

## Care service inspection report

# Abbey Court Care Home

## Care Home Service Adults

Blackhall Street

Paisley

PA1 1TN

Telephone: 0141 887 7747

Inspected by: Jacquelynne Calder

John Browne

Type of inspection: Unannounced

Inspection completed on: 18 April 2013



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## Service provided by:

Four Seasons (Bamford) Limited

## Service provider number:

SP2012011921

## Care service number:

CS2012311162

## 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	3	Adequate
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

We found that residents were asked for their views regularly and this influenced activities and other developments within the home. We received positive feedback from residents and relatives we spoke with. The service had improved the care plans to more accurately reflect the care and support needs of residents.

### What the service could do better

We found that the service needed to improve the practice of medication recording and administration. All staff, not just the Activities Co-ordinator, should be more fully involved in promoting participation and consultation with resident and relatives. The Management Team need to actively pursue the plans for improving the environment.

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

This is the first inspection of the service since it was registered as having a new Provider in December 2012.

### Conclusion

Residents at Abbey Court told us they felt safe and well cared for. There were areas of good practice identified and also areas for development and these will be expanded on throughout the report.

**Who did this inspection**

Jacquelynne Calder

John Browne

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service registered with the Care Inspectorate on 12th December 2012 as there was a change of Provider. 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 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.

Abbey Court is managed by Four Seasons (Bamford) Limited and is registered to provide a care home service (with nursing) to a maximum of 58 older people. The service operates from a large 2 storey building near the town centre amenities of Paisley. The care home is on 3 levels however the top floor has not been in use for some time. Residents can access a secure garden and there are dining areas and lounge areas on each floor. There is also a hairdressing salon.

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 3 - Adequate**

**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](http://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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report following an unannounced inspection that took place on Wednesday 17 April 2013 between 9am and 5.15pm. It continued the following day, Thursday 18 April between 9am and 5.15pm. The inspection was carried out by Care Inspectorate Inspectors Jackie Calder and John Browne (day 2). Feedback was given to the Acting Manager and Regional Manager on 18 April 2013. There were 47 residents using the service during our visit.

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

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

- \*evidence from the service's most recent self assessment
- \*participation information including meeting minutes, newsletters, questionnaires and surveys
- \*the participation strategy
- \*residents' personal plans including needs assessments, care plans, evaluations and other supporting records
- \*six monthly care reviews
- \*residents' risk assessments and health care records
- \*medication records
- \*menus
- \*activities records
- \*quality assurance records and audits
- \*staffing rotas
- \*staff training and supervision records
- \*staff meeting minutes
- \*health and safety records
- \*repair and maintenance records
- \*accident and incident records
- \*complaint records
- \*the registration certificate

\*staffing schedule

\*the insurance certificate

We spent time observing how staff supported residents and we also walked around the home to assess the quality of the environment and to check equipment.

We spoke with -

- nine residents
- six sets of visiting relatives
- eleven staff including carers, nurses, housekeeping staff, the activities coordinator and the cook.

We also spoke with the Acting Manager and the Regional Manager. We also spoke with a visiting C.P.N.

We sent 15 care standard questionnaires to the acting manager to distribute to residents. Four residents sent us completed questionnaires.

### **Grading the service against quality themes and statements**

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)



## **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:** No

## **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 provider. we were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under. we had a further discussion about how the self assessment could be further developed to evidence the outcomes for residents.

## **Taking the views of people using the care service into account**

For this inspection we received views from nine residents out of the 47 residents living in the home. We mainly spoke with people on an individual basis or in a small group. Four people gave their views via the care standards questionnaires.

All of the residents we spoke with told us that they were happy with the care home and the staff. Comments received were:-

'It's really nice here. I am happy and comfortable.'

'The food could be a wee bit better but I know they are looking at that.'

'The staff are great, always willing to help.'

'The manager is a nice person, you see her around the home all the time.'

