

## Care service inspection report

# Acorn Park Care Home

## Care Home Service Adults

Glen Road  
College Milton  
East Kilbride  
Glasgow  
G74 5BL  
Telephone: 01355 248140

Inspected by: Ann Marie Hawthorne

Alison Iles, Liz McPake

Type of inspection: Unannounced

Inspection completed on: 7 June 2013



# Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	21
4 Other information	34
5 Summary of grades	35
6 Inspection and grading history	35

## Service provided by:

Balpride Limited

## Service provider number:

SP2010010860

## Care service number:

CS2010247350

## Contact details for the inspector who inspected this service:

Ann Marie Hawthorne

Telephone 01698 897800

Email [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## 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	2	Weak
Quality of Environment	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

### What the service does well

During the inspection we saw that people who lived within this service looked well and were calm and relaxed within the home. We saw good interaction between the staff and the residents. We saw that the quality of food that was provided was very good and that the menu's reflected choices made by residents in discussion with the chef, people we spoke to told us that the food was good.

### What the service could do better

The service needs to review the way they assess and meet the needs of individuals. Where people have more complex needs assessed, they should ensure that support reflects best practice and is provided within the legislative framework.

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

The staff within this service had worked hard to meet the requirements detailed in the previous report. We could see improvement in the way that the views of the people who use the service and their families were being sought and acted upon. We could also see improvement in both the internal and external environment. Training and supervision of staff had also improved. The service had also worked hard to improve the quality of the personal plans that are used to guide the care and support they provide for people, this is discussed further within section three of the report, Quality Theme 1, Care and Support, Statement 3.

## **Conclusion**

The service had improved in a number of areas since the last inspection. The staff team were working well together and were keen to develop the service to reflect best practice. Under the guidance of the new manager, they had been working to improve the outcomes for people across all the quality themes. The environment was bright, clean and we could see that the service had developed audits which were helping them to identify areas and to take action to make further improvements.

## **Who did this inspection**

Ann Marie Hawthorne  
Alison Iles, Liz McPake

# 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 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, 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

\* 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 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 Care Inspectorate.

Acorn Park is a care home in East Kilbride. It can provide long term care and short breaks (respite care) for up to 38 older people and people with early onset dementia. It can also provide short breaks for up to 4 adults with physical disabilities or chronic physical conditions. It is owned by a company called Balpride Limited and is one of five homes in Scotland run by the same provider. The care home is built on three floors accessed by a lift. The lounge and dining area is located on the ground floor. The home is located in a woodland area and has an enclosed garden for people to use. It is located on the edge of East Kilbride and is not easily accessible by public transport. Residents are reliant of the provision of transport to enable them to use resources in their community.

There were 28 residents living within the home at the time of the inspection. The residents charter states that: 'staff are trained to provide a homelike and caring service to our residents. You will be looked after by sensitive and knowledgeable people prepared to understand your needs and treat you with respect and dignity'.

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

**Quality of Care and Support - Grade 2 - Weak**  
**Quality of Environment - Grade 3 - Adequate**

## **Quality of Staffing - Grade 3 - Adequate**

## **Quality of Management and Leadership - Grade 3 - Adequate**

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 high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by Inspectors Ann Marie Hawthorne and Alison Iles on the 6th June 2013 between 9:30am and 5:10pm. The Inspection continued the following day, the 7th June 2013 between 10:30am and 6:40pm and was carried out by Ann Marie Hawthorne, Inspector, and Liz McPake Inspector Manager.

As part of the inspection, we took account of the annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent care standards questionnaires to the manager to distribute to people who use this service, we received 7 returned completed questionnaires. We also sent out questionnaires to the service and asked them to distribute these to relatives and carers to complete, we did not receive any completed questionnaires.

We also asked the manager to give out questionnaires to the staff and two completed staff questionnaires were returned to us.

During this inspection process we gathered evidence from various sources, including the following;

We spoke to residents and we spoke to one relative

We spoke to the GP

We met with the Registered Manager of the service, we also met with the chef, the handyman, the administrator and three care staff.

We observed practice of staff on duty at several points during the two days

We looked at documentation including:

personal plans

Incident and accident reports

complaints activity

medication records

policies and procedures

staffing schedule

staff rota's

care standard questionnaires

staff files including recruitment information, training information supervision records and personal development plans

Maintenance records

Minutes of staff meetings including (night staff) and minutes of relatives meetings

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

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

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

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

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

### **Fire safety issues**

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



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

### **The requirement**

The owner must do the following within the specified timescale:

- Relocate residents ground floor toilets.
- Move the smoke room from the first floor to the ground floor.
- Build the new laundry.
- Create the patio at the far side of the home.
- Make the derelict detached house safe and presentable from the outside.

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

Since the last inspection the service had continued to make the changes in relation to the areas outlined in this requirement. The ground floor toilets had been relocated and were in use. The smoke area, as reported in the previous report had been provided in an external wooden cabin to the front of the property. The new laundry was in use. The derelict house had been made more presentable from the outside and a fence had been erected to the outside of the building. Steps had been taken to repair the broken windows.

