

Care service inspection report

Arcadia Gardens

Care Home Service Adults

Kerr Drive
Bridgeton
Glasgow
G40 2QS

Inspected by: Angella Fulton

Jane Lynch

Type of inspection: Unannounced

Inspection completed on: 23 August 2012



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Service provided by:

HC-One Limited

Service provider number:

SP2011011682

Care service number:

CS2011300643

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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 service provides very good opportunities to help people to be involved in all aspects of the service.

Many people who use the service and their relatives appreciate the friendly environment at Arcadia Gardens.

The staff and management at Arcadia Gardens keep in touch with families.

There are a range of activities available for residents to enjoy.

What the service could do better

The service should provide more help for people who have mobility problems to ensure they are kept safe during transfers, have access to enjoy the gardens and are provided with help to prevent falls.

The service should improve the care provided to people with dementia including residents who are experiencing stress and distress.

What the service has done since the last inspection

The service has further developed resident participation. This has included the development of Arcadia Sound, a radio station set up and run by residents.

The management and staff have made some progress on making improvements as required or recommended from the previous inspection.

Some new paperwork has been put in place such as HC-One introductory pack and Cornerstone, a system for quality assurance.

There have been improvements made to the environment at Arcadia Gardens Care home including redecoration of some areas and maintenance of the gardens.

Conclusion

Arcadia Gardens Care Home provides a service that results in positive outcomes for many residents and relatives.

The management team and staff have worked hard and continue to be motivated to make improvements.

Systems and procedures that are in place should be examined and reviewed with changes made to ensure positive outcomes for people with dementia and residents who have mobility problems.

Who did this inspection

Angella Fulton

Jane Lynch

Lay assessor: Mr Jim Armour

1 About the service we inspected

"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.scswis.com.

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it needs to do more to improve, 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 based on best practice or the National Care Standards.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made.

Requirements are legally enforceable at the discretion of the Care Inspectorate."Social Care and Social Work Improvement Scotland (Care Inspectorate) regulates care services in Scotland. It awards grades for services based on the findings of inspections. These grades, including any that services were previously awarded by the Care Commission, are available on www.careinspectorate.com

Arcadia Gardens provides a care home service to a maximum of 72 people: of which 43 older people will have needs associated to being frail, 24 older people will have a diagnosis of dementia and 5 adults will have support needs due to physical/sensory impairments.

The home is located in a residential area in Bridgeton, Glasgow. Local amenities are situated nearby to the home.

The building is single level with three separate units, known as Lyndsey, McQueen and Bruce. Each unit provides accommodation for 24 people. All bedrooms are provided on a single basis with wash-hand basin/toilet. Communal bathing/shower facilities are available in each unit. Open plan lounge and dining rooms are available in all units. An additional small lounge is available in the Lyndsey and Bruce units. The smokers' room is located in the McQueen unit. Garden areas can be accessed by people from each unit.

A car park for visitors is provided at the front of the home.

The service's objective is "to provide a high standard of individualised care to all service users". An example of how it aims to do this is "The care service is delivered flexibly, within the limitations of the care home environment, attentively and in a non-discriminatory fashion and with respect for independence, privacy and right to make informed choices and to take risks".

We did note that the certificate of registration did not refer to respite places. We spoke with the management team about this during the inspection and they have submitted an application for variation to include provision of respite care.

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.careinspectorate.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 compiled the report following an unannounced inspection and visited the service on four occasions. We met with people who use the service and relatives of people who use the service.

The inspection visits were carried out on 15th and 16th August and concluded on 23rd August when we gave feedback to the service. We also attended a relatives meeting on 8th August and we conducted a telephone survey of relatives.

As requested by us the service sent us an annual return and self assessment.

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

- The certificate of registration
- Personal plans of people who use the service
- Care Standards questionnaires returned to the Care Inspectorate
- Medication records
- Service user financial records
- Accident and incident records
- Staff rotas
- Minutes of meetings with residents, relatives and staff
- Records of complaints received by the service
- Staff records including training and supervision
- Documentation of audits and quality assurance systems
- Cleaning schedule and records
- Food safety documentation
- Resident activity programmes

We held discussions with various people including:

- The home manager
- The deputy manager
- Quality Assurance manager

8 Nursing and care staff

6 other staff including the activities co-ordinator, maintenance and housekeeping staff

22 Residents

17 Relatives of residents

We observed how staff worked with residents and we examined equipment and the environment for cleanliness, dementia friendly features and accessibility for people with 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

The provider must improve how it manages the risk and prevention of falls to individuals. In order to demonstrate this:

when a person has a fall, associated risk assessments and care plans must be updated without delay

accident reports relating to a fall must show more effective analysis and follow up staff must follow actions recorded in care plans about how to maintain a person's safety who is at risk of falls

these areas must be monitored through individual and group supervision processes to show that staff are effective in the management of falls in line with best practice

"Managing falls and fractures in care homes for older people: a good practice self assessment resource (2011)

This is to comply with SSI 2011/10. Regulation 4 (1)(a) and Regulation 5(2) Personal plans. A requirement to make proper provision for the health and welfare of service users and to set this out in a written plan.

Timescale: within 1 week upon receipt of the final inspection report.

What the service did to meet the requirement

We saw risk assessments and care plans in place for residents who were at risk of falls. We also saw accident reports that had been completed when a resident sustained a fall and could see the managers monthly reports of accidents. We could see individual analysis of each accident on the providers Datix system. The management team told us that all accidents are discussed at morning meetings and trends and patterns of accidents and incidents are discussed at bi-monthly health and safety meetings.

The deputy manager has done training on falls prevention and told us that a falls prevention and management system will be developed.

Although action has been taken not all aspects of this requirement have been met. See requirement 1 under Quality Statement 1.3.

The requirement is: Not Met

The requirement

The garden area in the Lyndsey unit must be improved. In order to demonstrate this:

(a) work must be carried out to garden areas and furniture where needed

(b) a good standard of the garden must be maintained

This is to comply with SSI 2011/210. Regulation 4 (1) (b) Welfare of users. A requirement to provide services in a manner which respects the privacy and dignity of service users.

