

Care service inspection report

Claremont Park Nursing Home Care Home Service Adults

6 Claremont Park
Leith Links
Edinburgh
EH6 7PH
Telephone: 0131 554 6868

Inspected by: Aileen Scobie

Ingrid Laing

Type of inspection: Unannounced

Inspection completed on: 12 July 2012



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Service provided by:

Claremont Park Limited

Service provider number:

SP2003002447

Care service number:

CS2003010622

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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The staff knew a lot of detail about residents' healthcare and social needs and clearly knew the residents well. We saw appropriate, good support of residents' needs. We found that both residents and relatives are being encouraged to be involved in the day to day decisions about the home.

What the service could do better

The manager recognises the need to continue to be creative when supporting effective resident and relative participation. As a result of this inspection a requirement has been made in regard to care planning. The service provider must ensure appropriate action is taken to address this requirement.

What the service has done since the last inspection

The manager has been in post for 7 months and has done a significant amount of work to assess all aspects of the service and introduce ways to improve the quality of service and support provided to residents and their relatives. Training in a variety of other topics has been delivered to staff to further improve their knowledge and skills.

Conclusion

The general ambiance throughout is relaxed and friendly. Residents told us they were very happy in the home and felt safe and well cared for by the staff. The manager is

committed to further improving the service to help residents have a good quality of life.

Who did this inspection

Aileen Scobie

Ingrid Laing

Lay assessor: Jenny Reaves

1 About the service we inspected

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The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.careinspectorate.com.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate."

Claremont Park Nursing Home (referred to in the report as 'the service') was registered with the Care Inspectorate on 1st April 2011 to provide care including nursing care to 34 older people. The home is owned and managed by Claremont Park Ltd (referred to in the report as "the provider").

The home is situated in private grounds on the main route through Leith, close to local amenities and bus routes. There is a garden area to the front of the home and a large landscaped garden and patio area to the rear. Accommodation for residents' use is provided on ground and first floor levels of the main home and on ground floor level in the extension to the rear of the home overlooking the garden. The upper floor is accessed by stairs or chairlift. Access directly from the main building to both the extension and the wing of the main house is by stairs.

There are sixteen single bedrooms, seven with en-suite facilities and nine double bedrooms, one of which has en-suite facilities. A sitting and dining room are situated on the ground floor of the main house and a further sitting/dining room is available in the extension building. Appropriate bathing and toilet facilities are available throughout the home. There are separate kitchen and laundry facilities in the home.

The Home's philosophy of care is based on the following principles:

- To provide a friendly, homely, caring and secure environment for residents.

- To promote the independence of residents for as long as possible.

- To liaise and give support to relatives and friends of residents.

To consistently provide the best quality of nursing care to enable residents to enjoy the highest possible quality of life.

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 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - 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

This report is based on two inspection visits to Claremont Park Nursing Home 9 July 2012 and 12 July 2012.

Feedback was given on 12 July 2012.

The inspection was carried out by Inspectors Aileen Scobbie and Ingrid Laing. Lay Assessor Jenny Reaves and Lay Assessor Co-ordinator Liz Melville supported the inspectors. A Lay Assessor is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the Inspection process. Lay Assessors have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The Lay Assessor's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gathering their views. In addition, where the Lay Assessor makes their own observations from their perspective as a recipient or a carer, these may also be recorded. The comments and observations of the Lay Assessor have been incorporated in this report.

During the inspection, evidence was gathered from a number of sources including:

- Talking with residents and relatives.
- Discussion with the Manager and care staff.
- Examination of a sample of the policies, procedures, health & safety records which the service is required to maintain.
- Review of a sample of residents personal care files to check how staff assess needs and how these are met.
- Examination of medication management systems to check residents are receiving their prescribed medicines.
- Accident and incident records.
- Minutes of meetings.
- Staff training records.
- Complaints records.
- Check of the building and environment to make sure it is well maintained, safe and free from hazards.
- Observation of staff practices.

- Questionnaires were supplied for residents and relatives/visitors to the home, four were returned to the Care Inspectorate prior to the inspection.

