturbing their belongings. This practice does not promote independence and prevents people from going to their own room if they want some privacy or use their own bathroom. The inspectors acknowledge this has been done with the best of intentions, however, this practice effectively locks people out of their own room. This was discussed with the manager and the provider during feedback. Some suggestions were made to try and address the issues such as the addition of names,

previous address, photographs or other identifying features, such as memory boxes on bedroom doors. This may help service users to identify their rooms and reduce any distress at being unable to locate them.

We also saw that the majority of bedroom and bathroom doors were all the same colour and looked the same.

Research indicates that this does not assist with orientation or promote independence. We saw that some communal toilets had red doors and clear signage on one of them. This was good practice and should be developed and extended. The inspectors also suggested the care home seek advice from Stirling University, Dementia Unit for ideas and suggestions to help address the issues detailed above.

(see Recommendation 5)

We saw at this inspection that some six monthly reviews had taken place. The reviews that we saw lacked detail with limited information on what had been discussed and said by service users and their relatives. The reviews appeared to focus on medical/ clinical issues e.g. 'no concerns', 'no issues or concerns'.. We saw that some relatives had attended reviews and some had completed a 'Care Plan Summary'.

The review of care plans is a legal requirement, therefore;-
(see Requirement 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 4

Requirements

1. A provider of a care service must review the personal plan at least once in every six month period whilst the service user is in receipt of the service.

This is in order to comply with SSI 2011/210 Regulation 5(2)(b)(iii) - a requirement for a provider to review personal plans;

Timescale for Implementation: The provider must do this within 6 months of the publication of this report.

National Care Standards Care Homes for Older People Standard 6: Support Arrangements, has been taken into account when making this requirement.

Recommendations

1. The manager should ensure that peoples choices and decisions on how they wish their care to be carried are accurately recorded in the care plan. The information in

the care plan should reflect the care that is delivered in practice. We signposted the manager to "Remember I'm still me" for information and guidance.

(National Care Standards - Care Homes for Older People; Standard 17 - Daily Life)

2. Care plans should be written in a person centred way, to ensure that individualised care is available to all service users in every area in which they require it.
(National Care Standards - Care Homes for Older People; Standard 5 - Management and Staffing Arrangements and Standard 6 - Support Arrangements).
3. Records in general should be more person centred and contain fewer generalisations, to ensure that the care provided is specific and appropriate to that service user.
(National Care Standards - Care Homes for Older People; Standard 5 - Management and Staffing Arrangements and Standard 6 - Support Arrangements).
4. There should be evidence of particular activities being identified and used to meet the needs of individual service users, and any subsequent benefits recorded at sufficiently regular intervals as to be of value in assessing the effectiveness of the activities.
(National Care Standards - Care Homes for Older People; Standard 6 - Support Arrangements).
5. The service should explore ways to improve the lay out of the dementia unit in line with current research and best practice to assist with orientation and promote independence for people who use the service.
(National care standards - Care homes for older people; Standard 4 - Your Environment , Standard 16 - Private life, Standard 17- Daily Life).

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

See comments under Quality Theme 1.1

The service is maintaining very good standards.

Areas for improvement

See comments under Quality Theme 1.1

The service is maintaining very good standards.

The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found this service was performing at a good level in the areas covered by this statement. We concluded this after we:

- we were advised that six staff across the organisation had attend a one day training course, 'Leadership and Management in Dementia Care Settings' which includes person centred care in September 2011. The provider informed us that this had been informative and helpful. The provider had also contacted another provider as suggested by the inspector for help and guidance on how to develop person centred care. We thought this was a very positive commitment from the provider;

- we saw that the service had a comprehensive and detailed induction programme for staff;
- we saw that the service had a record of training that had taken place . This included training in e.g. restraint, dementia, Liverpool Care Pathway;
- we saw some examples of training certificates in staff files, e.g. Moving and Handling and Infection Control;
- we saw staff appraisal review sheets in staff files;
- staff that we spoke with said that regular supervision and appraisal took place;
- staff that we spoke with had a good knowledge of infection control, whistleblowing, confidentiality, adult protection and had attended courses such as the 'Liverpool Care Pathway';
- staff spoken with were familiar with the national care standards and the Scottish Social Services Council (SSSC) codes of practice;
- staff spoken with had obtained an Scottish Vocational Qualification (SVQ) level II and/or III in Health and Social Care.

