

# Care service inspection report

## Culsh House Care Home Care Home Service Adults

New Deer  
Turriff  
AB53 6TR  
Telephone: 01771 644469

Inspected by: Derek Priest

Type of inspection: Unannounced

Inspection completed on: 30 April 2012



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### **Service provided by:**

Culsh House Care Home

### **Service provider number:**

SP2003002319

### **Care service number:**

CS2003010375

### **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	5	Very 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 provided a very warm and homely environment for the residents. Nursing care was provided by nurses employed by the service, with visiting GPs and health care professionals as required.

### What the service could do better

The service should continue to ensure that the improved infection control practices are maintained. They should also ensure that they continue to remain up to date with various guidelines.

### What the service has done since the last inspection

The service have developed their infection control systems and policies in response to Requirements made at the last inspection. New automated equipment being installed should also help further improve the situation.

### Conclusion

This service has responded well to the Requirements made at the last inspection, and has improved training and updated procedures in the identified and other areas.

### Who did this inspection

Derek Priest

# 1 About the service we inspected

Culsh House Care Home is situated just outside the rural village of New Deer, Aberdeenshire. It has been deemed registered with the Care Inspectorate since 1 April 2011 to provide care with nursing to a maximum of 23 older people, of which three places can be used for adults with a physical and/or sensory impairment.

The service states its aim is to: "provide continual support and care to residents in a homely and comfortable environment".

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

**Quality of Care and Support - Grade 5 - Very 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](http://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

This report has been compiled following an unannounced inspection. The inspection was carried out by Derek Priest, inspector with the Care Inspectorate, on Wednesday 25 April and Monday 30 April 2012 with feedback being given on Monday 30 April 2012 .

As requested by the Care Inspectorate, the care service completed and sent us an annual return and a self assessment form.

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

- Five care plans of people who use the service
- Infection control policies
- Cleaning schedules
- Environmental audit
- Environmental Health Officer's report
- Participation strategy
- Resident/relative questionnaires
- Staff recruitment and training records
- Maintenance records and mMonitoring sheets
- Various assessment sheets
- Various other policies.

Discussion with various people, including:

- The manager
- Two nurses
- Three carers
- One domestic assistant
- One laundry assistant
- Five residents
- Two relatives.

### **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](http://www.firelawscotland.org)

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

### The requirement

The provider must ensure there are appropriate procedures for the prevention and control of infection and make proper provision for the health, welfare and safety of service users.

1. Evidence based best practice infection prevention and control policies and procedures appropriate to the environment and service users' needs must be developed, which reflect the document entitled "Infection Control in Adult Care Homes: Final Standards", 2005, published by the Scottish Executive, and "Standard Infection Control Precautions", published by Health Protection Scotland.

Timescale: 4 weeks from receipt of this report.

2. All infection prevention and control policies and procedure documents must be identified with date of issue, review date, page numbers and authorising person.

Timescale: 4 weeks from receipt of this report.

3. Procedures implemented by staff training in the use of the documents.

Timescale: within 8 weeks of receipt of this report.

4. Audit of practice undertaken to ensure compliance by staff.

Timescale: within 16 weeks of receipt of this report.

5. Elements of the existing practice on the management of used linen must be updated to reflect current best practice, "Safe Management of Linen", 2009, developed by Health Protection Scotland, implement by staff trained in the procedures and practice audited for compliance.

Timescale: within 4 weeks of receipt of this report.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1 (a) and (d), and Regulation 15(b)(i)(ii). Timescale: Individual timescales identified for each item above.

### What the service did to meet the requirement

New policies and procedures have been introduced which relate to current best practice. Training has taken place to ensure that staff are aware of the policy and procedures, and various audit take place. New equipment had been purchased for the linen to ensure that there is no contamination

This has been further reported on under Quality Theme 2, Statement 3.

**The requirement is:** Met

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## The requirement

The provider must ensure the premises and equipment are fit for the provision of a care service.

1. Damaged walls and floor joining seal must be repaired.
2. Worn or damaged furnishings must be repaired or replaced.
3. The draining of waste water from one washing machine indirectly into an open sink must be discontinued.
4. The tumble drier next to the washing machine and overhead pulley above the washing machine at the entrance to the laundry must be re-sited to a clean area.
5. A designated hand wash sink for staff hand washing must be identified or installed.
6. Missing cistern lid in one of the sluice areas must be replaced or removed.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 10(1) Fitness of premises.