Timescale: within 2 weeks upon receipt of the final inspection report.

What the service did to meet the requirement

We were told that the garden area in Lyndsey unit has been improved with the help of families and staff. The existing furniture has been painted and the gardens have been tidied. The management team told us that a maintenance contract is in place for the gardens which includes ten visits per year. We saw that new garden furniture has been chosen by residents and ordered but this was not on-site at the time of our inspection.

The requirement is: Met

The requirement

The provider must ensure that staff do not use resident spaces to carry out handovers, training and other meetings that are staff specific. In order to demonstrate this:

(a) handovers must take place in a private space

(b) dedicated space for staff purposes, such as training and meetings must be made available

This is to comply with SSI 2011/210. Regulation 4 (1) (b) Welfare of users. A requirement to provide services in a manner which respects the privacy and dignity of service users.

Timescale: within 24 hours upon receipt of the final inspection report for point (a) and 2 weeks for point (b).

What the service did to meet the requirement

The management team spoke to us prior to inspection about a suitable location for handover of communication between shifts. We advised them that they must ensure their procedures for sharing information protected the confidentiality of residents. The service consulted with residents and relatives who all said that they wished the nurses stations to remain in situ as they felt these provided a focal point and an area where they could go to if they required assistance or a chat. The management team developed a protocol to be used for staff regarding handovers and we could see this was discussed with staff at supervision.

During the inspection we did not observe a handover however, we overheard staff discussing confidential information about residents at the nurses station between each other and whilst they were on the telephone with other agencies. We saw that there is easy access to residents files which are stored in unlocked cupboards in the nurses station which we at times found unattended. We also saw information about

residents left unattended on the desk at the nurses station.

The service has developed a small room at the front of the home that will be used for staff training. See requirement Under Quality Statement 2.2.

The requirement is: Not Met

The requirement

The provider must ensure that all kitchen staff have the required qualifications to carry out their role and responsibilities. In order to demonstrate this: kitchen staff must be appropriately qualified and a record of such qualification must be made available kitchen staff must not carry out duties that they are not qualified to do, or supervised to do by a qualified person

This is to comply with SSI 2011/210. Regulation 15 (a) Staffing. A requirement to ensure that at all times suitably qualified and competent persons are working in the care service.

Timescale: within 1 week upon receipt of the final inspection report.

What the service did to meet the requirement

We saw evidence of qualifications held by kitchen staff. One of the cooks has recently completed a supervisory qualification in food safety. We were told by the management team that all kitchen assistants have qualified with an elementary food hygiene certificate.

The requirement is: Met

The requirement

The provider must ensure that the staffing schedule is maintained at all times, unless the needs of people change. In order to demonstrate this:

staff rotas must show that the staffing schedule is being met

any change to staffing levels must be supported by an assessment of service user needs

any changes to the staffing schedule must be shared with the Care Inspectorate.

This is to comply with SSI 2011/210. Regulation 15 (a) Staffing. A requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Timescale: within 24 hours upon receipt of the final inspection report.

What the service did to meet the requirement

We saw from staff rotas that the numbers of staff on duty had been below the staffing schedule however, the staffing schedule refers to full occupancy of the service. At the time of inspection the service had a number of vacancies. We saw from

a sample of the staff rota that the hours of staffing stipulated on the staffing schedule were met.

We saw that there is a four weekly assessment of resident need undertaken by the service which the management team use to determine the hours of staff required. We saw from monthly reports that the service tends to provide more staff hours than their assessment indicates.

We have received a notification this year to advise the Care Inspectorate that on one occasion the service operated below their own assessed level of staffing required as they were not able to get cover for a shift at short notice. See Requirement 1 under Quality Theme 3.3.

The requirement is: Not Met

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

Evidence relating to participation needs to be developed. For example: consistent dating of information, clear action plans and showing feedback to and from people. Communication aids, such as 'talking mats' for people with dementia, should be used when it is appropriate to do so.

National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements, Standard 11: Expressing Your Views and Standard 18: Staying in Touch.

We saw that the service is using talking mats for some residents who have communication needs and Speak your mind booklets for people who have dementia. From resident, relative and committee meeting notes we saw evidence that actions are taken forward. We found that the management team gave feedback to relatives and residents on feedback received from surveys.

A rolling programme for breakfast should be considered.

National Care Standards, Care Home for Older People, Standard 5: Management and Staffing Arrangements and Standard 18: Eating well.

The management team told us that breakfast is available for residents from when they get up and prior to a cooked breakfast being offered at 9.30am. We did not find this to be so during the inspection. See recommendation 1 under Quality statement 1.3.

Documentation relating to Part 5 (Section 47) Certificates for medical treatment in the context of Adults with Incapacity (Scotland) Act 2000 should routinely show involvement from relatives.

National Care Standards, Care Homes for Older People, Standard 3: Your Legal Rights and Standard 6: Support Arrangements.

We found evidence in some residents files that showed involvement of families and care managers in Section 47 certificates however, this is not in place for all residents. The management team showed us paperwork to evidence that they are progressing with this work.

Care plans for the promotion of continence need to be developed in line with best practice (eg. NHS Quality Improvement Scotland, Adults with Urinary Dysfunction November 2005, Scottish Intercollegiate Guidelines Network 79: Management of Urinary Incontinence in Primary Care, Dec 2004; Updated Sept 2005).

National Care Standards, Care Homes for Older People, Standard 6: Support Arrangements and Standard 14: Keeping Well - Healthcare.

We saw that continence care plans had been rewritten. The management team told us that best practice guidance had been discussed with staff at supervision and included in their rolling programme of training.

The home's approach to recordings relating to care plan evaluations should be reviewed. This should be done with staff, relatives/residents and any other relevant stakeholder.

National Care Standards, Care Homes for Older People, Standard 6: Support Arrangements and Standard 14: Keeping Well - Healthcare.

The service has introduced new paperwork to show involvement in monthly evaluation of care plans. We saw this being used for some residents, that is, relatives had signed to say that they were involved in the evaluation however, this system was not being followed for residents in Lyndsey unit.

