

Care service inspection report

Abbey Lodge Care Home

Care Home Service Adults

Mossneuk Road
Westwood Hill
East Kilbride
G75 8QA
Telephone: 01355 266622

Inspected by: Jim McNally

Alison Iles

Type of inspection: Unannounced

Inspection completed on: 2 December 2011



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Service provided by:

Abbey Healthcare Homes (East Kilbride) Limited

Service provider number:

SP2004004066

Care service number:

CS2003041409

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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	3	Adequate
Quality of Environment		N/A
Quality of Staffing	3	Adequate
Quality of Management and Leadership		N/A

What the service does well

Most people that we spoke with or completed our questionnaires, including service users and carers, told us that, overall, they were happy with the care they received at Abbey Lodge. There continued to be a good range of activities for people outside of the home. There was a St Andrew's Day party inside the home on one of the days that we visited, which people appeared to enjoy.

People living in the home were relaxed and spoke positively about the staff and the home manager. Most people told us that they enjoyed the food on offer and that there was plenty to eat and drink.

There was some obvious improvements to the environment including new flooring, new curtains and furniture and changes to the decor.

We saw an improvement in the way that medicines were being administered, with the exception of the time it was taking to do this.

What the service could do better

On this visit we found that staff morale was low. Staff told us that were very busy and often asked to cover for shortages in other departments of the home. The home was clean but we saw that there were often only two domestic staff on duty and that the cleaning schedule was not being fully completed.

As at previous inspections, people who used the service, and their relatives told us that they were still unhappy that sometimes their clothes go missing or their clothes are returned to the wrong room. This is a recurring problem and has not been properly addressed.

We saw that care staff were busy with other duties and unavailable to help with activities. Care staff that we spoke with confirmed this. With the exception of the party, we did not see many activities taking place with people who were unable to go outside of the home on the days that we were there.

We noted some delays in getting authorisation from head office for things like new floor coverings, new equipment and repairs to equipment. Previous plans to reduce the size of units and to better deploy staff were not in place. Nursing staff were spending over two hours giving out medicines as senior care staff were no longer carrying out these duties.

The dementia unit had no unit manager due to long term sickness. Developments to this unit were progressing slowly. There was limited awareness of the new dementia standards and framework for promoting excellence in dementia care.

Changes to things like personal plans and menus appeared to be getting introduced with limited consultation with people who live in Abbey Lodge (or their relatives/representatives).

What the service has done since the last inspection

Progress in improving the overall quality of service since we last visited the home has slowed in some areas more than others. There have been a number improvements to the environment and more is required. Some of the requirements and recommendations made following the last inspection have been addressed in part, but have not been completed.

Conclusion

Progress has been made in some areas to improve standards overall. However, there are still some key areas for improvement that need to be addressed. This includes a speedier timetable of repairs and refurbishment.

The services for people affected by dementia and other cognitive impairments need to improve. This should take account of the way staff work, staff training and the environment that people live in. The progress made to date must be sustained over a longer period so that standards continue to improve and are maintained at a satisfactory level. Staff need to be more familiar with the new standards for dementia and the framework for people who work with people who have a diagnosis of dementia.

Who did this inspection

Jim McNally

Alison Iles

1 About the service we inspected

Abbey Lodge Care Home is privately owned by Abbey Healthcare Homes (East Kilbride) Ltd.

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, which uses the day to day title, the Care Inspectorate.

The home in the Westwood area of East Kilbride, was purpose built and registered to provide care and accommodation for a maximum of 80 service users. There were 80 service users living in the home when we inspected it.

Excerpts from the service's stated aims are to provide:

"Care that is of a consistently high standard and is individual specific to the service user with dementia or complex care needs. A safe and secure environment that facilitates choice at service user level whilst not feeling restrictive."

The introduction to the new employee handbook states that:

"The main purpose of our Company is to provide an excellent healthcare service to our service users. We aim to ensure our service users are fully satisfied with the services we provide at all times. In order to achieve this we rely on the commitment and effectiveness of our employees. It is therefore vital that you, (employees), enjoy your work and that we work together as a team to achieve our goals."

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

Quality of Care and Support - Grade 3 - Adequate

Quality of Environment - N/A

Quality of Staffing - Grade 3 - Adequate

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 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 after an unannounced inspection that took place on two days, Tuesday 22 November 2011 and was between 8.00am and 5pm and Friday 2 December 2011 between 9.00am and 5pm. The inspection was carried out Jim McNally and Alison Iles (inspectors). Verbal feedback was given to the home's manager, one unit manager and one staff nurse on Friday 2 December.

The care service sent us an annual return on 7 February 2011 and a self assessment form on 29 April 2011.