Timescale: within 4 weeks of receipt of this report.

## What the service did to meet the requirement

Repairs have been made as required, and the laundry has been redesigned to have a flow from dirty to clean.

This has been further reported on under Quality Theme 2, Statement 3.

**The requirement is:** Met

## The requirement

The provider must ensure there are appropriate procedures for the prevention and control of infection, make proper provision for the health, welfare and safety of service users, and ensure the premises and equipment are fit for the provision of a care service. The sluice areas must be assessed against best practice guidance for layout, provision of appropriate facilities and infection prevention and control national guidance documents. A plan of action to address the above findings must be developed to include proposed dates for implementation.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1)(a) and (d), and Regulation 10(1) Fitness of premises.

Timescale: 6 weeks from receipt of this report.

## What the service did to meet the requirement

This work is currently taking place with a new automated sluice system being installed following discussion with the Care Inspectorate.

This has been further reported on under Quality Theme 2, Statement 3.

**The requirement is:** Met



## **The requirement**

The provider must ensure there are appropriate procedures for the prevention and control of infection and make proper provision for the health, welfare and safety of service users.

1. Cleaning schedules to cover all aspects of cleaning, to include duties carried out by the handyman, carers and laundry staff, are developed and implemented, with records of actions taken, by whom and when. Observational audits to ensure compliance should be introduced.

Timescale: 4 weeks from receipt of this report.

2. High areas with cobwebs, dirty extractor fans and dirty areas behind the laundry equipment must be cleaned.

Timescale: 1 week from the receipt of this report.

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

Timescale: As indicated for each item.

## **What the service did to meet the requirement**

New cleaning schedules were promptly introduced for general cleaning and also high level cleaning. The cleaning behind the washing machines had also been address and maintained.

This has been further reported on under Quality Theme 2, Statement 3.

**The requirement is:** Met

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

The Recommendation related to increasing frequency of staff supervision sessions. This has now been done.

## **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

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### **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 of headings 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**

One Care Standards Questionnaire was returned from a resident who lived at the care home. They agreed with the statement that they were happy with the level of service that they received.

Five residents were spoken with during the inspection visit. Three gentlemen were spoke with whilst waiting for their lunch. They all reported that they were happy and enjoyed being there. They liked the food and got plenty. One gentleman used the summerhouse outside the front door on a daily basis.

Two ladies were spoken with during the afternoon. They appeared to be happy and enjoy a laugh.

### **Taking carers' views into account**

Ten Care Standards Questionnaires were received from relatives of people who lived at the care service. All strongly agreed or agreed with the statement that they were happy with the quality of care. Some comments that were received:

"Culsh Care Home is an exceptionally kind and warm welcoming home, which meets all my relatives mental, physical and emotional needs as well as giving care and attention to visiting relatives and informing close family of all up to date reports and happenings."

"My mum is very well looked after and she is enjoying all the activities that are available, has fun with the staff, and enjoying good food and has a new friend in the home to chat to."

"I am very happy with all the care that my mother gets at New Deer, she is very happy there."

Two families were also spoken with during the inspection visit. The lady advised that she had viewed a number of inspection reports before deciding which home to have her relative come to stay.

Another family stated that they have been impressed with the friendliness of the staff and that they never pass without speaking to a resident. They report that the staff always contact them to provide an update and would always call if their relative was ill.

## 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: 5 - Very 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 provided opportunities for residents and relatives to become involved in various aspects of the service. This was explained in the service's participation strategy.

Social events were organised at the care service; these were well attended, which gave the residents and relatives the opportunity to discuss issues about the service. These events were evaluated and one comment had been received, which gave positive feedback on the service.

In addition to the social events, an Activity Group, which involved staff and residents, met regularly to plan these events and other activities for the home. At the meeting in March various outings, jubilee celebrations and the church service were discussed.

Information on these events was posted on the notice board within the home. The notice board also provided information about the meetings of the Friend of Culsh, photos from outings and information about the social events.