A record of the daily walkround undertaken by the manager should be kept. This should show, along with other areas, that staff call systems can be accessed in lounges/dining rooms along with information on staff presence in such areas. The daily walkround should also be done when the manager is not available or present to do this.

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

We saw evidence of the twice daily walkround which is conducted by the manager, deputy manager or designated person seven days per week. These walkrounds are recorded.

A dementia environment audit of the Lyndsey unit should be undertaken to highlight the strengths and any areas for improvement. Any improvements needed should be supported by an action plan.

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

We found evidence of an environmental audit of Lyndsey unit carried out in May this year. We saw that resources have been purchased and others ordered as per recommendations from this audit. The service told us that they will monitor the impact on residents of the environmental changes. See recommendation 2 under Quality statement 2.2.

An ongoing programme of redecoration/ improvements to the environment should be made available and shared with people. This should show resident/relative influence as well as priority areas identified by staff and management.

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

We were told that residents and relatives had been consulted on the redecoration programme. The management team have submitted a plan which has informed a four year environmental improvement programme. We saw evidence of resident and relative influence through notes from meetings.

The quality of supervision records needs to improve to show clearer measurement and evaluation of staff performance.

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

We viewed staff files and found evidence of new supervision paperwork being used. We saw that management use both individual agendas for staff supervision and generic agendas for information that is required for all staff. The new paperwork identifies tasks or training for staff that should be carried out before next supervision. Supervisory staff should continue to improve supervision recordings to show clear measure and evaluation of staff performance. See areas for improvement under Quality Statement 3.3.

Management need to raise the profile of best practice within the home and develop resources and staff knowledge on current best practice. This should be demonstrated through staff performance processes, such as staff meetings/forums and supervision.

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

The management team carried out a Best Practice audit in May this year. Discussion and supervisions were held with individual staff to find out what staff knowledge and practice was in relation to Best Practice guidance. We saw a range of Best Practice guidance booklets on-site in the service and were told about staff training. For

example, the deputy manager has received training based on guidance for falls prevention and management.

A service development plan should be made available.

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

The service has a service development plan in place however, this service development plan is brief and identifies the only area for development as: "Evidence of participation by both internal and external stakeholders which will enhance all Quality Themes". See Area for improvement under Quality Statement 4.1.

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 self assessment document from the service.

The self assessment was completed to a good level and identified some areas where the service felt it performed well and also gave some information about how it aims to improve and develop. The service should use their self assessment to provide outcome focused information to show how the work being carried out in the service has resulted in changes and improvements for residents.

The service should continue, with resident involvement to assess the quality of the service and include evidence of outcomes in their documentation.

Taking the views of people using the care service into account

We issued 30 questionnaires to residents. Twenty-one were completed and returned to us. On the whole, people were positive about the service being provided at Arcadia Gardens home. 100% of respondents agreed or strongly agreed that they were happy with the quality of care provided by the service. Some residents did not know how to make a complaint about the service and one quarter of respondents said that they strongly disagreed that if they need help, staff help them to eat.

"It's good. I can go out when I want and I get my daily newspaper delivered"

"The radio station has been very successful. People were up dancing - that was unheard of before"

"The place is very good especially to how it was when I first came here"

"The best thing about Arcadia Gardens is the participation between residents and staff - everyone really joins in. I'm involved in the whole home"

"The staff are brilliant. They couldn't do enough for you. They come and have a blether with you if you are feeling down"

"I like to do my own thing. Like listen to the wireless"

Residents and relatives were mostly complimentary regarding the quality of food and choices offered. Comments we received included:

"There's a good choice of food - there's always an alternative"

"The food's great - I like the chips"

"There's always enough to eat - good choice"

"The food's all right - I like cornflakes in the morning".

"They feed you well in here".

"The nurses come around and ask you what you want to eat".

"I get a choice of what I want to eat. The food' s good"

Other resident's comments were:

"Food's all right - you can't please everyone".

"The food's reasonable - I don't want to say too much".

One resident commented

"There is a set time for meals - they get you in and out as quick as they can".

There was a mixed response when we asked people about activities. These are the comments we received:

"Staff won't take me out to local pub".

"I'd like to go out - but staff don't take me".

"My relative and I play Bingo every Wednesday - sweets for prizes".

"The staff sometimes take you out different places".

"Not a lot going on - quiz sometimes".

"There's always something to do".

"Don't attend activities - I can't hear".

Taking carers' views into account

We issued thirty Care standard questionnaires to relatives. Eleven were completed and returned. All respondents said they strongly agree or agree with the statement "Overall I am happy with the quality of care my relative/ friend receives at this home."

Some of the comments we received from relatives were as follows:

"Staff couldn't be nicer"

"My dad's keyworker is smashing"

"I'm very happy with my mum's care. The staff are great, very friendly"

"We are always made to feel welcome and we can visit at any time"

"We think the radio station is great. We had a wee sing-song with my dad"

"The radio station is brilliant for resident's. The music they play brings back memories"

"I looked round other homes but made up my mind the minute I came in here and saw how happy the place is - It's like home"

"It's the very place for my dad. He's happy here. The staff are fantastic"

"I've seen a huge improvement in the environment recently"

"Staff were great when my dad was unwell. They opened up a spare room for us to stay, gave us tea and coffee and some staff even stayed on late"

"It's good we can come along and take part in training like the fire drills"

"I am sometimes here at meal times; my relative has porridge and a fry up in the morning - food great good choice".

"My family member is happy and settled. I don't have any worries. The staff are really, really nice"

"Staff are run off their feet in the dementia unit. People need more attention and have to rely on the staff"

"There's lots of social activities going on:- keep fit, bingo, a barbecue, outings, a pub lunch or sometimes an entertainer"

"The resident's committee made the choice to have soup and sandwiches at lunch-time and the main meal at night but there is always an alternative menu such as scrambled eggs"

"The staff are kindly and good to the residents. Nothing is too much trouble"

"I couldn't fault the staff. They are good with residents and very approachable"

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

We have graded this statement as very good. We concluded this after we:

Spoke to residents, relatives and staff

Reviewed documentation about participation including minutes of residents meetings and care files

Attended a relatives meeting

We found that the service had a range of methods in place to help people give their views and opinions on all aspects of the service. These included:

Resident and relatives meetings which we could see were well attended. We could see from notes of meetings evidence of actions being followed up and feedback being given on the improvements, for example, we saw that changes were made to the menus after residents had given comments about what they would like to eat.

