

Care service inspection report

Abbeyfield Perth Society Ltd

Care Home Service Adults

25 Viewlands Road

Perth

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Telephone: 01738 639841

Inspected by: Patsy McDermott

Averil Blair

Type of inspection: Unannounced

Inspection completed on: 24 May 2012



HAPPY TO TRANSLATE

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Service provided by:

Viewlands House

Service provider number:

SP2003002129

Care service number:

CS2003009778

Contact details for the inspector who inspected this service:

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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	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

The service provides a warm, homely, and safe environment where individual's independence is encouraged and promoted. Residents are encouraged to maintain their links with the community wherever possible. The service has demonstrated a commitment to further development in involving service users, carers, staff and people who visit the service in assessing and improving the quality of the service provided.

Staff demonstrated good collaboration, team work, commitment and enthusiasm to developing best practice.

What the service could do better

Staff supervision could be more focused on the development needs of staff which would improve the outcomes for the residents. Recommendations have been made in relation to "as required" medication and the downstairs carpet.

What the service has done since the last inspection

The service had met the four requirements made at a recently upheld complaint.

Conclusion

The service had demonstrated a commitment to development and improvement. Overall, the residents and their relatives were happy with the service. Those spoken with commented favourably about the quality of the care and support provided.

Staff demonstrated good collaboration, team work, commitment and enthusiasm to developing best practice.

Who did this inspection

Patsy McDermott

Averil Blair

Lay assessor: Not applicable.

1 About the service we inspected

Viewlands House has been registered with the Care Commission since 1 April 2002. It is run by Abbeyfield Perth Society and is located within easy reach of Perth city centre, close to local amenities, transport and hospital. The home offers care for up to 32 older people including one respite places.

Viewlands House is a traditional stone built house with a modern extension to provide additional accommodation. Most of the communal areas are situated in the original part of the building, the main lounge and dining rooms have views over the attractive garden to the front of the building. A conservatory and small upstairs lounge provide additional space for entertaining visitors and quiet leisure.

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, known as the Care Inspectorate, 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, the Care Inspectorate.

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 - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

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 medium 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 by Inspectors Patsy McDermott and Averil Blair that took place between 9.15am and 3 pm on 24 May 2012.

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

20 Care Standard Questionnaires were issued for this 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
- * training records
- * health and safety records
- * accident and incident records
- * complaints records
- * discussions with various people, including:
 - the manager
 - care staff
 - the people who use the service
 - relatives and carers of the people who use the service
- * 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

Information must be accurately recorded and should be consistent and clear. Good record keeping helps protect the welfare of residents by promoting high standards of clinical care.

This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011, Scottish Statutory Instrument 2011/210, 3; 4. 1 (a). Reference is also made to the Nursing and Midwifery council "Guidelines for Records and Record Keeping" revised edition April 2001.
Timescale: from receipt of this report.

What the service did to meet the requirement

We saw that the care plans we looked at that had been comprehensively completed and there was evidence they had been effectively audited by senior staff. For example where an omission or error had been identified these had been corrected.
This requirement had been met within the agreed timescales.

The requirement is: Met

The requirement

The provider must ensure appropriate support and monitoring practices to maintain a healthy level of hydration for residents.

This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011, Scottish Statutory Instrument 2011/210, 3; 4. 1 (a). Reference is also made to the National Care Standards, care homes for older people, standard 13 (5), (6); 14 (6).

Timescale: from receipt of this report.

What the service did to meet the requirement

We looked at the fluid monitoring charts for some of the residents who whose fluids and nutritional needs were being recorded. We saw that all food and fluids had been accurately measured and were being totalled throughout the day and night. This meant that the resident's nutritional and hydration needs were being accurately monitored and the GP could be immediately alerted if there were any concerns. In the action plan submitted by the manager she advised all Charge nurses and team

leaders would have supervision on the importance of completing records in an accurate way. This information would be passed on to all care staff.

This requirement had been met within the agreed timescales.

The requirement is: Met

The requirement

The provider must ensure appropriate support and monitoring practices to maintain a healthy nutritional status for residents.

This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011, Scottish Statutory Instrument 2011/210, 3; 4. 1 (a). Reference is also made to the National Care Standards, care homes for older people, standard 13 (5), (6); 14 (6).

Timescale: from receipt of this report.