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

The provider must ensure that residents' dignity is protected and choice is promoted at all times. Residents' preferences to sit in wheelchairs while at the dining table for meals must be recorded in their care plan/social care plan

This is in order to comply with SSI 2011/210 Regulation 4(1)(b) - Welfare of users

What the service did to meet the requirement

Records of residents' preferences to sit in their wheelchairs during mealtimes was evidenced to be fully documented in individual care plans.

The requirement is: Met

The requirement

The provider must ensure that the nutritional charts/records are fully and accurately completed. In order to do so the manager must:

a) ensure the charts contain the date when written and the name and signature of the writer

b) ensure all sections of the charts are completed

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - Welfare of users

What the service did to meet the requirement

Nutritional charts/records were evidenced to be fully completed, signed and dated by the person completing them.

The requirement is: Met

The requirement

The provider must ensure that all written care plans/social care plans include details of how individual residents' needs and preferences are to be met. In order to achieve this the manager must ensure that:

- a) social plans must be updated to reflect all changing care needs
 - b) the content of care plans and social plans must correspond
 - c) where information is held separately or in other care plans this should be clearly cross referenced to direct the reader.
 - d) social care files must be dated when written and signed by the writer
 - e) agreements reached during reviews must be recorded on the action plan.
- This is in order to comply with: SSI 2011/210 Regulation 5(1) - Personal plan.

What the service did to meet the requirement

Examination of care plans evidenced up to date information regarding the social and healthcare needs of individual residents. Reviews of these care plans were routinely carried out. See QT 1.3 for further information.

The requirement is: Met

The requirement

The provider must ensure that staff use body maps to record the location of a residents' wounds.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - Welfare of users

What the service did to meet the requirement

Body maps have been introduced and were evidenced to be in place and being used appropriately where required.

The requirement is: Met

The requirement

The Provider must ensure that the heating system within the building is sufficient to keep residents warm without reliance upon extra clothing and blankets.

This is in order to comply with SSI 2011/210 Regulation 10(2)(c), a requirement that the premises has adequate heating.

What the service did to meet the requirement

Full maintenance contracts are in place for the heating system. Daily temperature checks of all areas of the home are carried out to ensure the temperature is sufficient to suit the needs of the residents.

The requirement is: Met

The requirement

The provider must ensure that staff employed in the home receive training suitable to the work they are to undertake. In order to achieve this, the provider must ensure that

- a) staff who require refresher training in moving and handling receive this
- b) Fully implement all aspects of the staff training programme.

This is in order to comply with SSI 2011/210 Regulation 15(b)(i)- Staffing

What the service did to meet the requirement

Staff records and interviews confirmed refresher training in moving and handling has been carried out. Staff interviews and records confirmed the training programme is being rolled out.

The requirement is: Met

The requirement

The provider must fully implement the system to monitor and demonstrate staff competence in the work they are to undertake. The provider must evidence how staff are putting the learning from training into practice and how practice has improved in the service.

This is in order to comply with SSI 2011/210 Regulation 15(a) - Staffing

What the service did to meet the requirement

Senior staff and management routinely monitor staff practice. Training is discussed routinely as part of the supervision process.

The requirement is: 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.

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. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

The Lay Assessor spoke with 15 residents. The inspectors also spoke with residents during the inspection. Not everyone could tell us directly their views on the care they receive. Those who could, told us they were happy with the quality of care provided. Comments have been included in the body of the report.

We observed that the residents were relaxed, calm and freely moving about the home. They responded positively to staff interaction and assistance.

Taking carers' views into account

We received 4 completed questionnaires from relatives/carers. All strongly agreed/agreed with the statement that overall they are happy with the quality of care and support provided to their relative in the care home. We also spoke with 2 relatives/visitors in the course of the inspection visits. All comments made were very complimentary of both staff and management. Comments have been included in the body of the report.

Comments were made regarding the garden area, the manager is currently addressing the development of the garden. See QT 1.1.

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 is pro-active in providing opportunities and promoting regular participation of residents and relatives. Minutes viewed confirmed the quality of care and support is discussed. Quality questionnaires are also circulated to residents, relatives and staff.

Care plans were inspected and found to contain a very good standard of information supporting the residents' involvement in development of the plans, including meetings with their social worker, reviews and how the service will meet the needs of the resident. Residents sign to confirm agreement with the content of the care plan and care review. Relatives also sign this.