We gave 20 questionnaires to the service manager and asked her to distribute them to people living in the service and friends, relatives and carers. We got seven completed questionnaires back, four from people who lived at Abbey Lodge and three from relatives and carers.

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

- * evidence from the service's most recent self assessment
- * a sample of personal plans of people who use the service
- * a sample of staff training records
- * complaints records
- * Discussions with various people, including:
 - the manager
 - one unit manager
 - one chef
 - two activity staff
 - four nursing and care staff.
 - six relatives and carers of people who use the service
- * observing how staff work
- * examining equipment and the environment (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?).

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

Personal Plans must be better maintained, include relevant and up to date information and demonstrate regular engagement with service users and/or their carers. Service users needs must be reviewed regularly. All risk assessments and reviews of care must be recorded accurately in personal plans. Personal Plans should better demonstrate regular engagement with service users and/or their carers.

This is in order to comply with SSI 2002/114 Regulation 5(1) and (2)(b)(c) -

a requirement that a provider shall prepare a written plan which sets out how the service user's health and welfare needs are to be met and that a provider of a care home shall review and revise the personal plan, notifying the service user and any representative of any such revision of the plan

and takes account of:

National Care Standards. Care Homes for Older People. Standard 6:Support arrangements

Timescale for Implementation: To commence immediately and be completed within three months from the date of issuing of this report.

What the service did to meet the requirement

This requirement has not been met. We noted that the provider had introduced new personal plan format and the service was still in the process of changing from the old plans to the new format. Some of the plans that we looked at were incomplete and had information that needed updated.

The requirement is: Not Met

The requirement

Service users who stay in their bedroom or are confined to bed and need assistance from staff must receive regular drinks and snacks between meals in line with their care needs and this must be accurately recorded in their personal plan.

This is in order to comply with SSI 114 Regulation 4 (1)(a) Welfare of Users(a)

providers shall make proper provision for the health and welfare of service users; and takes account of

National Care Standards. Care Homes for Older People.

Standard 13: Eating well

Standard 14: Keeping Well - Healthcare.

Timescale for Implementation: Immediately from the date of issuing of this report.

What the service did to meet the requirement

We were satisfied that this requirement was being met at this inspection.

The requirement is: Met

The requirement

The management of staff practice in relation to looking after peoples clothes must be reviewed and improved so that clothes do not go missing and are not returned to the the wrong bedroom. Infection control procedures relating to the management of soiled laundry by care staff must be reviewed as a priority.

This is in order to comply with SSI 114 Regulation 4 (1)(a)(c)(d) Welfare of Users

(a) providers shall make proper provision for the health and welfare of service users;

(b) providers shall provide services in a manner which respects the privacy and dignity of service users; and

(d) providers shall have appropriate procedures for the control of infection and the management of clinical waste

and takes account of National Care Standards. Care Homes for Older People.

Standard 16: Private life

Standard 5: Management and Staffing.

Timescale for Implementation: Immediately from the date of issuing of this report.

What the service did to meet the requirement

There were still concerns from service users and relatives about clothes going missing and not being returned to the correct service user's bedroom. This is a recurring problem and needs addressed as a matter of priority.

The requirement is: Not Met

The requirement

A review of the current staffing levels and deployment of staff should be carried out to check that staff are working efficiently and appropriate to their skills, experience and level of responsibility. This review should take account of the individual dependency needs of service users.

This is in order to comply with: SSI 2002/114 Regulation 13 (a) and (c) (i) and (ii)-

a requirement where 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 the service users ensure that there are sufficient numbers of suitably qualified and competent staff on duty. The Provider shall ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform and suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work

and takes account of:

National Care Standards. Care Homes for Older People. Standard 5: Management and Staffing.

Timescale for Implementation: To commence immediately and be completed eight weeks from the date of issuing of this report.

What the service did to meet the requirement

We wrote to the provider separately about this and discussed this requirement with the manager. The provider has asked the manager to further review staff deployment to ensure efficient staffing of the service.

The requirement is: Not Met

The requirement

There must be clear procedures and arrangements in place so that the cleanliness is not affected by insufficient staff or poor infection control standards. The provider must prioritise following areas: The number of available domestic staff should be appropriate to allow the cleaning schedule to be maintained every day. The smoking area and servery areas must be reviewed to improve the standards of cleanliness and ventilation. The bathrooms which are used by service users to have a bath should not be used as an area for storing laundry trolleys and laundry bags. A more suitable arrangement must be found.