A newsletter was produced by the home twice a year. This provided information about activities which had taken place over the previous six months, staff training and items purchased for the home.

A satisfaction survey was issued to the relatives which discussed issues such as the quality of care, environment, staffing issues and access to information on the notice board. Responses were very positive, with an action plan having been developed to explain the issues. These responses were similar to the responses received by the Care Inspectorate in the Care Standards Questionnaires.

Residents were involved in the choosing of décor around the care home and in their

rooms. The summerhouse which was placed outside the main entrance to allow residents to sit outside was used regularly by one resident. It was reported that the resident whose wish to attend the Scottish Parliament was met had been reported in the local press and the care news magazine. The resident was proud of this and this had raised his morale.

The service operated an open door policy and the manager or staff members were available to discuss issues with residents and families as necessary. This was observed during the inspection visit, where the relative and manager discussed an issue, with appropriate questioning which resulted in an appropriate response being provided.

### **Areas for improvement**

The service has demonstrated that they had provided opportunities to involve residents and relatives in various aspects of the service. Despite the good attendance at social events, they are not getting feedback from the relatives who attend these events. The manager and staff should continue to consider various means to increase the level of involvement.

**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**

Personal plans were in place for all residents. These personal plans included appropriate care plans to provide the support to the residents. Care plans had been prepared following the completion of various assessments. These assessments were also completed each month.

Appropriate guidance was available in relation to palliative care, prevention of pressure sores and other relevant issues.

Residents had short term care plans to clearly indicate current issues such as urine infection, skin care, chest infection and other short term illnesses requiring treatment.

Anticipatory care plans had been introduced following training provided about palliative care. These had been integrated into the admission process, and had to be completed within six hours of admission.

There was good examples of care plans which described what the person could do

and what support they needed. Risk assessments were completed as required. One care plan gave a good explanation and description on the behaviour of a resident when he was agitated, and also explained the distraction and diversion techniques to be used to manage the situation.

There was evidence to demonstrate that care plans were reviewed every six months, or sooner if necessary.

Medication was administered by the nursing staff on duty using a 28 day Monitored Dosage System (MDS). Safe administration of medicine procedures were observed. The medication policy had been amended to include the MDS system. The policy included the procedure for obtaining medicines outwith the routine monthly deliveries. This involved obtaining medicines from the local pharmacist to ensure that residents commenced their medication as soon as possible. Protocols were available for required medicines.

Staff members were observed supporting residents at lunchtime. Choice was being offered and residents that were spoken with were aware of what they had ordered, but they were still offered a choice. A resident was being given their lunch by a care assistant, who explained what the food was and helped them eat their lunch in a non-hurried manner. The staff member spoke with the resident and others at the table during lunchtime.

Another aspect of the staff demonstrating good socialising with the residents was that of the domestic assistant who spoke with the residents whilst going about her work.

Two care assistants were observed transferring a resident from her chair to a wheelchair. It was good to see that these carers were explaining and reassuring the resident as to what they were about to do.

The family of a resident who had recently come to stay at the care home reported that they were very pleased with the care and support that was received. They went on to explain how they were encouraged to settle their father on the first evening as it was quite late when they arrived.

Other comments received from family members were that staff never went past without a word to residents and visitors.

### **Areas for improvement**

Whilst the care plans were in general very good, a few care plans referred to a specific level of fluid intake which implied the need to complete a Fluid Balance Chart to record this, but no chart was available. This was discussed, and there was no need in these instances for a chart to be completed as the resident's fluid input was good. It was recommended that when the care plans are being developed they should clearly

describe the support and what has to be recorded and not lead to ambiguity. (**See Recommendation 1**)

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. It is recommended that when developing care plans they should clearly identify the care to be provided, and should also include when records have to be kept for monitoring purposes.

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 1

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

#### Service strengths

As identified in Quality Theme 1, Statement 1

#### Areas for improvement

As identified in Quality Theme 1, Statement 1

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

The care service was being provided in a safe and clean environment. This was achieved by having updated and improved the health and safety policy, including the other associated policies such as infection control, food handling, and other general policies and procedure to maintain the level of cleanliness throughout the care home.