We were told about residents, their friends and families being involved in fundraising activities in the service. An example of this is the on-site library where books are donated and purchased for a small price with the proceeds going towards a fund that is spent on things like bingo prizes for residents.

The residents committee meets regularly and is led by residents with the support of the activities co-coordinator. This committee provides a further opportunity for people who use the service to give feedback, ideas and suggestions. The minutes of the residents committee show evidence of how residents worked to develop the radio station, Arcadia Sound. This radio station has been developed and is staffed by residents. It transmits twice a day within the care home providing residents with information and music.

In care files for residents in Bruce and McQueen unit we found that residents and their relatives signed to say they had been involved in monthly evaluation and six monthly review of care files.

The service had a newsletter, Impetus (named by residents) that provided information for people who use the service and their families about what is happening at Arcadia Gardens such as activities, new staff and events such as their Golden Jubilee party.

The service carried out a survey earlier this year which asked residents and relatives about the quality of the service. We saw how findings from this questionnaire were used in the services' self assessment and we heard the manager giving feedback during a relatives meeting.

Residents were involved in the recruitment of new staff. We saw this from interview notes and we were told by a resident that they enjoyed carrying out this work.

The service involves residents and relatives in some training events such as fire safety training. We could see evidence that people were asked if they wished to do this and how this was then carried out. Residents and relatives were issued with a copy of the fire procedures and have been invited to take part in fire drills.

We could see that residents were asked for ideas and suggestions about what activities or outings they wished to take part in. We saw records that evidenced individuals preferences for activities. The service has a photograph album that showed residents participating in these activities.

The service helps people who have communication difficulties. We saw use of the Choices tool. This was in the form of talking mats in residents files which showed evidence of residents making choices. We were told by the service that they can provide information such as the Service User Guide on audio tape for people with visual impairment.

We found that residents are helped to access independent advocacy services.

Other examples of participation we found were as follows:

Residents met with the maintenance person to discuss how they would like their rooms to be decorated. We saw some personalised rooms with murals and pictures chosen by residents and their families.

Relatives were involved in volunteering in the service. For example, some relatives helped with the gardens and some are volunteer drivers for mini-bus outings. The service carried out checks of people volunteering in the service.

Residents were asked about food in the service and made the decision to have cooked breakfast, soup and sandwiches at lunch-time and their main meal in the

evening which was a hot, cooked meal. Residents and relatives we spoke to told us this has improved how they enjoy their meals.

At the relatives meeting we attended the management team encouraged people to be involved and thanked staff and relatives for the hard work they have done to help improve the service.

Areas for improvement

The service has recently developed a participation document which was taken to the residents committee meeting for approval. This document sets out the aims of participation, what it means and what areas people can be involved in. This document should be developed to include ways that residents and relatives can participate and details of what help will be available for residents who need help to be involved. The document should also give details of participation training that staff will undertake.

Although we could see that actions from resident and relative meetings were generally followed up and actioned this was not easily identified. As an area for improvement the service should develop action plans from meetings this will mean that progress can more easily be tracked and outcomes measured.

The service should build on work already taking place to ensure that residents who do not wish to take part in meetings or who have difficulty with communication have opportunities and help to participate in all aspects of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

From the evidence we sampled during the inspection and from our observation of practice we have graded this quality statement as adequate.

We saw that the service has a range of healthcare audits in place which help to identify residents who need help with nutrition, maintaining healthy skin, medication, keeping safe and preventing or treating infection.

The home has good links with primary and secondary healthcare services including GPs, the falls team and speech and language therapists. We saw an example of residents who had been referred due to incidents of choking when eating. Advice was followed and the care the resident required was recorded in their care file.

In their self assessment the service told us about ways in which they help residents who require end of life care. Staff are trained in the Liverpool Care pathway and they have access to palliative care link nurses. As a consequence of this residents who are in the final days and hours of their lives are given care and support according to best practice guidance.

We saw evidence in care files of assessments being carried out for residents who needed help with managing pain, mobilising, keeping their skin healthy, nutrition, continence and oral health. We saw care plans which gave staff guidance on how the residents needs were to be met.

Personal plans included residents personal preferences and there were regular recordings to show when care was given. For example, a residents care file showed that their personal preference was to have a bath twice a week and the recordings showed that the resident was helped to have a bath as they wished.

In some residents files there were certificates for medical treatment under the Adults with Incapacity Act (Section 47). Some of these certificates showed consultation with relatives and some had detailed treatment plans in place.

We found that there was a wide range of activities organised by the service which residents could choose to be involved in. These included outings to other care homes, local parks and places of interest, social events such as barbeque's, board games, physical exercise, quizzes and group and one-to-one discussions. The activity co-ordinator told us about the ways that residents are involved in choosing activities and showed us records that are retained by the service to show residents participation in activity.

We spoke with the cook and observed documentation about how residents are helped to eat and drink. We saw that menus were devised using a nutritional tool and a range of fresh fruit and vegetables were available. We saw smoothie drinks being prepared to help provide residents with a good nutritious diet. We saw systems in place to ensure food safety and hygiene such as temperature recording sheets and kitchen cleaning schedules.

From residents care files we saw that nutritional assessments were carried out and reviewed on a monthly basis. As a consequence of this residents who were not getting enough to eat were identified promptly and helped with their nutritional intake.

Areas for improvement

On the first day of inspection saw that some residents who required help with mobility were not consistently provided with this help in the appropriate way. For example, we saw residents being helped to move from chair to chair by staff who were not employing correct moving and handling techniques. This could lead to residents and/or staff sustaining injury. Some of this practice did not demonstrate care that respects for the individual. We saw from care plans sampled that residents mobility needs were either not assessed or recorded to reflect the actual needs of the resident. We saw that where care plans were in place for mobility at times these were not followed by staff. We brought this to the immediate attention of the management team who told us that this was not common practice in the service. The management team spoke with staff and carried out refresher training for moving and handling. See requirement 1.