Areas for improvement

The service is maintaining good standards.

The care service should continue to monitor and maintain the standards of quality. They should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

We saw that the service had made a start on a 'training matrix', however, this was a work in progress and was not yet completed.

The appraisal records we looked at lacked detail in some areas, for example, it said in 'attended various courses' however, there was no information about what these courses were or any information or discussion on what the person had learned and how that had impacted on their daily practice. The 'employee concerns' section was blank.

We thought the structure of the form was good, however, the information recorded varied in detail and in quality.

(see Recommendation 1)

- The supervision records that we saw read like daily information records in care plans;
- There was not always two signatures.
- We thought the supervision records did not read like a two way active conversations with staff fully involved;

- Supervision sessions need to develop and appropriately record what is discussed and agreed. E.g. referring to the progress on goal mentioned in appraisals, or referencing any continuing issues, discussions from previous supervision sessions.

(see Recommendation 2)

The staff files that we saw did not all have an individual record of training attended, an individual training plan and all did not have copies of certificates of training attended.

(see Recommendation 3)

The service had a record of the types of training attended. It was not clear how many and which staff had attended which training. It was not clear how decisions about who attends which training were made and there was no evidence about how this links with individual supervision and appraisal.

We saw at this inspection that the service had started to work on a training matrix, however, this was not yet completed.

(see Recommendation 4)

The food that we sampled was warm tasty and appetising. The cook had no formal training or catering qualifications and this was discussed with the Care Home Management at the inspection. We thought that the Cook should be given the opportunity to benefit from formal catering training and to gain a formal qualification.

(see Recommendation 5)

We signposted the service to the Health Improvement Scotland (HIS) 'Food Fluid and Nutritional Care in Hospitals' publication and the Nutritional information on the SCSWIS website for information and guidance

We signposted the service to the Scottish Social Services Council (SSSC) publication, 'The Framework for Continuous Learning in Social Services' for information and guidance.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. The Manager should improve the effectiveness of staff supervision and appraisals by planning their structure and format, and using them to identify how staff can

develop their skills. The manager should ensure that supervisions and appraisals are recorded accurately.

(National Care Standards - Care Homes for Older People; Standard 5 - Management and Staffing Arrangements).

2. The purpose and function of staff supervision should be reviewed, and should be used to review the progress, practice or difficulties being experienced by individual staff.

(National Care Standards - Care Homes for Older People; Standard 5 - Management and Staffing Arrangements).

3. The Manager should ensure that all staff have an accurate and up to date individual training record and training plan. Copies of any training certificates attended/awarded should be held in individual files.

(National Care Standards - Care Homes for Older People; Standard 5 - Management and Staffing Arrangements).

4. The Manager should have a clear record of which staff have attended which training and when. Records should show what training is planned and which staff are earmarked to attend.

(National Care Standards - Care Homes for Older people; Standard 5 - Management and Staffing Arrangements).

5. The Manager should provide the Cook with the opportunity to benefit from formal catering training and to gain a formal qualification.

(National Care Standards - Care Homes for Older people; Standard 5 - Management and Staffing Arrangements).

Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

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

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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 2	4 - Good
Statement 3	4 - Good
Quality of Environment - Not Assessed	
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings
1 Nov 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
15 Jul 2010	Announced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 4 - Good
30 Mar 2010	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
20 Aug 2009	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good

Inspection report continued

		Management and Leadership	4 - Good
26 Nov 2009	Re-grade	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed 2 - Weak 3 - Adequate
24 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 3 - Adequate
28 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 2 - Weak 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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هه بایتسد میم ونابز رگید روا ولکش رگید رپ شرازگ تعاشا هی

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

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