This is in order to comply with: SSI 114 Regulation 4(1)(a) and (d) Welfare of users -

a requirement to make proper provision for the health and welfare of service users and to have appropriate procedures for the control of infection and clinical waste. The Provider should refer to best practice guidance. (see Infection Control in Adult Care Homes. Final Standards. Blackwell Publications. 2005.)

And

SSI 2002/114 Regulation 12(b) - a requirement that providers shall 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.

Timescale for Implementation: To commence immediately and be completed within two weeks from the date of issuing of this report.

What the service did to meet the requirement

The home was generally clean when we visited. However we noted from examination of cleaning schedules, observation throughout the home including areas not accessible to the general public and through discussion with domestic staff that the schedule was not being adhered to. The smoke room was still poorly ventilated. We saw laundry bags were still stored in bathrooms but were told that they were removed and stored elsewhere after peak times in the day. Soap dispensers in a number of areas were not clean.

The requirement is: Not Met

The requirement

Personal Plans must be better maintained and the language easier to understand. They must include relevant and up to date information and demonstrate regular involvement with service users and/or their carers. Service users needs must be reviewed regularly. All risk assessments and reviews of care must be recorded accurately in personal plans.

This is in order to comply with SSI 2011/210 Regulation 5(1) and (2)(a)(b)(c) -

a requirement that a provider shall prepare a written plan which sets out how the service user's health and welfare needs are to be met and that a provider of a care service shall review and revise the personal plan, notifying the service user and any representative of any such revision of the plan

and takes account of: National Care Standards. Care Homes for Older People.

Standard 6:Support arrangements

Timescale for Implementation: To commence immediately and be completed within three months from the date of issuing of this report.

What the service did to meet the requirement

A new version of care plan format had recently been introduced by the provider. See body of report for further detail.

The requirement is: Not Met

The requirement

The management of staff practice in relation to looking after peoples clothes must be reviewed and improved so that clothes do not go missing and are not returned to the the wrong bedroom. Infection control procedures relating to the management of soiled laundry by care staff must be reviewed as a priority.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a)(b)(d) Welfare of Users

- (a) make proper provision for the health and welfare of service users;
- (b) provide services in a manner which respects the privacy and dignity of service users;and
- (d) have appropriate procedures for the prevention and control of infection

and takes account of National Care Standards. Care Homes for Older People.
Standard 16:Private life
Standard 5: Management and Staffing.

Timescale for Implementation: To commence within 24 hours from the date of issuing of this report.

What the service did to meet the requirement

Service users and relatives continued to raise concerns about this issue and we have discussed it again with the home manager.

The requirement is: Not Met

The requirement

The areas highlighted in the provider's audit of deficiencies in the environment must be addressed as soon as possible. A planned timetable must in place indicating how repairs/refurbishment will be prioritised and when things would happen. This information must be shared with service users and families.

This is in order to comply with: SSI 2011/210Regulation 10(1) and (2)(a)(b)(c)(d) -

a requirement that provider must not use premises for the provision of a care service unless they are fit to be so used. Premises are not fit to be used for the provision of a care service unless they-

(a)are suitable for the purpose of achieving the aims and objectives of the care service as set out in the aims and objectives of the care service;

(b)are of sound construction and kept in a good state of repair externally and internally;

(c)have adequate and suitable ventilation, heating and lighting; and

(d)are decorated and maintained to a standard appropriate for the care service.

Timescale for Implementation: To commence immediately and be completed within six months from the date of issuing of this report.

What the service did to meet the requirement

There was evidence of ongoing redecoration and refurbishment of the home including mural paintings in communal areas, new furniture in corridors and some lounge areas. In the dementia unit we saw distinctive facings on doors and the beginnings of themed decoration in one corridor. However, we saw that other areas of the home were still in need of redecoration and refurbishment. Weekly audits of bedrooms that we saw identified that further renovation, repair and refurbishment was required.

The requirement is: Met

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

1. More staff should be trained and then involved in completing personal plans. Person centred plans in the new format should be completed for all service users.

National Care Standards. Care Homes for Older People.

Standard 5: Management and Staffing.

Standard 6: Support Arrangements.

This recommendation has been partially met

2. The keyworker system should be consolidated so that it is operating consistently and improves staff engagement with service user and their families. Service users and carers should know who their keyworker is and what that means in practice for them. More opportunities for people to feedback about the quality of the home should be encouraged. A shift from a task focused approach to care delivery to one that emphasises individual care needs should be put in place.

National Care Standards. Care Homes for Older People.

Standard 1: Informing and deciding.
Standard 5: Management and Staffing.
Standard 7: Moving in.

This recommendation has been partially met

3. Staff should spend more time supporting and supervising people in communal areas. If this means that the way staff work needs to be changed then that should happen.