We found that the service had made some improvements in how it took action after a resident sustained a fall. The service has systems in place whereby the manager has an overview of all accidents and individual analysis is carried out to manage or reduce risks. For example, we saw from a residents file that referral had been made to the falls team and measures had been taken to reduce injury such as a low bed and crash mat. However, we found that ways of preventing falls in the service had not fully been implemented in a holistic way. We saw that although, actions were taken when residents fell many were still sustaining injury including head injury from falls. The management team told us that a nominated member of staff has received training in falls prevention and they plan to develop a falls prevention programme. Management assured us that they would review as a priority the risk assessment and care plan for residents we had brought to their attention. See requirement 2.

Whilst observing practice in Lyndsey unit which is the designated unit for residents who have dementia we observed restraint being used. The restrictions we saw in place are as follows: The doors to the unit are operated by a keypad system, the door leading to the gardens was locked, reflective coverings are on the doors which the manager told us was to prevent residents from trying to leave the unit. We observed some residents being repeatedly told by staff to "sit down". Whilst it is important

that staff help to keep residents safe and protected from harm it is also crucial that residents are not unnecessarily restricted.

The care home benefits from enclosed gardens which can be accessed from the units. During the inspection we found that doors in the units that should give residents access to the gardens were locked. We brought this to the attention of staff early in the day but when looking again later in the day to find out if anyone had used the gardens we found the door locked. The service should ensure that residents have access to the outdoor area with support provided to do so if required. The service should refer to the Mental Welfare Commission document "Rights, Risks and limits to freedom" and review the use of restraint in Lyndsey unit. We would expect to see that residents are supported to move around easily in the house and its grounds.

Recommendation 1.

We also saw residents with dementia who were showing signs of stress and distress and staff told us that some residents in this unit are unsettled by loud noise and being in close proximity of other residents. When asked if there were any residents that suffered from high levels of stress and anxiety staff indicated that there were two residents where there was a need for additional support and observation. From care records that we examined and from direct observation we could see that an increase in incidents of stress and anxiety had led to incidents of residents behaving in a way that caused others to feel frightened or at risk of harm. It is important for staff to understand the causes, triggers, and ways of responding to stress and distress in a person with dementia, as dealing with this poorly can cause further emotional distress for the person. Recommendation 2.

We observed meal-times in the service. In one unit we saw that residents were not provided with anything to eat or drink until 9.20am although a number of residents were up and dressed from 8am. We saw that residents were offered choice from a range of cereals and porridge, fruit juice and a full cooked breakfast. Staff took time to give and show residents choices that were available and allow them to make decisions. We saw that a number of staff became involved in serving breakfast and although residents appeared to enjoy the food the dining experience could be improved upon if there was a rolling programme for breakfast and there were less distractions. The management team told us that residents should be helped to have something for breakfast from when they waken and should not have to wait until after 9am. See recommendation 3.

We saw that residents had files in their rooms titled Autobiography. These appeared to be a form of life story work. We looked at some of these whilst in the service and found that although they provided some information about the individual resident they were limited. The service could develop these life story books and use photographs and other media to support residents to communicate what is important to them and what their preferences are for care and support. This is recognised as being a positive way of engaging with people and really getting to know them.

We looked at medication records held by the service. We saw that care plans referred to medication but there was no specific assessment or care plan for medication. We were told by the service that they will be putting a new medication system in place which will potentially give more positive outcomes for residents. The system uses technology which can reduce the risk of medication error. The service should update their medication records to reflect assessment for self-administration and preferences of the individual resident.

The service is planning to introduce new paperwork for care files. They should

progress with this work and ensure that care files contain details of the residents needs and preferences and how these will be met.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 3

Requirements

1. The provider must ensure that all residents have their individual needs assessed in relation to mobility. There should be clear protocols in place detailing how care and support will be provided to enable people to be as mobile as possible whilst being protected from harm. These protocols should give clear guidance on how residents should be helped to safely mobilise and transfer. Management must monitor these areas through assessment of staff competency, direct observation of practice and individual and group supervision to show that staff are following best practice in supporting residents with mobilising.

This is to comply with SSI 2011/10 Regulation 4 (1)(a) Welfare of users. A provider must make proper provision for the health, welfare and safety of service users.

Timescale: within 1 week from receipt of this report.

2. The provider must improve how it manages the risk and prevention of falls to individuals. In order to demonstrate this:
Care plans for residents who are at risk of falls should be reviewed and updated to provide guidance on prevention of falls and ways to reduce the severity of injury. Staff must follow guidance recorded in care plans about how to maintain a persons safety who is at risk of falls.
These areas must be monitored through individual and group supervision processes to show that staff are effective in the prevention and management of falls in line with guidance. Managing Falls and fractures in care homes for older people - a good practice self-assessment resource (2011).

This is to comply with SSI 2011/10 Regulation 4(1)(a) and Regulation 5(2)Personal plans. A requirement is made to make proper provision for the health, welfare and safety of service users and to set this out in a written plan.

Timescale: within 1 month of receipt of this report.

Recommendations

1. It is recommended that the service should review the use of restraint for residents in Lyndsey unit using guidance from the Mental Welfare Commission document Rights, Risks and limits to freedom. We would expect residents are supported to move around easily in the house and have access to the outdoor area. The systems should ensure that staff help to keep residents safe and protected from harm whilst ensuring residents are not unnecessarily restricted.

National Care Standards 9 Care Homes for Older People - Feeling Safe and Secure 8 You are confident that staff will use restraint only when it is necessary and after other forms of intervention have been thoroughly tried and found to be unsuccessful, or where there is a particular legal requirement.

2. It is recommended that the management team should ensure that the systems they have in place include identification of triggers, preventative measures and protocols to manage and support residents with dementia who are showing signs of stress and distress. These systems should also consider how other residents who feel frightened or at risk of harm will be helped and protected. Details of how individual residents will be helped should be recorded within their care files and all staff working with these residents should know about and use the agreed protocols.