What the service did to meet the requirement

We looked at the fluid monitoring charts for some of the residents who whose fluids and nutritional needs were being recorded. We saw that all food and fluids had been accurately measured and were being totalled throughout the day and night. This meant that the resident's nutritional and hydration needs were being accurately monitored and the GP could be immediately alerted if there were any concerns. In the action plan submitted by the manager she advised all Charge nurses and team leaders would have supervision on the importance of completing records and accurate way. This information would be passed on to all care staff.

This requirement had been met within the agreed timescales.

The requirement is: Met

The requirement

The provider must ensure that there are sufficient numbers of staff working in the home and are deployed in such a way to meet the health and welfare of residents and that residents are safe.

This is in order to comply with The Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011. Scottish Statutory Instrument 2011/210, 3; 4. 1 (a) and 15 (a).

Timescale: On receipt of this report.

What the service did to meet the requirement

During the inspection we looked at the staffing rotas and the staff on duty that day. We saw that there were enough staff on duty to meet the assessed needs of the residents. In the action plan submitted by the manager she advised staff levels were assessed through the completion of the Issac and Neville Dependency Tool. This requirement had been met within the agreed timescales.

The requirement is: Met

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

There were no recommendations outstanding from the last inspection.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each heading that we grade them under.

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

Taking the views of people using the care service into account

We sent out 10 Care Standard Questionnaires and four were returned from the residents. All agreed or strongly agreed with the quality of care they received. One comment included: "Excellent service but minimum staff at night."

Taking carers' views into account

We sent out 15 Care Standard Questionnaires and four were returned from relatives and carers. They agreed they were happy with the quality of care and support, the environment, staffing and the management and leadership of the service. Three people did not know think there were enough trained and skilled staff on duty at any point in time to care for their relative but were happy about the quality of care provided to their relatives. Other comments from relatives included: Difficulties about my relative sitting out in the garden as a staff member has to bring her back. Sometimes difficult with staffing. They do it when possible."

"I wrote a letter of complaint, setting out my concerns and questioning if Viewlands was really able to look after my relative. A meeting of all concerned was quickly arranged by the manager and a frank exchanged of views and concerns followed. Since this I have been really have been impressed at how things have changed and can honestly say I am happy with the care my relative is receiving."

"I and others visit at varying times and have always found my relative well cared for and we are grateful for the high standards we see."

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: 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

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were Very Good in this area.

The service identified some of their strengths as: "The Home's participation strategy is issued to all new residents. It explains how they will be consulted about changes in the house that will affect them and given the chance to express their views by attending residents meetings which are held a minimum of twice a year. Stakeholders are enabled to contribute to the agenda for meetings.

The resident's relatives /representatives are also invited to separate meetings held a minimum of twice a year. Minutes of these meetings are given to all residents/ representatives for relevant meetings. Actions required will be planned and outcomes assessed.

Annual questionnaires are produced for residents, relatives and staff to determine their views and opinions on different aspects of the service provided by Viewlands House. Stakeholders are also encouraged to participating in grading the establishment. These questionnaires will for the basis of the working action plans for Viewlands.

All senior staff are involved in ensuring the residents can participate in being involved in their care by carrying out reviews of their care with each resident and/or relative. If the resident cannot participate and does not have a representative the Independent Advocacy is approached.

Relatives meetings have commenced with an Executive committee member in attendance.

Relatives/ representatives are being encouraged to consider becoming chair of these meetings.

Care Inspectorate questionnaires to be cascaded as to stakeholders.

Advocacy details is available within Viewlands should their assistance be required."

Very Good evidence was shown by the service in support of this quality statement.

We saw that and residents meetings were held monthly. There were comprehensive minutes of these meetings and an opportunity for residents to reflect on the last meeting and carry forward any outstanding actions. Recent topics have included a change in the timing of lunch and the removal of walking aids so staff did not have to move around equipment to assist people. We saw from the action plan that these changes had taken place.

The residents we spoke to were clear they had regular opportunities for a formal review of their service, and that if they wished to invite a family member or other advocate this was encouraged. Staff spoken with during the inspection were able to give examples of how they would encourage residents to voice their opinions, such as giving them one to one time, choosing the most appropriate person to discuss issues with them, or making use of written sources of information.

We saw that residents were making plans for the forthcoming 'Jubilee' celebrations.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "stakeholders such as GPs and community staff are encourage to become involved in the quality assurance process within Viewlands.

Relatives have suggested a "comments, concerns and complaints" box be situated within the Care Centre.

Facilitate chairs of meetings being elected or nominated from stakeholders.

we asked, you said, we did boards to be erected."