National Care Standards. Care Homes for Older People.
Standard 5: Management and Staffing.
Standard 12: Lifestyle - social,cultural and religious belief or faith
Standard 17: Daily life

This recommendation has been met

4. There should be more meaningful activities taking place inside the home and more care staff should assist people with these activities.

National Care Standards. Care Homes for Older People.
Standard 5: Management and Staffing.
Standard 12: Lifestyle - social,cultural and religious belief or faith
Standard 17: Daily life

This recommendation has not been met

5. A review of the dementia unit on the first floor should take place and improvements made. This unit should be distinctive as a unit for people suffering from dementia. This includes the environment, staff training in dementia theory and practice. The provider should use best-practice guidance in dementia to inform any changes made.

National Care Standards. Care Homes for Older People.
Standard 4: Your environment
Standard 5: Management and Staffing.
Standard 12: Lifestyle - social,cultural and religious belief or faith
Standard 17: Daily life

Work had recently started in relation to this recommendation and was ongoing. This recommendation has been partially met

6. Service users, carers and families should be encouraged to get involved in discussions and decisions about the environment on the first floor of the home, the

unit identified specifically for the care of people affected by dementia. This should include reference to what people should expect to see in a dementia care unit.

National Care Standards. Care Homes for Older People.
Standard 4: Your environment.
Standard 5: Management and Staffing.
Standard 12: Lifestyle - social, cultural and religious belief or faith
Standard 17: Daily life

This recommendation has been met

7. Further consideration should be given to ways of reducing the intrusion of noise caused by the service user call system, without compromising the need for such a system. The reasons for the delays in staff responding to calls should be examined and suitable remedies put in place.

National Care Standards. Care Homes for Older People.
Standard 4: Your environment.

This recommendation has been met

8. There should be detailed consultation with people about specific environmental improvements required to make the first floor more user friendly for people living there, especially for people who are affected by dementia.

Signage on the first floor should be more "dementia-friendly" and should not have the potential to confuse people.

National Care Standards. Care Homes for Older People.
Standard 4: Your environment.
Standard 5: Management and Staffing.
Standard 17: Daily life

Work had started in relation to this recommendation and was ongoing. This recommendation has been partially met.

9. The environmental restrictions on the first floor of the home should be reviewed to make sure it is as barrier-free as possible and protects service users at the same time. This review should include the locking of the lift, lounge areas and bedrooms. People who live on the first floor unit should have regular access to the garden area and this should be supervised by staff if necessary.

National Care Standards. Care Homes for Older People.
Standard 4: Your environment.
Standard 5: Management and Staffing.

Standard 17: Daily life

Inspectors were unable to examine how service users accessed the garden due to the poor weather. This will be examined at a future inspection. We found that lounge areas and bedrooms were unlocked.

This recommendation has been 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.

We received a completed self assessment document from the service provider before the last inspection in June 2011. We were satisfied with the way that the service provider had completed this. However what we found at this inspection did not match the provider's self-assessment grades of "good" for all the quality statements that we looked at in this inspection. We found that some areas were "good" and most were "adequate".

Taking the views of people using the care service into account

We sent 20 questionnaires to the service and asked the manager to give them to people living in the service to complete. We got two completed questionnaires back from people who lived at Abbey Lodge. Both people who completed a questionnaire said that they agreed with the statement that "Overall, I am happy with the quality of care I receive at this home."

Other comments made to us by people who lived at Abbey Lodge in our questionnaires and when we visited the service included:

"I have no complaints here. I really like it."

"There are times, due to unexpected circumstances, when a few more carers would be helpful to all concerned."

Another service user told us that she was "well looked after. There is plenty to eat and drink".

Taking carers' views into account

We gave 20 questionnaires to the service and asked the manager to give them to relatives and carers of people living in the service to complete. We got four completed questionnaires back. Two people who completed a questionnaire said that they strongly agreed with the statement that "Overall, I am happy with the quality of care I receive at this home.". Two other people who replied said that they agreed with this statement.

Additional comments made in questionnaires and to inspectors during the inspection are summarised below:

"Since the new manager has taken over, improvements have been seen to be taking place and others are planned. Organisation has also been improved. I know not everything can be done at once but feel the bedrooms are long overdue a makeover."

"The only gripe I have concerns the laundry. Despite carefully marking and using button attachments on my relative's clothes, stuff goes missing regularly. Also clothes tend to shrink after a few washes. I suspect this is through using industrial laundry equipment."

"Occasionally find clothing in mother's wardrobe that doesn't belong to her and items of her clothing have gone missing despite proper marking of items by ourselves."