National Care Standards 6 Care Homes for Older People - Supporting Arrangements 1 Your personal plan will include your individual health needs and how these should be met.

National Care Standards 9 Care Homes for Older People - Feeling Safe and Secure 7 You are confident that you are living in an environment that is free from bullying, harassment, discrimination and any other form of abuse.

3. It is recommended that the management team monitors systems that are in place to help residents to eat and drink. This should include monitoring of the rolling programme for breakfast to ensure that residents are helped to have a drink or breakfast on wakening if they choose to do so. The systems currently in place for residents who are unable to say if they are getting enough to eat and drink should demonstrate food and fluid intake and when this is being taken.

National Care Standards 13 Care Homes for Older People - Eating well 5 You can have snacks and hot and cold drinks whenever you like.

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

Please refer to Quality Theme 1, Statement 1 for areas of strengths which were also relevant to this statement.

The service has carried out a survey and asked respondents to rate quality of the environment. We saw that most people graded the environment as good or very good and suggested improvements particularly for the gardens. We saw that actions had been carried out in response to this survey.

We spoke with the manager and activity co-ordinator who showed us a consultation exercise they had carried out with residents and relatives about garden furniture. Residents and relatives were shown photographs and a written description of garden furniture and the service has placed an order for the furniture chosen by the majority of people consulted. This is a good example of people being involved in making improvements to the environment.

Areas for improvement

Please refer to Quality Theme 1, Statement 1 for areas of improvement which were also relevant to this statement.

The service has a four year planned refurbishment programme in place. We could see evidence that residents have been given choices about decor and furnishings of their rooms and communal areas. The service should continue to develop ways in which residents and relatives participate in assessing and improving the quality of the environment within the home.

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

During the inspection we were warmly welcomed into the home, asked for identification and asked to sign in the register. The home has a controlled entry system at the front door. This system ensures that the identity of visitors to the service is confirmed and that people are accounted for in the event of an emergency.

Some residents invited us to view their bedrooms. Rooms that we viewed were decorated and furnished according to the individual residents choice and some had murals depicting images of interests and hobbies. Residents told us that they had brought furniture and smaller items from home to personalise their rooms.

We saw evidence of redecoration and refurbishment with a number of rooms having been repainted. The home has also benefited from new flooring in some areas. We saw that there is ongoing plans in place for continued improvements to the environment. These improvements may help to enhance the quality of life for residents by providing a pleasant place to live.

The design of the units allows for good visual access which can help residents to orientate to their environment. There is open plan lounge/ dining areas in most of the units which could help some residents with orientation to their surroundings. There is also smaller sitting areas for residents who prefer to spend time in a quieter environment.

We saw a range of systems in place that help to keep the environment safe and residents protected. We found environmental audits, maintenance programmes, cleaning schedules, Health and safety walkrounds and equipment checks. For example, we saw a sling in use that is used to help residents to move around. We saw that this sling had regular checks to make sure that it was safe for use.

We examined systems that are used to help residents to manage their money. We saw residents have a locked space in their bedrooms, we saw that any transactions that the service is involved in are recorded and that the manager oversees finance records on a regular basis. These systems can help to safeguard residents finances if they are unable to do this for themselves.

As referred to in Quality statement 1.3 there are a range of risk assessments in place for residents which help to identify risks and we saw that risk management plans are put in place to help ensure that residents are protected.

We found that staff had received training in health and safety, fire safety, infection control, moving and handling and adult support and protection. Staff we spoke to confirmed they had taken part in training to help keep the environment safe and

residents protected and we saw evidence of this in staff files. We also heard from staff who demonstrated knowledge of adult support and protection procedures.

Relatives of people who use the service told us that staff inform them if any accidents or incidents occur and relatives told us that they were happy with how the service responds. They were confident that actions were taken to reduce the risk to residents.

We saw that accidents and incidents occurring in the service are reported and recorded. There is individual analysis and records kept of actions taken to reduce the risk. We saw that the manager has a monthly audit of all accidents and incidents as does senior management through their internal Datix system.

We looked at records of staff recruitment to look at systems to keep residents safe. We could see that checks are carried out and references are taken up prior to appointment. New staff then carry out an induction during a 3 month probationary period. This is to ensure that staff have the skills and training to be able to provide residents with good quality support and care.

Areas for improvement

During our walk around the service we observed that gates in the garden were secured with string. We saw that in some areas these gates were the final exit point in the event of residents having to evacuate from the building. This presented a hazard for residents which we brought to the attention of the management team. Action was taken by the management team to make this safe and we were informed that new locks were fitted that can be broke open in the event of an evacuation. See requirement 1.

The previous inspection of the service had made a requirement of the service about staff handovers when information is shared between each shift. This was to ensure that handover took place in a private space to make sure information shared about residents was kept confidential. Handovers were previously carried out at the nurses station. We heard from the service about consultation with residents and relatives about the nurses stations. Comments received were in favour of retaining the nurses stations as people felt they were a focal point and somewhere to go if residents or relatives wanted to talk to the nurse in charge. The service developed a protocol for handovers to ensure that residents confidential information was not overheard.

We looked at this area during the inspection and although we did not observe a handover we saw residents information being left unattended on the desk and in unlocked cupboards at the nurses stations. Whilst in the units we could overhear staff conversations and telephone calls about individual residents consequently, residents rights to confidentiality were not being maintained. See requirement 2.

During the inspection we noticed a malodorous smell in some areas of Lyndsey unit. As a consequence of this, parts of the environment were not pleasant for residents. We heard from relatives who also found this part of the home to be malodorous at times. The manager told us that work had been undertaken previously to improve cleaning and replace flooring however, the odour continues to be present. See recommendation 1

We observed design features that are in place in Lyndsay unit such as tactile and visually interesting pictures to help stimulate senses and we saw records of a recent audit that had been carried out. We saw that the service has followed up on some of the recommendations from the audit and have purchased items such as prints for wall displays. We are aware that the design of a residential care setting can have a significant influence on the behaviour of people affected by dementia and a well designed facility can aid orientation and reduce the kinds of behaviour that lead to interventions that may restrict the freedom of residents.