The service had graded themselves a 5- Very Good in the self assessment. The criteria for this grade is that users and carers have opportunities to become involved in evaluating and developing service provision. There is evidence to show that the service is likely to respond to views expressed by service users and carers.

During the inspection we found that the service had met this criteria and therefore that grade awarded was 5-.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were Very Good in this area.

The service identified some of their strengths as: "If the resident is from the area they can keep their own GP. If they are coming into the area the resident and/or relative or representative can choose the surgery. A resident's dentist, chiropodist can also be kept on, if they do not have these then they are referred to the NHS dentist and podiatrist.

All residents' health care needs are assessed e.g. nutritional risk, pain management, continence care There is a policy and procedures in place to ensure screening is completed and reviewed regularly. This is completed by a qualified nurse, and input from multi disciplinary team e.g. GP, Continence advisor, Dietician, Speech and Language Therapist, Physio. The reviews take place with the resident, relative and/or representative. Any equipment that is necessary for the resident to meet their needs are supplied within the National Care Contract. This can be through the NHS or bought specifically for by the resident or their representative.

All staff are trained in food hygiene from basic to intermediate. The catering manager has completed a course on Therapeutic Dietary Needs. Any resident that shows signs of nutritional risk are assessed frequently and referred to the dietician through their GP.

If a resident wishes to manage their own medication, a risk assessment is completed and reviewed regularly otherwise the qualified nurse manages the medication in line with NMC guidelines.

As the majority of staff have been at the home some years, the residents get to know each staff member and forms a relationship where the resident has trust in them.

Resident's food preferences are noted within the care file."

We found that the service showed Good evidence in support of this quality statement.

We saw that staff were pleasant, respectful and approachable. They communicated appropriately with residents and responded promptly when residents called for assistance using call points many residents also wore portable alarms.

Meals appeared to be nutritious and appetising. Most people told us that they enjoyed the meals and snacks provided.

People commented favourably about the dining room experience which was located in a large attractive room. We saw that there was fresh and dried fruit, water and a range of juices available. These were also available in the lounges and in the resident's bedrooms that we observed.

We looked at a sample of five support plans. These were currently under development. We saw that prior to admission to the home an assessment was carried out to ensure that the home could meet the care and support needs of people.

Regular assessments were made of nutritional needs, manual handling needs and risk of falls. Where a risk was identified a care plan was in place to guide staff.

The service had continued to implement the new support plans. We saw that some plans held person centred guidance about how to support residents.

This included:

- > one plan provided good guidance about ensuring that a resident was supported to eat with a teaspoon.
- > good information about adapted crockery and cutlery to assist people to be independent.

We saw that the residents had recently been consulted about the dining experience. Some of the comments included:

"Dining room is a pleasant environment."

"Enjoy the soft chopped fruit served in pots."

"More home baking please."

An action plan which included the comments had been developed.

We undertook a medication audit. We saw that Medication storage facilities and a sample of medication records, incapacity certificates and care plans were looked at during the inspection. Several staff members were spoken with.

We expect care home staff to see the NHS prescription forms for regular medicines before they are dispensed at the community pharmacy. This is to ensure that the prescriptions agree with what the home ordered.

The care home staff saw the NHS prescription forms before they were dispensed at the community pharmacy. The service kept copies of the NHS Prescriptions forms as evidence of current authority to administer the medication.

The medication records in the care home were pre-printed medication administration recording charts supplied by the community pharmacist.

Staff told us that no-one was given medication in a disguised form, for example crushed and hidden in food.

The format of review minutes allowed for residents to make comments on the service they received. Records evidenced the range of activities preferred by the resident, which included craft activities and word games, and attendance at outside groups. This record was seen to be reviewed on a regular basis. In the residents' files sampled, a comprehensive life history was found in the Baseline Assessment completed on or around admission.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "Continue with staff training in providing high standard of care. Trained staff to complete care plans and risk assessments in consultation with residents and/or representatives."

One resident's plans showed that staff applied creams when carrying out personal care, however, the body map and guidance sheets to direct staff were blank. It was unclear that staff were applying creams as directed by the prescribing GP.

The service was using a pain assessment tool to monitor effectiveness of the medication. There was no care plan in place and no guidance about how often the pain assessment tool was to be used to monitor pain. See recommendation 1, quality statement 1.3.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Recommendations

1. It is recommended that the pain assessment tool is used effectively. Residents who are having their pain levels monitored should have a care plan which details the reasons for administration of pain medication when and how often it should be given and how effective it has been.