"Feel it would be beneficial to have regular meetings with the keyworker in order for any new circumstances or info to be exchanged and not just when we request them. Also log book system in relatives room is not being read on a daily basis."

We spoke with two people visiting the home as part of lunch club organised to include participation with the local community. We were told by these visitors that they "can't speak highly enough about the service and staff" and that they would both "recommend the home to others."

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: 3 - Adequate

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

The service had a written participation strategy that was displayed in the reception area of the home.

There were quality assurance questionnaires in the foyer of the home which allowed residents and visitors opportunities to comment on various aspects of the service. The manager shared with us the details and results of the most recent surveys carried out by the service. This included a service user satisfaction survey and a specific survey about named nurses/key workers. We thought it was good practice that the service was seeking the views of users of the service. Some actions had been proposed in response to the key areas for development indicated in the surveys.

A copy of the last inspection report was easily accessible in the home for people to read. A posting box was available in the reception area for completed surveys.

As before, personal plans were kept in staff areas and were not available to service users and families unless they asked for them. There were notices available on all floors of the home informing people that personal plans were available to view at any time and where to get them. There were also summary care plans in service user bedrooms and communication diaries were being used by relatives and staff.

A new personal plan format had been introduced since the last inspection. This was, at least, the second change in personal plans in a year and had been introduced centrally by the provider. We thought that format had the potential to be more user friendly than previous versions. Work was in progress to complete the new personal plans.

As seen at previous inspections, there was a good range of written information available in the home. This included a monthly newsletter, the Abbey Lodge "Weekly

"Sparkle", information about using an advocacy service and information about meeting the cost of care. A pamphlet was also available which had useful information about coping with the emotional and practical issues following bereavement.

A relatives communication noticeboard with relevant information was displayed in both floors of the home. There were good sources of information about the local community on display for people living in the home or visiting the home. Relationships had been developed with the local community. We saw that service user and relatives meetings were held on a regular basis.

In the completed questionnaires that we got back, two out of four people who lived in the home agreed or strongly agreed that the service asked for their opinions on how it could improve things. Three relatives/carers out of three who replied all agreed that the service had involved them in developing the service, for example asking for ideas and feedback.

We saw good evidence that there was regular meetings in the home with people who lived in the home, relatives and staff. The "food group" started before our last visit, continued to meet to discuss preferences regarding food and drink and to review the choices on the menus.

The evidence for participation with service users and carers around the quality of care was more obvious than that around the quality of staffing and management.

Areas for improvement

The quality of the information recorded personal plans was still varied. In our view, this was not helped by the way that the new plans had been introduced in the service. There was limited evidence that the new plans had been introduced following consultation with local management, staff and users of the service. We thought this was not good practice. Staff told us that they were finding it difficult to find the time to update the new personal plans and change over from the previous version. (see recommendation 1).

We saw that the manager was trying to raise awareness and promote greater involvement between service users, relatives and keyworkers. However, changes to staff deployment and what appeared to be staff shortages in some departments, was, in our view, disruptive to good keyworking. We have repeated the recommendation made at the last inspection in relation to keyworking. (see recommendation 2).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. More staff should be trained and then involved in completing personal plans. Person centred plans in the new format should be completed for all service users as soon as possible.

National Care Standards. Care Homes for Older People.
Standard 5: Management and Staffing.
Standard 6: Support Arrangements.

2. The keyworker system should be consolidated so that it is operating consistently and improves staff engagement with service user and their families. Service users and carers should know who their keyworker is and what that means in practice for them. More opportunities for people to feedback about the quality of the home should be encouraged. A shift from a task focused approach to care delivery to one that emphasises individual care needs should be put in place.

National Care Standards. Care Homes for Older People.
Standard 1: Informing and deciding.
Standard 5: Management and Staffing.
Standard 7: Moving in.

Statement 3

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

Service strengths

We did not look at every aspect of this statement. We looked at how staff supported people with eating and drinking. We also looked at how staff assessed the risk of undernutrition and dehydration in service users, as well as how this risk was recorded. Management of medicines was also examined.

Inspectors observed how lunch was organised on each floor of the home. On the first floor, (Blubell Unit), we saw good interaction between staff and service users at lunchtime. We saw and heard staff offering people choices of food and drinks. Service users were offered extra helpings and staff enquired if people were enjoying their meal. Service users who needed assistance with eating and drinking received this on a 1:1 basis in a patient manner.

We were told by the manager and chef that there were plans by the provider to introduce new menus. As stated in Quality Statement 1.1 there continued to be meetings with service users as part of the home's "food group".