At the time of inspection our observations of the environment in Lyndsey unit were as follows:

The corridors were poorly lit and all doors, skirtings and facings had dark primary colours.

There was a lot of visual stimulation and noise levels were high at times which may impact negatively on residents who are agitated or anxious.

The exit doors were lined with reflective silver paper which the management team told us was to discourage residents who were banging on the doors however, during our time in the service we could see that this was not effective.

The layout of the unit is very restrictive for people who may want to walk around. Doors leading to other parts of the home were locked or had an entry system. This led to a feeling of containment in the unit and we saw residents who were walking around the unit become increasingly agitated as the day went on and they had nowhere to go. See recommendation 2.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 2

Requirements

1. The provider must ensure that final exits to be used in the event of an evacuation are appropriate for use and meet with relevant regulations.

This is to comply with SSI 2011/210 4(1)(a) A provider must make proper provision for the health, welfare and safety of service users.

Timescale: immediately.

2. The provider must review current practices and action improvements to ensure that confidential information about residents is only shared with others who have permission to access this. Improvements should be made to staff practice at handovers, telephone conversations and managing paperwork containing residents confidential information. Systems should be in place to record this review, be clear about what the agreed practice is and monitor compliance with the agreed practice.

This is to comply with SSI 2011/210 4(1)(b) A provider must provide services in a manner which respects the privacy and dignity of service users.

Timescale: within 1 week of receipt of this report.

Recommendations

1. It is recommended that the service should review and update the cleaning schedule to ensure that any unpleasant smells are eradicated. This is to ensure that the environment will enhance quality of life for residents and be a pleasant place to live.

National Care Standard 4 Care Homes for Older People - Your Environment (3) - You can expect that the premises are kept clean, hygienic and free from offensive smells and intrusive sounds throughout. There are systems in place to control the spread of infection, in line with relevant regulation and published professional guidance.

2. It is recommended that the service should review the current level of stimulation being provided by the environment in Lyndsey unit prior to making any further changes. Any additional features should be implemented gradually and the impact and affect on residents should be monitored. In particular the service could adapt the environment to help reduce restlessness, anxiety and disorientation and provide residents with walking routes that take people to areas of interest around the home and gardens.

National Care Standards 4 Care Homes for Older People - Your Environment 2 You can expect that the home is run in a way that protects you from any avoidable risk or harm, including physical harm and infection. The nature of its design, facilities and equipment also protect you.

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

Please refer to Quality Theme 1, Statement 1 for areas of strengths which were also relevant to this statement.

Representatives from the residents committee make up part of the interviewing panel when new staff are being recruited. We could see from recruitment records and from speaking to residents that this was a meaningful way of involving residents in assessing and improving the quality of staffing in the service.

The service has a range of training events in place for staff and have involved residents and relatives in some training such as fire safety training. This helps residents and relatives to be involved and to be informed about aspects of the service.

Areas for improvement

Please refer to Quality Theme 1, Statement 1 for areas of improvement which were also relevant to this statement.

The service should continue to provide opportunities for residents and relatives to participate in assessing and improving the quality of staffing.

The service could use feedback from residents and relatives in a range of processes for example staff induction and supervision. This could help to develop the skills and knowledge of the staff team.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We have graded this statement as adequate. We spoke to residents, relatives and staff, viewed paperwork and observed practice.

We could see that generally staff were well-liked by residents and relatives and in particular people valued the friendly approach of staff. Residents we spoke to knew staff by name and could tell us about the help they were given by their keyworker and named nurse.

Staff we spoke to were motivated to provide the best care possible to residents and appeared to know the likes, dislikes and preferences of individuals. An example of this was staff who were involved in working with the residents committee on fundraising ventures to improve the range of activities available to residents.

We spoke to 14 staff whilst in the service and received a number of positive comments as below:

"There's good access to training"

"The management are brilliant. We get good training and it's a very friendly environment"

"It's got a lot better compared to what it used to be like"

During the inspection there was on-site training taking place about care for people with dementia. We could see from the staff files that we looked at that staff had access to a wide range of training and refresher training. Some staff in the service are trainers in topics including dementia and moving and handling. This can help with the quality of staffing as training can happen more regularly and on-site.

The service has recently allocated a training room at the front of the building and is due to launch a new staff learning and development programme later this year. The management team told us that this programme will provide learning opportunities that are tailored to the roles of staff and will include systems for on-line learning. The management team told us that nearly all staff have individual plans in place for training and development.

We looked at files for four members of staff and could see records of regular supervision and annual appraisal for staff. There are other forums for regular communication between staff including staff team meetings and a daily Heads of Department meeting. Staff we spoke to also told us that they found the management team supportive and approachable and open to ideas and suggestions for improving the service.

We saw reference to Best Practice Statements and other practice guidance in some of the provider's policies and procedures. Staff we spoke to were aware of best practice guidance, National Care standards and relevant Codes of practice from the Nursing and Midwifery council and Scottish Social Services Council.

We could see that the home has a range of policies and procedures in place covering care and support, the environment, staffing and management and leadership. Staff that we spoke with knew how to access the policies and procedures and we heard from management about how they discuss these with staff at supervision and staff meetings. This helps to ensure that staff use the policies and procedures in order to guide practice.

We could see that the provider had carried out a staff survey earlier in the year but results from this were not available at the time of inspection.

Areas for improvement

During the inspection we looked at the numbers and skill mix of staff who were on duty. We looked at staff rotas and spoke to staff and management. From examination of this information we found that the minimum staffing schedule for full occupancy of the service was not being met in relation to numbers of staff but was being met in relation to care hours. It should be noted that the home was not at full occupancy.

We spoke to the management team about the need to ensure staffing is based on the needs of residents as we had received notifications to say that on two shifts in the last year they had operated under their assessed level of staffing. There was evidence in the rotas that at times due to annual leave or sickness staff had been allocated to work in other units rather than the one they regularly worked in. We could also see that there was a small number of bank staff who helped to cover shifts when needed. The management team told us about a new initiative from the provider to help prevent staff shortages.