'I like my room. I chose the bits and pieces, it is comfortable for me.'

'The staff are very nice and they are good to me.'

'I like the activities and the company. I enjoy a wee blether and the entertainment.'

'The activities girl works hard. She tries to give you her time, I like her.'

'The place could do with a lick of paint but it is warm and homely.'

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

We were able to speak with 6 sets of visiting relatives or friends. The comments received were as follows:-

'We feel very happy and reassured that our mum is here. We have no issues or complaints. Feel mum is well cared for and we would speak with staff if we had any concerns.'

'The home has been very good for our loved one. They have helped her physically. we have no concerns at all about the staff, the food or the home itself.'

'The give excellent care here. I enjoy visiting and I am made to feel welcome.'

'They take really good care of my mum. We are delighted with everything. The girls are great.'

'The manager is lovely, you can talk to her.'

'We are really happy with the care here. The staff are very kind and we know that they care for our loved one.'

'The place could be a bit smarter but the care is what's important.'

From the questionnaires received we know that all 4 respondents were either 'happy' or 'very happy' overall with the care and support provided.

## 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 found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records and observed staff supporting and caring for residents.

We found that there were good levels of satisfaction with the quality of care and support and levels of involvement within the home. The residents and relatives we spoke with told us that they had been involved in discussions about the care and support to be provided including any plans, changes or decisions that affected them.

Residents and relatives said that they were able to speak to staff whenever they wanted and were satisfied that any comments or concerns had been listened to and responded to properly.

The following choices were available for residents and their relatives to become involved in assessing and improving the quality of the service, including the care and support:

Involvement when writing personal plans, an 'open door' policy that let residents and relatives meet easily with the manager, care review meetings where residents and relatives could give their views, consultation meetings where residents and relatives could put forward ideas and suggestions as to how the service could improve and questionnaires and surveys that could be completed by all stakeholders. All of these were evidence that the home engaged to a good level with residents and relatives to ensure their views were being heard.

We also saw photographs and other displays which showed the activities that

residents had participated in and how they had enjoyed it.

We sampled personal plans to look at the level of consultation with residents and relatives. The plans we looked at included a good level of information about residents' needs, choices and individual preferences. This supported an approach that informed and supported staff to provide care and support to residents' in line with their wishes. We also saw that review meetings were taking place regularly so that the care and support of residents was being discussed and updated as required.

We saw that the service were good at helping residents enjoy specific dates and events such as Burns Night, Chinese New Year and Birthdays. These events were discussed with residents so they could make suggestions and feel as involved as they wished in the events.

Meetings had been held with some of the residents. These were supported by the acting manager and the activities worker. The residents we spoke with said that the ideas they put forward had been taken seriously and all felt that the meetings were worthwhile. They had put forward ideas for trips out and new activities.

We were told that the acting manager had an 'open door' policy and this meant that residents and relatives could speak with her when they wanted to. Relatives told us that they appreciated this approach as it meant they could discuss an issue quickly without waiting for a formal meeting.

### **Areas for improvement**

There were areas of this Statement that needed to improve and the Acting Manager and Regional Manager were in full agreement. All staff needed to engage in the ethos of active participation and consultation with residents and relatives. There was some good evidence of residents being involved in decisions but this could improve with the support and enthusiasm of staff. Care staff, in particular, need to feel empowered to spend good quality time with residents and relatives to assist them to enjoy their day more - this should not just be the responsibility of the activities worker. Residents would benefit from this enhanced interaction. (See Recommendation 1)

The service told us that they were actively looking at advocacy services to support those residents who did not have a relative or friend to support them in their day to day decisions.

The service should look at how new areas of practice, such as ideas of working with residents with dementia, are shared with all the staff. An example would be how the good ideas developed on the middle floor with the tactile displays are discussed, explained and shared with all relevant staff members, so they all understand the purpose of the initiative and can use this knowledge to enhance their care and support of residents.