The staff take into account the views and wishes of the residents placed in the service. Staff consult with the residents on a daily basis and this is evidenced in the personal plans. The manager formally meets with individual residents monthly, records of these meetings are retained for reference.

The aims and objectives of the service are reviewed annually and are an accurate reflection of the service provided.

Throughout the service there are notices displayed to inform residents and visitors of activities planned and important information. The registration certificate and insurance are on display in the foyer and a range of the service's policies and procedures are also on display for everyone to access.

The complaints procedure was displayed and easy to understand. Residents are encouraged to give their opinions or raise any concerns in their personal review meetings, or at residents' meetings. Residents and relatives spoken to said they would be happy about discussing any concerns with the manager or staff.

From discussion with residents and relatives, it was evident that issues and suggestions raised are addressed promptly and appropriately. For example, residents have been to the exhibitions in the Portrait Gallery - Tenement Life and Sporting memories, feedback from residents who attended was very positive. Residents said they had a good afternoon and it was nice to recall fond memories from yesteryears. A trip the the Scottish Parliament was a great success and a return visit is planned. A variety of trips have been planned throughout the Summer to venues requested by residents.

Comments from residents and relatives included;

'It's very nice here, I have no worries or complaints.'

'The food is lovely, lots of choice and its really tasty.'

'Excellent care provided. My parent is very happy and secure and able to come and go without any restrictions. Kept entertained, healthy and leisure activities set around likes and dislikes of residents. Suggestions are also taken up. All national holidays are celebrated and family and friends are always welcome to visit any time and are invited to special events and encouraged to participate. Staff always respectful to all and keep family members up to date and take any concerns seriously.'

'I am my mum's guardian; I am very happy with Claremont Park, the nursing and care staff.'

Lay assessors comments;

There was a very pleasant atmosphere in the home and staff interacted with residents in a respectful and caring manner. Residents knew staff by their names and spoke very highly of all of them.

"They spoil me here, they take such good care of me, nothing is too much trouble for them and they are always very busy."

"Everything is fine - you have to make the most of it and I'm getting a shower tomorrow".

"I enjoy the company "

Residents said that the food was very good, especially the home made soup! There was a choice of food at each mealtime and I saw catering staff asking residents what they would prefer. One resident could not decide as she liked both options and was told "well you can have some of each." Residents were also reassured that if they changed their minds later it would be OK. Most of the residents told me that the food was good and that they were well fed here.

Books were supplied by the local library service and this was much appreciated by those residents who enjoyed reading. One resident said: "I like to read - I get the books from the Leith Library"

There seemed to be an emphasis on supporting people in activities on an individual basis as well as the occasional outing or larger group activity. Two people had been escorted by a member of staff on a walk that morning and recently a small group had

visited the Portrait Gallery in Edinburgh to see an exhibition of Scottish sports people. One resident who rarely spoke was excited to see pictures of remembered football events and this had stimulated discussion about them. A second Activities Co-ordinator is to be employed so that this individualised approach can be extended and developed.

Areas for improvement

Plans are in place to further develop the garden, this has been discussed at both resident and relative meetings. Offers of assistance in the development and improvement of the garden have been made by relatives. In order to take this forward the manager plans to discuss funding for this project with the service provider.

Action plans should be shared with all parties in response to suggestions/comments made at meetings.

In order to further promote and support feedback from residents and relatives the service should consider introducing an independently facilitated forum.

Grade awarded for this statement: 4 - 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

A range of appropriate health care policies, procedures and best guidance information was available in the service to guide and support staff practice. The care home manager is a first level registered nurse and a registered nurse is available in the home at all times. This means that residents' physical and emotional wellbeing is subject to regular assessment.

Each resident has an individualised personal plan based on an assessment of their health and social needs. We examined five personal care files. We saw that the personal plans are subject to monthly or more frequent evaluation and updating. The plans were found to be informative and included a range of risk assessments and care plans. The assessments help staff identify any changes which may require action. Care reviews take place 6 monthly and a record of the meeting is kept in the personal plan. We evidenced the service has good contacts with local GPs, SALT, dietitian, podiatrist, community dental service and other health services. Residents and relatives confirmed visits from the GP take place when necessary or on request. A record of visits and communication with health services was maintained. Examination of care records evidenced that staff monitor residents' health condition and make referrals to appropriate professionals and agencies when necessary.