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

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

Statement 2

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

Service strengths

The service's self assessment showed that the service felt that they had a number of strengths in this area. These included:

"Each resident enters the home having signed a contract and are made aware of the terms and conditions regarding their stay. Their contract is explained to them and/or their relative if necessary. It details what they are being charged for e.g. accommodation, being a single room with en suite shower and toilet, ensuring that for the first 4 weeks we would furnish it and thereafter they could bring in their own furniture provided it did not prevent any restrictions on residents care, kept in decorative order, provide heating and lighting.

Viewlands has policies and procedures to ensure the safety of residents is addressed.

Locked door entry system is in place so that all visitors to the Home must be admitted by a staff member, sign the fire register on admission and exit.

A children's visiting policy exists.

Robust recruitment policies and procedures are in place to ensure that staff are employed to promote the resident's health needs and their environment is safe. This includes obtaining 2 references, PVG/disclosure check, interviewed and attend at least 2 weeks orientation during which specific training must be completed. This includes food hygiene, fire awareness and moving and handling. Policies are in place to ensure standards are met and these are checked by outside professionals including Environmental Health inspections, Fire Safety Officer to review the risk assessment.

There is a group of volunteers who also go through the recruitment procedure. All of these procedures lead to providing a safe environment for the residents.

If the resident's safety is at risk e.g. has had an accident or there has been an incident, staff are able to follow procedure and complete documentation, and put in place procedure to reduce the risk as low as possible. Any equipment used to enhance the resident's quality of life and provide a safe environment is used having been risk assessed prior to use and if this involves a form of restraint e.g. bed rails then the correct documentation is completed to ensure the resident and/or relative is in agreement of it being used.

Direct care staff are registered with SSSC."

When asked to grade themselves on this statement, the service told us they were Very Good in this area.

We found that the service showed Very Good evidence in support of this quality statement.

The service had measures in place to maintain service users' safety. These included individual risk assessments in service users' personal plans and well documented accident and incident reports. We saw that these were up to date and used to support people safely.

The risks to service users were reduced by the implementation of the services policies such as: Care of Medicines, Control of substances hazardous to health, Waste management, Food safety, Manual handling, Restraint, Health and Safety and Prevention of abuse.

We found that the organisation had all appropriate health and safety policies and procedures in place.

A valid public liability insurance certificate was displayed in the main entrance of the home.

The environment was seen to be very attractive, clean, hygienic and free from any unpleasant odours during the inspection. A signing in book for visitors was in use and the main door was locked and visitors had to ring to enter which ensured the safety of the residents. We saw that the service had very good palliative care practices in place and there was a bedroom and kitchen facilities available for relatives.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "Looking at orientation program and deciding along with other shift leaders what training should also be included e.g. infection control, health and safety, equality and diversity, end of life all of which should be completed within first 6 months of starting work.

Supervision of new staff to be conducted by shift leaders. This would allow a discussion on the care of the resident and ensure that standard of care is maintained.

PVG to be rechecked 3 yearly as relevant."

We saw that the carpet in the downstairs corridors was badly stained. The manager advised it had been cleaned several time but it became dirty easily in the well used area near the dining room. See recommendation 1, quality statement 2.2.

The manager further advised the Abbeyfield Perth Society committee had agreed a refurbishment plan rather than continue planning for a new extension.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the carpet on the ground floor should be cleaned or replaced in order to ensure good infection procedures.
National Care Standards for care homes for older people, Standard 4: Your environment.
National Care Standards for Care Homes for Older People: Standard 5 - Management and Staffing Arrangements.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 3

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

Service strengths

The service's self assessment showed that the service felt that they had a number of strengths in this area.

These included: "All staff are given a handbook during their induction to the Home. This contains their contract of employment, job description policies and procedures regarding e.g. training, whistle blowing, Health and Safety, Fire, Managing attendance, POVA, and admin procedures.

Discussion with the Manager regarding their development includes training plan, CPD and appraisals and supervision. Staff are encouraged to train toward SVQ 2 and 3.

Nurses are provided support to ensure that their PREP is up to date and relevant.

All staff are made aware of codes of practice from SSSC and NMC and encouraged to have knowledge of the National Care Standards and best practice.

Staff are encouraged to work in teams to ensure best outcomes for the residents.

Staff are encouraged to participate in grading the home and assisting in quality assurance.

Regular meetings provide a forum to discuss issues and address opportunities for improvement.

Care assistants work as part of a team and are allocated an area of the home daily to work in.