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**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

## Recommendations

1. All staff needed to engage in the ethos of active participation and consultation with residents and relatives. Care staff, in particular, need to feel empowered to spend good quality time with residents and relatives to assist them to enjoy their day more - this should not just be the responsibility of the activities worker. National Care Standards for Care Home for Older People Standard 5 Management and Staffing, Standard 11 Expressing your views.

## Statement 3

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

### Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records and observed staff supporting and caring for residents.

Residents spoken with commented positively about the care and support provided by Abbey Court. They told us they felt safe, secure and well cared for. Relatives also shared these views.

The management and staff team demonstrated a good level of knowledge of the care and support needs of residents. The practice observed during the days of inspection was professional and responsive and residents were smiling and responding back to staff. Staff had a good knowledge of the local community health care supports and there was good evidence of the visits made by health care professionals and that their advice regarding care had been followed. Residents told us that they had no concerns about their health needs and the response from staff. We met briefly with a visiting C.P.N who told us that he was happy with care and support being provided to his patient. He felt that staff were knowledgeable and followed his advice to the benefit of the resident.

The support plans we looked at had been developed in consultation with residents and their relative or carer and they reflected choices and preferences. We saw progress with the care plans and there was specific information about relevant health care needs and how the individual was supported with that need. The support plans included risk assessments and dependency scales. These included assessments for the residents who were most at risk from falls, weight loss and pressure ulcer development.

There was a range of activities and events for people to take part in, these included

one to one and group activities and outings to local amenities, such as the bank. The service used the choices and preferences expressed by residents to plan activities and events. During our visit we saw residents enjoying music, newspaper reading, hairdressing appointments and arts and crafts. The home was also involved in recycling clothing for charity.

The home had introduced some new initiatives for working with people with dementia. The walls of the upstairs unit had been decorated with tactile objects such as hats, football books, pictures and gardening implements for residents to touch and enjoy. The home had also introduced doll therapy for a couple of residents. We saw two residents enjoying talking to and cuddling their doll. These initiatives were still quite new so the long term positive impact had still to be evaluated. However we were told that there had been a decrease in the number of incidents of behaviour that challenges and we did see residents enjoying the wall displays. We will look at this again at the next inspection.

We looked at the management of medication within the home. Staff spoken with regarding medication management had a good level of understanding of the systems in place to order, store and administer medication.

We observed the meal times for residents during our inspection. We saw residents being supported appropriately with their meals and the meals being enjoyed. Specific diets were catered for and the dining experienced was relaxed and pleasant. We were told that the menus were being reviewed, in consultation with residents, to make sure that they reflected their tastes and preferences. Residents told us that the meals were 'fine' and there was 'plenty of it.'

### **Areas for improvement**

There were several areas for development which will be reported on here. We reflected on all the feedback we received from residents and relatives and the ongoing progress being made by the service and concluded that even with the following areas, the Quality Statement would be graded as good.

We sampled the Medication Administration Records (MAR) sheets. We found gaps in the recording sheets and staff had signed to state that they had checked the records. We found some discrepancies with the timings of dosages of some medication being given and we questioned the use of a couple of medications as to whether they were 'as required' or given daily - as the records were not clear. We brought our findings to the immediate attention of the Acting Manager and the Regional Manager who took immediate action by initiating an enquiry into the practice we found. We were given assurances that practice would improve immediately and a thorough review of medication administration and recording would take place. Medication practice must be safe and follow best practice guidance to ensure that residents are being given their medication at the correct time and in the correct manner. (See Requirement 1)

We sampled care plans during this inspection. Whilst we acknowledged that progress was made there were still areas for development:-

1. Some staff were using the evaluation sheets as daily logs. Other staff were not recording care needs given on a daily basis but were using the sheets to summarise monthly. This needed to be clarified as staff usage of the evaluation sheets was inconsistent.
2. The care plans did not reflect the person centred practice we observed on the floor. They did state the assessed health needs of residents and some of their choices and preferences but the main tone of the plans was clinical and did not reflect the holistic needs of each resident.  
(See Recommendation 1)