Healthy eating is encouraged and a range of social activities take place which helps provide stimulation and promotes wellbeing.

We examined the service's medication management system. Review of a sample of medication administration records (MARS) identified the records were complete with no gaps or omissions noted. The service maintains a separate record of the receipt, administration and disposal of controlled drugs, this conforms to legal requirement. The stock of controlled drugs was found to be accurate and administration of all controlled drugs was witnessed and countersigned by a second appropriately trained practitioner. This is good practice.

Comments from residents and relatives included;

'I have no worries about my relative's wellbeing, the staff look after her very well.'

'The service always let me know when the Doctor has been in and if they have any concerns about my relative's health.'

'I am kept up to date with all aspects of my relative's health, if they have a fall, have been seen by the doctor, dentist, chiropodist etc.'

Areas for improvement

We evidenced action plans raised in response to trends in accidents/incidents were not effectively being evaluated. One resident was noted to have had an increase in

falls and although these were all appropriately recorded and followed through, the care plans and risk assessments had not been updated to reflect any changes in care required. A requirement 1 is made.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that all service users' personal plans provide comprehensive information on how their health and welfare needs are to be met. In order to effectively inform staff practice the personal plan must:
 - a) provide a comprehensive, up to date assessment of the service user's health and welfare needs;
 - b) detail the agreed actions and strategies for meeting these needs;
 - c) evidence that the plan is regularly and comprehensively evaluated and reviewed to reflect any changes in service users' health and welfare.

This is in order to comply with:

SSI 2011/210 Regulation 4(1)(a) - Welfare of users

SSI 2011/210 Regulation 5(1) - Personal plans

Timescale: The manager addressed this issue with staff and we evidenced that the care plans and risk assessments in place had been updated to reflect the current health and welfare needs of the residents.

This requirement was met in the course of the inspection.

This will be monitored at the next inspection visit.

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

The evidence for the grade awarded in this statement is included in Theme 1 Statement 1, Service Strengths above.

People living in the home and their relatives confirmed that they can have their own personal belongings and items of furniture in their room if they want. Bedrooms were observed to be individualised with decor, fabrics, items of furniture, photographs and ornaments which reflected the resident's personal choice and interests.

Lay assessors comments;

The building is an elegant old house and some of the rooms reflect its age. Some of the rooms in the main house are shared by two people and not every room has en suite facilities. Rooms in a newly built extension are for single occupancy and all overlook the very pleasant garden, most have en suite facilities. There are also ample communal bathing and toilet facilities. Rooms can be personalised and most reflect the taste and interests of the occupant.

"Everything in this room is mine and I love it"

"I like my room and I can watch the birds from the window"

"Quite happy and my room is fine"

Furniture, soft furnishings, pictures and ornaments could all be brought in to make rooms more personal.

Residents enjoyed the garden and also the views across Leith Links from the Main House.

Recently relatives have offered to work to improve the garden facilities and a proposal for funding has been put to the owner who is sympathetic to the idea. The Manager is keen to build on this interest and to give residents more opportunity to take part in gardening activities if they wish to do so.

Areas for improvement

The areas for development for this statement is included in Theme 1 Statement 1, Areas for Improvement above.

Grade awarded for this statement: 4 - 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

A comprehensive range of policy documents is in place to support staff practice. Staff confirmed they had awareness of the policies and had ready access to them.

The manager demonstrated commitment to providing good quality care through on-going staff training.

The care home has a secure entry system in place. Routine maintenance and health & safety checks are undertaken and a record of this is maintained along with details of any remedial action taken. Maintenance and service contracts are in place for utilities and essential equipment. Residents have access to a call system in all bedrooms and communal areas to summon assistance if necessary. Residents spoken with confirmed the staff always respond quickly any time they use the call bells. Specialised equipment to meet residents assessed needs had been provided. Corridors and circulation areas were clear of hazards and a record of accidents and incidents is maintained. These measures help ensure people are safe and comfortable living in the care home.

Everyone spoken to reported that the quality of the environment had a significant, direct and positive effect upon life in the home. One comment received; 'The residence is bright, it is always clean and fresh. The smell from the kitchen makes my mouth water.'

Discussion with the manager and review of duty rotas identified staffing levels were directly related to the number and needs of people living here.