The service carries out four weekly assessment of residents dependency levels and uses this information to plan staffing according to residents needs. We looked at these assessments and how the information was used and we observed practice and spoke to staff. We found that the system used was working well in Bruce and McQueen unit and the assessments appeared to reflect the needs of those residents residing there however, we found that the assessment tool being used did not reflect the needs of residents in Lyndsey unit. See requirement 1.

As mentioned in Statement 1.3 during the inspection we saw examples of practice that could result in poor outcomes for residents. These were inappropriate techniques used by staff to help residents move around and poor practice in response to residents with dementia who were showing signs of anxiety and distress. We

brought this information to the attention of the management team who took immediate action to address this. We discussed this with management who reassured us that these practices did not meet with the standard of care they would normally find happening in the home. The management team told us that they would examine the content of staff training to ensure it reflects best practice in the practice areas we have concerns about. See requirement 2.

We viewed staff files and found evidence of new supervision paperwork being used. We saw that management use both individual agendas for staff supervision and generic agendas for information that is required for all staff. The new paperwork identifies tasks or training for staff that should be carried out before the next supervision. Supervisory staff should continue to improve supervision recordings to show clear measure and evaluation of staff performance.

We saw evidence of a training programme in place for staff at the service. These documents were being used to help improve the quality of training for staff. These included a training matrix, plans and statistics of what percentage of staff had each training opportunity. We did not see a training needs analysis in place however the management team told us that the provider has a learning and development department who are currently working on this.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider is required to ensure that staffing levels and skill mix reflect their assessment of service user's dependency levels and need for care, stimulation, support and protection. This is to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

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

Timescale: Immediately upon receipt of this report

2. The provider must ensure that all care staff have the required training and competencies to carry out their roles and responsibilities in a manner that provides positive outcomes for residents and in accordance with best practice guidance for the following areas:

Help for residents who require assistance with mobility

Meeting the needs of the person with dementia who is distressed

In order to demonstrate this the provider should maintain records of staff training, competency assessment and monitoring of staff applying the agreed practices.

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

Timescale: within 1 week of receipt of this report.

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

Please refer to Quality Theme 1, Statement 1 for areas of strengths which were also relevant to this statement.

The management team work closely with residents and relatives to seek their views and opinions about the management and leadership of the service in a range of ways which include day to day discussion, meetings and the resident committee.

The management team involved residents and relatives in their self assessment by using questionnaires which asked people for their opinions and comments using the four Quality themes.

We could see from information produced by the service such as the newsletter, noticeboards and minutes of meetings that the management team kept residents and relatives informed on a regular basis about all aspects of the service. Relatives that we spoke to found the relative meetings very useful and appreciated getting a copy of the minutes posted out to them if they were not able to attend.

We received a lot of positive comments from residents and relatives about the management team. People we spoke to told us that they found the management team to be very approachable, hard-working and keen to resolve any issues that arise.

Areas for improvement

Please refer to Quality Theme 1, Statement 1 for areas of improvement which were also relevant to this statement.

The service has a service development plan in place however, this service development plan is brief and identifies the only area for development as: "Evidence of participation by both internal and external stakeholders which will enhance all Quality Themes".

The management team could work with residents, relatives, staff and other stakeholders to review and extend this development plan to ensure that it details all aspects of how the service plans to improve.

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

We have graded this statement as adequate.

We looked at the Quality assurance processes and systems in place which included:

Questionnaires and feedback from residents and relatives

Training statistics

The range of healthcare needs audits in place which provide identification of residents who may need more help or support

Records of complaints

The best practice audit which was carried out in May 2012. This covered nutrition, falls prevention and management, dementia, continence, palliative care, diabetes and pressure ulcer prevention.

Records of the managers daily walkround

The internal audit

Key performance indicators of the service

Care file audits of which 12 are carried out each month.

We heard from the management team that they have implemented the Cornerstone system which helps with file management as part of the Quality assurance process.

The systems in place can help to provide the management team with an overview of how the care home is operating.

Areas for improvement

We could see that regular audits of residents care plans were being carried out however, we found that some actions from care plan audits had not been followed up. This could lead to inconsistencies in the quality of the information in residents care files and potentially could lead to residents needs not being fully known or met. For example, we saw in some residents files that assessments and care plans did not reflect accurately their risks or needs and whilst this had been identified by the audit no changes had been made.

We also found that some recordings relating to care given or residents participation in activities were not accurately carried out. For example, the records suggested that a resident who preferred to have a regular bath did not have a bath for three weeks and another resident who would benefit from outings did not participate in any for a number of weeks. We found other evidence that showed neither of these situations to be the case. We would expect that the service has reliable monitoring systems that should have identified the examples given. See recommendation 1.

As reported on earlier in this document during our time in the service we observed some examples of practice that could lead to poor outcomes for residents. We would expect the management team to have systems and processes in place to know about what is happening in the service in order for them to address this and to make improvements. The content of staff training programmes and systems for monitoring staff compliance with best practice and what is recorded in the care plans could be improved to ensure that residents receive the best care possible at all times.

Through discussion with the management team we identified some areas that would benefit from development of the leadership roles. The management told us about ways in which they plan to ensure that all units in the home are working to standards that result in positive outcomes for residents. The management team should continue with this development and put systems in place to monitor improvements. This should include getting the views and opinions of people using the service.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the management team review how audits of residents care files are carried out to ensure areas of concern are identified and improvement actions are followed through.

National Care Standards 5 Care Homes for Older People - Management and Staffing Arrangements 4 You are confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.

4 Other information

Complaints

There has been one complaint about the service since the last inspection of which two aspects were upheld.

You can find information about complaints that have been upheld or partially upheld on our website www.careinspectorate.com.

These complaints may have affected the services grades.

Enforcements

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

Additional Information

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
25 Mar 2012	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and Leadership 3 - Adequate

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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ی ر خ ا ت ا غ ل ب و ت ا ق ی س ن ت ب ب ل ط ل ا د ن ع ر ف ا و ت م ر و ش ن م ل ا ا ذ ه

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