We looked at a sample of personal plans. Plans that we looked at contained nutritional screening tools such as BMI (Body Mass Index) scoring, MUST (Malnutrition

Universal Screening Tool). We were satisfied with the way that these tools were being used.

An inspector reviewed the management of medicines in the home by sampling MAR (Medicine Administration Record) sheets and observing storage of medicines on both floors. We also looked at how Controlled Drugs were stored in the home.

The service had introduced monthly and weekly audits of medication administration. We thought that this was good practice. All the MAR sheets we looked at had photo identification for each service user.

The stock balance of Controlled Drugs was checked with a Unit Manager and was correct. We were satisfied with the way that Controlled Drugs were stored. We saw that staff were checking and recording the stock balance twice daily.

Areas for improvement

Eating and Drinking:

We thought that the dining experience on the ground floor, (Lomond Unit) appeared less organised than on the first floor. There was difficulty in balancing assistance from staff with the number of people requiring assistance to eat with the support needed for the remaining service users. The experience was not positive for everyone. Some people complained about delays in food and tea being served resulting in some food and drinks being cold by the time it was served. (see recommendation 1).

We saw that it was care staff rather than kitchen staff who were serving meals. When we spoke with the cook it was clear that she wanted to have a greater presence from kitchen staff on the units at mealtimes but was unable to do this due to the number of available staff. (see recommendation 1).

There was no evidence that the views of service users or their representatives had been sought on the content of the new menus. (see recommendation 2).

Medicines Management:

Some of the MAR sheets that we examined were torn at the perforated holes and were falling out of the folder. Some of the perforated holes were punched through the typed names of prescribed medicines. We thought that this increased the potential for mistakes to be made with medicines administration. (see requirement 1).

There were handwritten changes made on some MAR sheets that did not detail on whose instruction the changes were made, were not dated and were not signed. This is not in line with good practice. (see requirement 1).

In Bluebell Unit (first floor), we noted that staff were recording the minimum and maximum temperatures for the drug fridge. We saw that the maximum temperature was regularly recorded above the normal limit, (2-8 degrees Celsius), and no remedial action had been taken to address this. This suggested to us that some staff were not aware of the normal temperature range for storage of medicines in a fridge and/or what action to take should the temperature be outside normal limits. (see requirement 1).

As noted in previous reports, we saw that the medicine round was very lengthy. The medicine round for Bluebell Unit took approximately 2.5 hours to complete and occupied a senior member of staff for this duration. (see requirement 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider of the care service shall-

- a. ensure medication is administered as instructed by the prescriber and in line with the resident's daily routine.
- b. ensure that all medications kept for the use of service users or administered are currently prescribed.
- c. ensure that dispensed medicines are labelled in accordance prescriber's written instruction and that there is no ambiguity around the instruction on the prescription, medication record and dispensing label.
- d. ensure that medicines for the use of service users are stored appropriately and securely, protected from light and at the correct temperature.
- e. ensure that staff are following up-to-date best practice, are fully aware of the home's systems for giving medication, know how to store and administer medicines safely; keep accurate medication records, understand the principles of consent and confidentiality, understand their accountability in terms of monitoring medication and ensuring there is sufficient stock, and only give medicines which are prescribed for a current condition.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, and (b) provide services in a manner which respects the privacy and dignity of service users, and (2) a provider of a care home service

must make such arrangements as are necessary for the provision to service users of adequate services from any health care professional

SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for service users

SSI 2011/210 (b) - ensure that persons employed in the provision of the care service receive-

(i) training appropriate to the work they are to perform; and

(ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

SSI 2011/210 Regulation 5(1) - a requirement to have a personal plan which sets out how the service user's health and welfare needs are to be met.

Timescale for improvement: One month from the publication date of this report.

Recommendations

1. The dining experience on the ground floor needs to be improved so that assistance from staff meets the needs of all service users in a timely fashion. The introduction of kitchen staff to serve meals may benefit this process.

NCS 13 Care Homes for Older People - Eating well

2. The views of service users and their representatives should be obtained and considered on the content of the new menus before they are introduced.

NCS 13 Care Homes for Older People - Eating well

NCS 11 Care Homes for Older People - Expressing Your Views

Statement 5

We respond to service users' care and support needs using person centered values.

Service strengths

Overall most people living in the home and their relatives were happy with the care they received. We got feedback that the majority of people who used the home felt that staff have had the skills, knowledge and experience to care for them or their relative.

We observed staff speaking to people that lived in the home in a polite manner and assisting them in a dignified way.

Each service user had a personal plan and a keyworker. The service was also using personal logs that were placed in bedrooms to promote communication between service users, relatives and staff.