A record of accidents and incidents is maintained and a monitoring system has been introduced.

External audits and checks are carried out and proper records maintained. Action is taken promptly in response to maintenance requests.

Areas for improvement

The manager recognises the need to monitor the systems in place together with staff performance to ensure the safety of people using the service.

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: 4 - Good

Statement 1

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

Service Strengths

The evidence for the grade awarded in this statement is included in Theme 1 Statement 1, Service Strengths above.

Lay assessors comments;

Everyone spoke very highly of the staff and felt that they worked extremely hard but always wanted to do as much as they could to support residents. Those I observed operated in a very professional manner tempered with a genuine concern and affection for residents.

"The staff are wonderful, all of them, they can't do enough for us and they work damned hard too."

"They are all great"

"The staff are wonderful"

"A lovely bunch of folk - they are good"

Areas for improvement

The areas for development for this statement is included in Theme 1 Statement 1, Areas for Improvement above.

The provider should continue to develop good practice in relation to this statement and support the involvement of residents and their relatives in the recruitment, supervision, training and appraisal of staff.

Grade awarded for this statement: 4 - 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

Feedback from staff was very positive. They told us they received comprehensive induction training when they started work. This covered all the fundamentals of their employment and their role and responsibilities. Induction included National Care Standards, Scottish Social Services Council (SSSC) Code of Conduct, Nursing and Midwifery Council (NMC) Codes of Conduct, health & safety legislation and best practice guidance such as adult protection, infection control and moving & handling.

Staff confirmed they receive refresher and ongoing training opportunities and an annual training plan was seen to be in place. This helps ensure staff have the knowledge and skills to support residents' care needs. Examples of training provided since the last inspection include wound care, moving and handling and infection control. Training is discussed with staff during their individual supervision sessions and as part of their annual appraisal.

Staff confirmed they receive regular supervision sessions, feel supported and there is good teamwork.

We noted that staff had good knowledge and understanding of individual residents, what they liked and what level of support was needed. They chatted comfortably with residents using their preferred name. Staff members were observed to be friendly and supportive towards residents and call bells and requests were responded to promptly.

Comments from residents and relatives included;

'The staff here are wonderful.'

'Everyone is very kind, helpful and caring.'

'I think the staff are fantastic, they treat everyone with respect.'

Areas for improvement

The service should continue to provide training based on best practice to ensure staff knowledge and skills meet the needs of residents.

The manager is committed to ensuring all concerns raised regarding staff are addressed through supervision and monitoring of staff practice is ongoing.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

The evidence for the grade awarded in this statement is included in Theme 1 Statement 1, Service Strengths above.

Comments from relatives included;

'The manager and deputy are great, I would have no hesitation approaching any of them.'

Areas for improvement

The areas for development for this statement is included in Theme 1 Statement 1, Areas for Improvement above.

Grade awarded for this statement: 4 - 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 is suitably qualified, competent and experienced to run the home properly. The service has a number of quality assurance systems in place which support the maintenance of a good quality service. The service implemented a comprehensive action plan and made good progress addressing requirements made at previous inspections.

The home's quality assurance programme includes seeking the views of service users to provide feedback on the quality of care provided. There are systems in place for checking the quality of the services being given in the home, and evidence that any problems identified are properly addressed. The manager carries out a variety of audits to check on quality including, medication, care plans, catering and housekeeping. Resident dependency levels are monitored and inform staffing provision.

The home has a complaint procedure and details of this are provided to residents and their relatives/carers. This means that people know how to raise a complaint if they are unhappy with any aspect of the care service. There are regular residents' meetings and residents confirmed that they attended these meetings and had been able to give their views.

These actions help ensure standards are being maintained and improved where necessary and residents receive the care and attention they need.

Areas for improvement

The service provider should continue to build on the improvements which have been made and areas for improvement noted in this inspection report and ensure the service continues to develop good practice in relation to this quality statement.

Grade awarded for this statement: 4 - 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

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

6 Inspection and grading history

Date	Type	Gradings	
5 Dec 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	Not Assessed
27 Jun 2011	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and Leadership	4 - Good
13 Jan 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	Not Assessed

Inspection report continued

1 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate Not Assessed
29 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
14 Aug 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
11 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
12 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 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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