We were made aware of 'interim arrangements' for some residents during this inspection. This arrangement is one where a resident has been placed in a care home for an 'interim' period to perhaps support them home from hospital prior to a move back home or to care for them until a placement in their preferred care home becomes available. This is different from planned short periods of respite which this care does provide on occasion. We asked for clarification of this process as we determined that this practice might not be in the best interests of all residents and may need to be discussed further with regards to the Registration Conditions of care homes. It was important to determine whether 'interim placements' could unsettle residents waiting to move on. It was also important to clarify whether these types of arrangements would mean a steady flow of temporary residents coming through some other residents' permanent home. (See Recommendation 2)

We were made aware of an issue with clothing for some residents. Staff were concerned that not all residents had enough suitable clothing. We asked the service to ensure that every resident had adequate clothing and if they did not, what action the home would take to ensure that each resident had enough warm and comfortable clothing. (See Recommendation 3)

We spoke with staff during this inspection. A frustration they had is the lack of time for developing their 'keyworking role'. By this we meant not just being task orientated for their designated resident(s) such as putting away laundry, but having the opportunity to spend quality time with residents developing their interests, hobbies and promoting their independence as much as possible within a care home setting. We asked the management team to consider how this could be developed and this will be looked at during the next inspection.

As stated in Quality Statement 1.1, all staff should have the responsibility for supporting meaningful activity for residents. Within Abbey Court, the task of facilitating activities lay primarily with the activities worker. We asked the management team to review this and consider how more staff could be involved in meaningful activities to benefit the residents.

We were told that the menus were in the process of being reviewed in consultation with residents. Meal choices and types of meals at which time of the day were being 'tried'. We will look at the provision of meals at the next inspection.

We found that the service was making good efforts to introduce best practice ideas when working with people with dementia. Staff knowledge was inconsistent and therefore the understanding of what was trying to be achieved was variable. We asked the management team to ensure that any new initiatives or ideas were fully discussed with staff so that the residents would benefit more from an informed and knowledgeable staff group.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 3

### Requirements

1. Following our findings and concerns regarding the recording and administration of medication, we were clear with the service that practice had to improve immediately and a thorough review of medication administration and recording must take place. Medication practice must be safe and follow best practice guidance.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), regulation 4(1)(a) Welfare of Users.

Timescale - immediately.

### Recommendations

1. Clarity was required on the use of the evaluation sheets being used by staff within the care plans. Some staff were using the evaluation sheets as daily logs. Other staff were not recording care needs given on a daily basis but were using the sheets to summarise monthly. The care plans did not reflect the person centred practice we observed on the floor. The care plans should be reviewed to ensure that reflect the holistic needs of each resident.  
National Care Standards for Care Homes for Older People, Standard 6 Support Arrangements.
2. We were made aware of 'interim arrangements' for some residents during this inspection. We asked for clarification of this process as we determined that this practice might not be in the best interests of all residents. The service should clarify what the protocol is with these arrangements and submit their findings to the Care Inspectorate for consideration.



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

3. We asked the service to ensure that every resident had adequate clothing and if they did not, what action the home would take to ensure that each resident had enough warm and comfortable clothing.

National Care Standards for Care Homes for Older People, Standard 17 Daily Life.

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

### Statement 1

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

#### Service strengths

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to statements 2.1; 3.1 and 4.1.

We were told by residents and relatives that they could tell staff what they would like to see in the care home and had been asked for their opinions on decoration and soft furnishings.

#### Areas for improvement

See Quality Statement 1.1

**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

We found this service had performed to an adequate standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; inspected equipment and the environment and looked at the relevant records.

The residents and relatives we spoke to were happy with the quality of the home environment. They used words like 'homely, warm and comfortable' to describe the home. We found that efforts were being made by staff to recognise the importance of the environment on the well-being of residents.