The health and safety policy now included details of regular checks, and it was also a part of the revised induction process. The service had a number of up to date national policies, in relation to health and safety issues, which had been issued by NHS Education for Scotland and Social Care and Social Work Improvement Scotland (now known as the Care Inspectorate), and from NHS Scotland.

The household risk assessments had been reviewed and further developed since the previous inspection. These risk assessments covered a wide range of potential risks to staff and residents, which included slips and falls, use of hoists, electrical equipment and many others, but appropriate measures had been taken to remove the risk. These measures included secure storage, staff training, regular maintenance and general good housekeeping.

Maintenance agreements were in place, and servicing of the passenger lift, boilers, waste collection and fire protection equipment was regularly completed.



A recent visit had been made by the Environmental Health Officer. His report stated that there had been improvements in the cleaning, temperature control, stock rotation and the food safety management system.

New cleaning schedules had been introduced throughout the care home and a system of monitoring these was in place. Room checks had also been introduced which, whilst monitoring the cleanliness, also ensured that there were sufficient gloves, aprons, paper towels and hand towels and toiletries for the resident and the staff to undertake the various tasks. The gloves and aprons were now stored in a sealed box within the resident's bathroom to prevent episodes of contamination.

Water temperatures were checked regularly at wash hand basins, and when a resident was being bathed or showered. This was to ensure that water temperatures did not exceed acceptable levels.

### **Areas for improvement**

The Environmental Health Officer advised the manager of new cross contamination procedures in light of the latest guidance from the food standards agency. The manager had advised that they had begun implementing these changes, and had contacted their supplier of cleaning materials to obtain the compliant products.

The introduction of legionella checks had also been discussed with the Environmental Health Officer.

Both these new procedures should be fully implemented and will be checked at the next inspection.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

The environment allows service users to have as positive a quality of life as possible.

#### **Service strengths**

At the previous inspection a number of Requirements were made which required the service provider to ensure that proper procedures were in place for the prevention and control of infection.

All of these Requirements have been met, and the following demonstrate the actions taken by the service provider to meet these requirements.

\* A new Infection Control Policy which is up to date and refers to current best practice

has been introduced. The policy explains infection control issues, and gives information on preventative measures including good hand washing, use of protective clothing such as gloves and aprons and their subsequent disposal.

\* Staff training has been introduced to inform staff of the revised policy and is now being updated annually. A Health and Safety Committee meet quarterly to discuss any health and safety issues that have arisen.

\* A monthly audit is now taking place to check on the practice of the staff members in relation to infection control methods.

\* A new laundry management system has also been introduced. New colour coded laundry bags were introduced, which has been reported as preventing cross contamination of linen.

\* The damaged wall has been repaired with wet wall panelling.

\* The gap in the laundry floor has been sealed

\* Worn and damaged furnishings have been removed from use. One resident did not wish to have his armchair removed and therefore it was repaired initially, but this has now also been removed.

\* The waste pipe from one washing machine no longer drains into a sink.

\* The layout of the laundry has been redesigned to enable a dirty to clean flow.

Equipment was moved to enable this.

\* A designated hand washing sink is now available.

\* The missing cistern lid has been replaced.

\* The service provider has purchased automated sluice equipment and a general purpose sink and hand washing sink and work area. The manager had communicated with the Care Inspectorate throughout the process. The service had now agreed a suitable site for the new equipment, and work was now taking place. Infection control procedures were to be developed to work with the new equipment.

\* New cleaning schedules and practices have been introduced to ensure that all areas are cleaned appropriately using the correct equipment and cleaning materials. The cleaning schedules identify the responsibilities of domestic staff, care staff, laundry staff and the handyman.

\* Nursing staff have responsibilities for checking equipment within the treatment room and the first aid boxes.

\* Blue colour coded disposable aprons are being used for food handling purposes only, with white disposable aprons being used for care purposes. Non disposable aprons are only used by the catering staff. Staff received training in relation to this.

All of the above changes have led to an improved infection control procedures throughout the care home.

The Friends of Culsh continued to provide funds for new equipment for the care home, and to further develop the garden and courtyard. The residents continued to enjoy a wide range of activities and outings, with links between the local "whist" group and the "whist" group at the home.