At present most staff have been in post for sometime, if a member of staff wished to leave then an exit interview is conducted when possible. All staff are given a handbook during their induction to the Home. This contains their contract of employment, job description policies and procedures regarding e.g. training, whistle blowing, Health and Safety, Fire, Managing attendance, POVA, and admin procedures."

We found that the service showed Very Good evidence in support of this quality statement.

We saw from records that a very good range of training had been undertaken by staff and there was a continuous programme of mandatory and additional training. We could see from the observations of staff practice that training had been effective, for example, we saw good infection control and manual handling practice.

The manager and care staff had demonstrated significant commitment to training and professional development.

Training opportunities had included:

- Nutrition and malnutrition in Older People
- Moving and handling
- Palliative care
- Infection control
- Adult protection
- Continence Care
- Adult protection
- Safe administration of medicines
- SVQ 2, SVQ 3.

Staff, the manager and team minutes were regularly discussed at team meetings and used as 'Best Practice examples. This meant that the service could sure that staff had an appropriate level of skill and competence in relation to key tasks.

We found from staff files that supervision had usually been used to identify learning points and standard topics such as 'assisting with diet' and fluids and keeping records' were used to offer instructions to staff.

Staff we spoke to had a good knowledge of the National Care Standards and the Scottish Social Services Code of Conduct. This meant that staff were aware of the standards of care they should provide for the residents.

Through sampling the duty rotas, we found that the service was adhering to the

minimum numbers of trained staff and carers as was previously agreed with us through the 'staffing schedule'. The records kept by the manager about the dependency levels of the residents, did not indicate to us, at this time, that staffing numbers were not adequate to meet residents' needs.

An additional staff member was also on duty to give one to one support to a respite resident.

Areas for improvement

We found that supervision records were focused on the passing on of information rather than personal and professional development. The service should consider using a format which encourages staff to reflect on their current practice and how to improve it based on the needs of the current residents.

We awarded a grade 5 Very Good which reflects the good practice in relation to the staffing in the service. Together these activities have helped to improve the opportunities for communication amongst staff, which in turn supports individual residents.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were Very Good in this area.

The service identified some of their strengths as: "Feedback on questionnaires are given to the residents , staff and relatives. Internal audits are carried out regularly for medication, care plans, catering and training of staff. Procedures are in place to evaluate outcomes from planned actions with meetings with those involved with specific issues.

The complaints procedure is explained to any new resident and staff and existing residents are reminded there are procedures in place to follow if they wished to make a complaint.

The Care Inspectorate report is available for anyone to read and copies are handed out on request. Once the new report has been received an action plan is completed to ensure requirements and recommendations are addressed and resolved.

The manager or her representative notifies the SSSC, NMC and Care Inspectorate if there is any need to do so e.g. disciplinary issues with staff, notification to the Care Inspectorate regarding events involving the residents.

Regular Executive Committee meetings that discuss aspects of the Home including environment to issues with staff. There is involvement from the committee with interviewing new staff.

Questionnaires are handed out on a yearly basis to residents, relatives and stakeholders, this includes GP, Social Care Officers and other professionals of the multi disciplinary team. Feedback is then given to the Committee and put up on the notice board."

We found that the service showed Very Good evidence in support of this quality statement.

We found that the provider had developed a comprehensive audit system. This covered a range of aspects of care, including:

- Staff appraisals
- care plans
- cleanliness of the environment
- laundry
- maintenance
- medicines
- nutrition
- recruitment.

The audit process had consistently been carried out by the manager on a monthly basis.

The participation events described in quality statement 1.1 provided the service with feedback regarding the quality of the service.

The residents had some opportunity to assess the quality of the care and support and to feedback any concerns or suggestions at their six monthly reviews.

The complaints process was clearly displayed and service users spoken with confirmed they were aware of how to make a complaint.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "Discussion of issues raised to be brought up at relatives meetings and resident's meeting as appropriate.
House keeping audit to be conducted."

The service should consider how they can involve residents in the self assessment process. The information gathered from surveys and meetings may be useful in identifying areas for future developments.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

There was one upheld complaint since the last inspection. The four outstanding requirements arising from the complaint have now been met.

Enforcements

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

Additional Information

No additional information noted.

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 3	4 - Good
Quality of Environment - 5 - Very Good	
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
20 Mar 2012	Re-grade	Care and support	2 - Weak
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
25 Nov 2010	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
25 May 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
23 Nov 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate

Inspection report continued

		Management and Leadership 4 - Good
31 Mar 2009		Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate
6 May 2008	Announced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 3 - Adequate

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