We spoke with staff who were clear about their responsibility to keep residents safe. They recognised their duty of care towards residents and told us they would have no hesitation in raising a concern if they felt a resident was at risk. The staffing levels

were maintained to a satisfactory level to respond to the care and support needs of residents.

The staff we spoke with knew what their responsibilities were in relation to the maintenance of a safe environment for residents. Staff had recently undertaken training in Moving and Assisting, Food Hygiene, Infection Control and Safeguarding Vulnerable Adults. The training plan we saw showed us that at 17/4/2013 - all training topics had a least 78% of staff who had completed the training. This level of training ensured that staff skills were kept up to date to keep residents safe and well.

We saw that there were arrangements in place to address day to day repairs and any issues that came up outwith normal working hours. Staff told us that any issues they identified would be attended to as soon as possible. This promoted a safe environment for residents.

We found that there was a planned approach to the servicing, maintenance and repair of equipment and the overall environment. This included areas like electrical safety, lifting equipment, gas safety, the nurse call system and so on. We looked at the records of the checks carried out and saw that these had been managed properly. There was also a range of regular safety checks including hot water temperatures, wheelchairs and window restrictors. This preventative programme helped to maintain safety and protect residents from avoidable harm.

When we walked round the home we saw that the environment was free of hazards and obstacles that could make walking around the home difficult. Corridors were wide and handrails were in place. Lighting and signage were also good. This all helped to reduce the risk of accidents and falls for residents.

There were arrangements in place to keep the home secure and safe from intruders. The front door had a controlled entry and visitors were asked to sign the visitors book. All other doors had alarms in place and this also protected residents who could be placed at risk if they left the home on their own without the proper support.

The garden was accessible from the ground floor but fully enclosed so that residents could enjoy the outdoor environment safely.

Some parts of the home had been refurbished since our last visit. New carpets had been laid in some areas and some of the bedrooms had been 'done up', reflecting the tastes and preferences of the residents.

Information about residents had been stored properly to maintain privacy and confidentiality.

Staff had recorded accidents and incidents. These records had been checked by the

management team to make sure all the necessary actions had been carried out and any risks minimised for residents, where possible.

There was up to date insurance in place and the certificate was on show where people could see it.

### **Areas for improvement**

The management team acknowledged with us that the environment would benefit from a coordinated plan of refurbishment to ensure a more pleasant environment for residents. The home was safe but the decoration and the cleanliness need to improve. The Regional Manager was aware of what action needed to be taken and it was agreed that a Refurbishment Plan would be drawn up and sent to the Care Inspectorate for monitoring. There needs to be a good level of improvement evident before the next inspection. (See Recommendation 1)

When we walked around the home, we found that some bathrooms were being used to store equipment. This was rectified immediately however it was then evident that one of the baths was not working. This should be fixed as soon as possible and unused equipment should be stored safely and not in areas that could be used by residents. We also saw that the sluice door on the ground floor did not close properly posing a potential health risk to residents and staff. We were assured that it would be fixed as a matter of urgency.

There had been a visit by the Fire Service and the home had acted on some of the recommendations made following that visit. We asked them to ensure that all areas were addressed in line with the Fire Service guidance. We were told that the Estates Department was looking at this.

When we walked around the home we could see that the cleanliness of some areas and items could be improved to ensure a clean and infection free home for residents. We brought the areas we noticed (cutlery, some lounge areas, dining room floors) to the attention of the management team. They advised that they would ask for a deep clean to be carried out.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The home was safe but the decoration and the cleanliness needed to improve. The Regional Manager was aware of what action needed to be taken and it was agreed that a Refurbishment Plan would be drawn up and sent to the Care

Inspectorate for monitoring. There needs to be a good level of improvement evident before the next inspection for the comfort and well-being of residents. National Care Standards for Care Homes for Older People Standard 4 Your Environment.