The notice board provided information from the various groups in the care home, and

also had photographs of the various celebrations and outings that they took part in during the past year. The Ellon Pipe Band entertained the residents, with one of the residents being able to play with the band that he had been a member of some years ago.

### **Areas for improvement**

The service should continue to install the automated sluice system as discussed with the Care Inspectorate's Infection Control Advisor. The new procedures should be developed and implemented along with staff training in the use of the new equipment.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service Strengths

As identified in Quality Theme 1, Statement 1.

#### Areas for improvement

As identified in Quality Theme 1, Statement 1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

Each staff member had a recruitment file which included details of their application, references, Disclosure or PVG check, and a record of their training and supervision sessions.

Five staff files were viewed during the inspection. These demonstrated that safe recruitment practices were in place. The records showed that the most recently employed staff member had received an appropriate induction process, and had received training appropriate to their role. This was similar in all of the files that were viewed.

Supervision sessions were now being held more frequently..

A training plan had been developed for 2012 which included in-house and externally facilitated training. This training plan also included:

- \* Palliative Care
- \* Prevention of Infection
- \* Dementia and Challenging Behaviour
- \* Fire Training
- \* Food Hygiene

- \* Contenance Awareness
- \* Safe Handling
- \* Sensory Awareness
- \* Care about Rights/Advocacy
- \* Falls Awareness
- \* Nutrition.

Staff members represented the care home in various groups as "champions" in nutrition, cleanliness, infection control and wound care. There were also link nurses for wound care, pressure care, continence, palliative care, dementia, falls and SVQ assessors.

A recent staff meeting identified the following training which was being undertaken by some staff:

- \* Meaningful Activities
- \* Flying Start Programme
- \* Best Practice in Dementia
- \* Male Catheterisation
- \* Palliative Care Workshop.

Additional training was also recorded to enable staff at the care home to administer the annual flu vaccinations to the residents.

Adult Support and Protection training was provided using the "Tell Someone" training materials issued by the Scottish Government.

### **Areas for improvement**

The management of the service must continue to ensure that the infection control training is regularly updated and amended, taking account of any new guidance.

The service should ensure that staff share their knowledge with other staff members, and that opportunities are available for staff to achieve their SVQ qualification to enable them to register with the Scottish Social Services Council when the register opens for them.

**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 1

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

#### Service strengths

As identified in Quality Theme 1, Statement 1.

#### Areas for improvement

As identified in Quality Theme 1, Statement 1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

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

#### Service strengths

The manager had developed an annual planner which identified which checks were due, when reports were required, when service visits were due and when various audits were due. In addition, the plans for staff supervision and appraisals, staff training, induction process checks and other staff related tasks were noted.

An infection control group met regularly and revised the cleaning schedules and delegated staff to monitor this. The cleaning record identified what had to be cleaned, and the staff recorded the work that they had done as part of this. The cleaning schedule included daily, weekly and monthly tasks. In addition to just signing, the rooms were inspected daily to ensure that they are clean and tidy, and that sufficient supplies of continence garments were available.

Similar cleaning routines and checks existed for the kitchen activities.

The manager carried out a monthly environmental audit. Although a tick box, it gave detail about the criteria for each question. An action plan for Intermediate Food Hygiene training and Staff Compliance issues had been developed.

An annual quality assurance questionnaire had been issued to the relatives of the

residents of Culsh House. These were viewed, and the only issues referred to were the driveway up to the care home and an issue with the laundry for one resident. The relatives were being asked to enter the care from one entrance avoiding the unsuitable surface. The laundry issue had been dealt with.

Residents and relatives attended a number of social events, which gave them the opportunity to raise concerns with the manager and senior staff of the service.

### **Areas for improvement**

The management of the service should continue to develop systems to enable the quality of the service to be assessed. It may be worth inviting some relatives or residents who may be willing to become involved in assisting with the environmental audit. This would allow the service to be viewed by someone not working at the service.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

#### Action Plan

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



## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
24 Oct 2011	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and Leadership 4 - Good
11 Nov 2010	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
30 Aug 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good

## Inspection report continued

		Management and Leadership	Not Assessed
11 Mar 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good Not Assessed
14 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
6 Mar 2009		Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
3 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good

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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## Translations and alternative formats

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

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