Person centred personal plans had been rolled out for some of the service users in the home. There were plans in place to audit the quality of personal plans and also evaluate staff practice around person-centred care. Personal plans that we looked at contained person-centred information such as life histories, assessments of individual needs and abilities and "This is me" Hospital Passport. We saw other personal preferences such as "Things I need help with" and eating and drinking preferences recorded in care plans.

People who lived at Abbey Lodge had good access to their own GP and other health professionals. There were twice weekly visits from GPs. There was a system in place for reviewing personal plans at least every six months.

Most people who replied to our questionnaires said that they or their relative, (in the case of carers who replied on behalf of some-one), were encouraged to discuss any concerns or views about the care home with their keyworker, other residents or with the management of the home

We made one requirement following our last inspection where we asked the provider to review the current staffing levels and look at how staff were deployed. This was to make sure that staff were working efficiently and appropriate to their skills, experience and level of responsibility. We asked that this take account of the individual dependency needs of service users. More robust action to manage the high levels of staff sickness and absenteeism was also part of this requirement. The manager was using the company's absence management procedures and taking advice from the provider's legal team to address the staff sickness and absenteeism issues.

In the provider's last action plan it was highlighted that senior carers had been trained in medicine administration and were taking an increased role in other areas of the service operation.

Areas for improvement

The provider had recently introduced a new personal plan format and we saw that the service was still changing over plans from the previous format to the new one. (see recommendation 1).

There were gaps in some of the personal information the plans that we sampled. We also thought that some plans were not being updated regularly or after significant changes in an individual's needs. (see recommendation 1).

We have commented previously on how some service users personal plans had not yet been completed. (see Quality Statement 1.1).

Some relatives that we spoke with expressed concern about the "constant turnover of staff". Others told us that the communication logs in bedrooms weren't always being read by staff. (see recommendation 2).

We found on this visit, that a range of staff expressed concern that care was being affected adversely as staff were regularly filling in for other departments or being asked to do different duties. We saw care staff serving meals in dining areas as kitchen staff were not available to do it, care staff putting laundry away rather than spending the time with service users. We have repeated part of the requirement we made following the last inspection as we thought that person-centred care was affected by these issues. (see requirement 1).

During our visit it became evident that senior carers were not carrying out medicine administration or working in an increased role that took over some of the responsibilities of nursing staff. We were concerned that this issue was adversely impacting on the delivery of person-centred care. (see requirement 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 2

Requirements

1. A review of the current staffing levels and deployment of staff should be carried out to check that staff are working efficiently and appropriate to their skills, experience and level of responsibility. This review should take account of the individual dependency needs of service users. Prompt action must be taken by the provider to improve staff deployment and address the inter-department staffing issues that are affecting the delivery of person-centred care.

This is in order to comply with: SSI 2011/210 Regulation 15 (a) and (b) (i) and (ii)-a requirement where 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 the service users ensure that there are sufficient numbers of suitably qualified and competent staff on duty. A provider must ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform and suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.
and takes account of:

National Care Standards. Care Homes for Older People.
Standard 5: Management and Staffing.

Timescale for Implementation: To commence immediately and be completed four weeks from the date of issuing of this report.

Recommendations

1. The gaps in personal information in personal plans should be completed as soon as possible. All personal plans should be updated regularly and after significant changes in an individual's needs.

NCS 6 Care Homes for Older People - Supporting Arrangements

2. The provider should explore further the concerns expressed by some relatives about the "constant turnover of staff". The communication logs in bedrooms should routinely be used by staff. The provider should monitor the use of these logs and consult regularly with service users and relatives/carers on their use.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements

NCS 6 Care Homes for Older People - Supporting Arrangements

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

See also comments under Quality Statement 1.1

We were encouraged that the manager had sought the views of other visiting health professionals about the quality of the staff working in the home. This included visiting GPs, specialist community nurses, a physiotherapist and day care manager.

Areas for improvement

See also comments under Quality Statement 1.1

It was not clear what improvements had been made in the quality of staffing as a result of the feedback from people using the service or visiting the service. (see recommendation 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider and manager should clearly demonstrate how feedback from people who live in or use the care service leads to improvements in the quality of staffing.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements
NCS 11 Care Homes for Older People - Expressing Your Views

Statement 3

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

Service strengths

The service had a yearly staff training plan, broken down by training activity in each month. We saw staff training had been organised for a range of topics including Dementia Care, Infection Control, Adult Protection and Food Hygiene.

The manager had established a relationship with Aberdeen College to provide training for staff. Some training was also delivered in-house by the Manager and Unit Managers. Staff that we spoke to during the inspection told us that there were good opportunities to take part in training.