## 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

Participation was considered in general terms under Quality Statement 1.1 with the grade from 1.1 being applied to statements 2.1; 3.1 and 4.1.

We were told that residents and relatives can have their say on the quality of staffing in the following ways:-

- through discussions at formal reviews.
- staff who are invited for interview are shown around the home and introduced to residents and informal feedback will be asked for from residents on their first impressions.
- during the induction period, an informal cup of tea in the lounges was encouraged to allow residents to meet and get to know new staff members.

#### Areas for improvement

See Quality Statement 1.1

**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

During this visit we found that the service had performed to a good standard in the areas covered by this statement. We concluded this after we looked at the relevant records and had discussions with residents, relatives and staff.

We spoke with staff and found them to be motivated, caring and knowledgeable about the needs of residents. We were told that morale was 'good' and that they

'loved working here' and 'really enjoyed the job.' They also told us that they received good training opportunities and they felt equipped to do their job. We found that there had been little staff movement which meant a consistent group of staff was available to care for residents.

Residents and relatives we spoke with commented positively about the knowledge and skills of staff. They described the staff as 'caring, 'lovely, and 'very nice,'

We saw that the staff approach to residents was caring, polite and respectful. The staff were seen to offer choice to people and sought individuals' opinions about their care and support. Staff demonstrated a good knowledge of individual preferences and promoted independence where they could.

Staff spoken with during the inspection visit confirmed that they were able to discuss issues with the management team and felt listened to and that any concerns were actioned. Staff commented that they felt well supported in their role by the manager. We observed that staff worked well as a team and offered a good level of support to one another.

Staff had access to information about care and support guidance, training and development. There was a training plan in place which took the needs of the residents into account by including specific support and care needs based training (dementia, conflict resolution) as well as mandatory training( infection control, fire safety). This range of training supports staff to be more confident and competent when caring for residents. Training was primarily delivered using an 'e-learning model.'

There was evidence that a good level of care staff had either completed or were completing the qualifications required in order to register with the Scottish Social Service Council.

### **Areas for improvement**

When we spoke with staff we asked them about the frequency of formal supervision. We found that staff supervision was variable. Staff should receive regular, formal supervision to develop their practice and discuss developmental and training needs. (See Recommendation 1)

We found that the e-learning system was being widely used as the main training tool. The learning was primarily taking place via computer programmes. We asked the service to look at how this learning process had a positive outcome for residents and staff when there was little interaction and discussion amongst peers.

Care staff would benefit from having the chance to develop their keyworking and team working roles. They expressed an interest in this as they felt it would improve

their communication and relationships with residents. The management team told us they would look at how this could be achieved.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. Staff should have regular, formal supervision in line with Service Providers' Policy and best practice guidance.  
National Care Standards for care Homes for Older People Standard 5 management and Staffing



## 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

Participation was considered in general terms under quality statement 1.1 with the grade from 1.1 being applied to statements 2.1; 3.1 and 4.1.

#### Areas for improvement

See Quality Statement 1.1

**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

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; inspected equipment and the environment, looked at the relevant records and observed staff at work. We also spent a considerable amount of time with the Acting Manager and the Regional Manager discussing the home and their plans for the future.

We found that the Acting Manager had provided good support and leadership under difficult circumstances. It was acknowledged that she had done a good job in maintaining satisfactory standards within the home whilst being in an 'acting up' role. She had provided stability which was appreciated by the residents, relatives and staff as they felt reassured during an uncertain time.

We were told that the Acting Manager and her staff team were visible, readily accessible and had regular contact with residents and their families. The people we spoke with were happy with the quality of the overall service and said that they had formed positive relationships with the staff team. They used words like 'friendly', 'approachable' and 'welcoming' when describing the acting manager.