We saw that there were evaluation forms in use for staff who had attended training. All of the people who completed our questionnaires agreed that they were confident that staff had the knowledge and skills to care for them or their relative.

Copies of the National Care Standards for care homes for older people were available in the home for staff to refer to. Staff had been issued with the SSSC Codes of Practice.

There were regular staff meetings taking place, at which training could be discussed.

The company was in the process of introducing a new company handbook which detailed the employees terms and conditions of employment. The handbook also detailed key company policies and procedures such as professional codes of practice, equality and diversity and adult protection.

Areas for improvement

The link between staff training and how training is applied in practice, in our view, could be strengthened. It should be evaluated again as part of the manager's review of staff deployment. (see recommendation 1).

Staff knowledge of the new dementia standards and dementia framework for Scotland was limited. (see recommendation 2).

The new company handbook made references to English legislation that does not apply in Scotland. (see recommendation 3).

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The link between staff training and how training is applied in practice should be evaluated again as part of the manager's review of staff deployment.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements

2. Staff knowledge of the new dementia standards and dementia framework for Scotland should be promoted and put into practice. This could be piloted in the dementia unit then rolled out across the service.

(see <http://www.scotland.gov.uk/Publications/2011/05/31085414/0> and <http://www.scotland.gov.uk/Resource/Doc/350174/0117211.pdf>)

NCS 5 Care Homes for Older People - Management and Staffing Arrangements

3. It would be helpful if the new company handbook made reference to legislation and guidance that is relevant to Scotland. It may be that this can be done by amending the document or including a suitable appendix to it.

NCS 5 Care Homes for Older People - Management and Staffing Arrangements

Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service strengths

See comments from service users and carers in the relevant section of this report.

We saw staff talking with and supporting residents in a respectful way. Staff were seen to knock on bedroom doors and ask permission to enter.

From the questionnaires that we received back from service users, (seven replies), everyone stated that they agreed with the statement "Staff treat me politely at all times".

There were plans to provide further staff training on privacy and dignity.

Areas for improvement

See comments from service users and carers in the relevant section of this report. There were some concerns expressed from relatives that personal property, specifically clothing, was not being looked after in a way that they would like. (see requirement 1 which is repeated from the last inspection.).

It was made very clear by staff that spoke with inspectors that there was some tension between staff about how the service operated on a day to day basis. Staff told us that morale was low and this was also recorded in management audits. This had not, in our view, adversely impacted on service users but warranted further exploration by the management team to identify any real issues and try to resolve them. (see recommendation 2).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The management of staff practice in relation to looking after peoples clothes must be reviewed and improved so that clothes do not go missing and are not returned to the the wrong bedroom. Infection control procedures relating to the management of soiled laundry by care staff must be reviewed as a priority.

This is in order to comply with SSI 114 Regulation 4 (1)(a)(c)(d) Welfare of Users

- (a) providers shall make proper provision for the health and welfare of service users;
- (b) providers shall provide services in a manner which respects the privacy and dignity of service users;and
- (d) providers shall have appropriate procedures for the control of infection and the management of clinical waste

and takes account of National Care Standards. Care Homes for Older People.
Standard 16:Private life
Standard 5: Management and Staffing.

Timescale for Implementation:Immediately from the date of issuing of this report.

Recommendations

1. The current concerns raised by frontline staff and management in relation to staff morale needs further investigated to identify any issues that could in future impact on care delivery. Any issues identified should be quickly addressed to ensure that future delivery of care is not affected.

NCS 5 Care Homes for Older People - 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

We did not plan to inspect or report on the quality of the environment at this inspection. However we did note the following improvements to the environment as we walked round the home:

Ongoing redecoration in some bedrooms and communal areas

One of the servery areas had been resurfaced

Introduction of redecorated/refurbished bathrooms

Themed decor in one of the corridors in the Dementia Unit and the introduction of coloured bedroom doorfronts

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 - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Statement 5	3 - Adequate
Quality of Environment - Not Assessed	
Quality of Staffing - 3 - Adequate	
Statement 1	3 - Adequate
Statement 3	4 - Good
Statement 4	3 - Adequate
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings
17 Jun 2011	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing Not Assessed Management and Leadership Not Assessed
7 Jan 2011	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
13 Jul 2010	Announced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 2 - Weak
30 Mar 2010	Unannounced	Care and support 4 - Good Environment 4 - Good

Inspection report continued

		Staffing	3 - Adequate
		Management and Leadership	4 - Good
17 Sep 2009	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and Leadership	3 - Adequate
11 May 2009		Care and support	3 - Adequate
		Environment	2 - Weak
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate
19 Nov 2008		Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and Leadership	2 - Weak

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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