We concluded that there had been a fairly good approach to quality assurance across the service as a whole given the levels of satisfaction amongst residents and their relatives and the satisfactory standards of performance being maintained. The quality assurance processes had been used to maintain the 'status quo' within the service rather than to develop the service. We were told that this was primarily due to the Acting Manager having no depute to support her or the time to develop the home significantly. This situation will change as the Provider is actively recruiting a new home manager.

We found that quality assurance was seen as an important part of the day to day service. The existing systems had been used to gauge ongoing opinions about the service. The evidence produced showed that residents and relatives continued to be satisfied with the service. New quality assurance systems were being introduced but these were still in the early stages of being initiated. Some were still to be discussed with the Acting Manager and the staff team. This demonstrated the willingness of the service and the service provider to improve the home in consultation with residents, relatives and staff.

We were given examples of the corporate systems being proposed and initiated by the Regional Manager. It was too soon to evaluate the impact and outcomes for residents. This will be done at the next inspection.

'- Procurement Review: meets monthly to look at main areas of business ie Catering/Specialist/Non-Specialist Equipment/Estates & is reviewing currently the service that is provided in each of these areas.

- EPSYS system being implemented initially as a supplier directory but it has the potential to have further modules developed. One example of this is a Catering module which will allow a menu system to include recipes, nutritional values, stock amounts.

- Falls Initiative: Pilot homes have been using this for a few months now & the initiative is now being rolled out across all Scottish homes. Each home has their information folder and there are being supported by the Quality Manager.

- Quality Structure: Scotland now has a Quality Manager & 3 Quality Facilitators. The Quality team work hand in hand with the Regional Operations team to identify areas that need to be supported. Quality team will carry out audits, participate in staff hand over reports & assess the quality of these, carry out "out of hours" visits to homes to ensure consistent practises, observe staff practises etc & will provide the HM & RM with a report & action plan.

- PEARL Dementia Programme: A phased programme is under way with regards to

this. Dementia Care Mapping is also being established to train specific staff in this area. It is envisaged that Abbey Court will be one of the next homes to participate.

- Home Manager & Deputy Manager Development Programmes: looking at ways of developing Management styles in relation to the key roles within the Homes.
- Cross audit: Home Managers cross auditing each other's homes in specific areas. This allows managers to share best practise & ideas to allow them to continually develop their own home.
- Care Plan Review Group:
- Policy / Procedures: Currently a review underway & a new online "Document Library" is in the stages of being implemented. A new search engine facility assists with finding policies/procedures & all are currently in a phase of review.
- E-Learning Focus Group: The company are currently reviewing the above to ensure that it meets the needs that are required from our e-learning. This will look at content, ease of accessibility for staff & effectiveness etc
- Care Staff Scotland (Four Seasons Internal Bank)
- Central Recruitment initiative.'

The challenge for the home and the management team was how to involve residents, relatives and the staff in a meaningful way with the above systems to improve outcomes for residents.

The home was good at sending the required notifications to the Care Inspectorate.

### **Areas for improvement**

The management team need to make sure that any audits that are carried out are analysed so the information is not lost or forgotten. A lot of information was being gathered but not collated or analysed effectively to inform future developments. The outcomes of the audits and surveys carried out should be shared with residents and relatives. This would let them know how the quality of the service is being maintained and how areas for improvement are managed. This could be done via meetings or newsletters for example. (see Recommendation 1)

The management team need to make sure that outcomes for residents and their relatives form a key part of the audit process where possible by consulting with them and reflecting their views about the aspects of the service being checked. This will be reviewed at the next inspection.

The Regional Manager will inform the Care Inspectorate of the appointment of the new permanent manager.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The management team need to make sure that any audits that are carried out are analysed so the information is not lost or forgotten. The outcomes of the audits and surveys carried out should be shared with residents and relatives.  
National Care Standard for Care Homes for Older People, Standard 5 Management and staffing Standard 11 Expressing your views

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

#### Action Plan

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

## 5 Summary of grades

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

## 6 Inspection and grading history

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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