**The requirement is:** Met

### **The requirement**

Reviews should take place every 6 months and be minuted so that there is documented evidence that they took place and a record of what was discussed and agreed. The home's review format should have a section for recording relatives views. This is to comply with SSI 2011/210 Personal plans Regulation 5 (2) A provider of a care service must - (b) review the personal plan - (i) when requested to do so by the service user or any representative; (ii) when there is a significant change in a service user's health, welfare or safety needs; and (iii) at least once in every six month period whilst the service user is in receipt of the service; (c) where appropriate, after any review mentioned in sub-paragraph (b), and after consultation with the service user and, where it appears to the provider to be appropriate, any representative, revise the personal plan; and (d) notify the service user and any representative consulted under paragraph (2)(c) of any such revision. Timescale: Immediate

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

Reviews had been taking place and a system had been established to plan reviews in a more proactive and organised way. Steps had been taken to record the views of the relatives.

**The requirement is:** Met

## **The requirement**

### Public Rooms

- Increase the number and choice of sitting rooms in the home in ways suggested.
- Brighten the decor and colour schemes in some parts of the building;
- Do some further work on the reception area to make it a brighter and more attractive place to sit.
- Make sure that a high standard of housekeeping is maintained at all times.

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

The layout of the sitting rooms had been reviewed and a more calm environment offering people a choice of either quiet space, a space to chat or to watch television had been created. This is discussed further throughout this report (Quality Theme 2.2). The entrance to the home had been re-organised, this area was bright and fresh. Information that was displayed was useful to people visiting or living within the home and hosted, for example, a wishing tree, suggestion box and evidence that the service was starting to create opportunity for people to express their ideas for how the service should be provided. There was evidence that the standard of housekeeping had improved throughout the home.

**The requirement is:** Met

---

## The requirement

Toilets and bathrooms and other areas Complete the work on the new ground floor toilets:

- Create the new room for residents who smoke.
- Finish the work on the staff room and duty room.

These requirements are made in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011) Fitness of premises 10 - (1) A provider must not use premises for the provision of a care service unless they are fit to be so used. (2) Premises are not fit to be used for the provision of an Inspection report continued Acorn Park Care Home, page 21 of 32 care service unless they- (a) are suitable for the purpose of achieving the aims and objectives of the care service as set out in the aims and objectives of the care service; (b) are of sound construction and kept in a good state of repair externally and internally; (d) are decorated and maintained to a standard appropriate for the care service. Timescale: Provider to submit a plan with timescales.

## What the service did to meet the requirement

The area for people who smoke had been created, a staff room had been provided and the duty room had been re organised and was fit for purpose.

**The requirement is:** Met

## The requirement

The provider must introduce care reviews for all residents. This is to comply with SSI 2011/210; Personal plans Regulation 5 (2) A provider of a care service must (b) review the personal plan ( i) when requested to do so by the service user or any representative; (ii) when there is a significant change in a service user's health, welfare or safety needs; and (iii) at least once in every six month period whilst the service user is in receipt of the service; (c) where appropriate, after any review mentioned in sub-paragraph (b), and after consultation with the service user and, where it appears to the provider to be appropriate, any representative, revise the personal plan; and (d) notify the service user and any representative consulted under paragraph (2)(c) of any such revision. Timescale: Within 3 Months of receipt of this report.

## What the service did to meet the requirement

Care reviews were taking place / planned for all residents.

**The requirement is:** Met

## **The requirement**

The Provider must ensure that all information recorded in the personal plan is accurate. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(2) - the Provider must make proper provision for the health, welfare and safety of service users and must make such arrangements as are necessary for the provision to service users of adequate services from health care professionals. Timescale: Within 1 month of receipt of this report.

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

We Identified that there continued to be inaccurate information held within the personal plans, this is discussed further in Quality Theme 1, Care and Support, statement 3.

**The requirement is:** Not Met

## **The requirement**

The Provider must ensure that the needs of service users are fully and accurately assessed. Where needs are identified, the service must ensure that these are clearly documented and supported by a specific care plan (this requirement relates to both physical care needs and needs relating to mental health or behavioural support). The Care plan should clearly detail the action identified to meet the need and should be frequently reviewed. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(2) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within 3 months of receipt of this report.

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

Personal plans had been developed to incorporate support plans to meet assessed need, these were being reviewed regularly but the information was not accurate.

**The requirement is:** Not Met

## **The requirement**

The provider must ensure that all incidents which have the potential to cause harm to individuals are clearly recorded and a subsequent review of risk undertaken. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within 24 hours of receipt of this report.

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

Incidents were being recorded and a review of risk was being undertaken.

**The requirement is:** Met

### **The requirement**

Steps must be taken to ensure that all members of the staff team, including the senior team are made aware of the importance of providing person centred care and support in a dignified and respectful way and that this is demonstrated in the way in which care and support is provided and recorded, for example, during the mealtime experience. This is in order to comply with SSI 2011/210 Regulation 4(1) (b) A provider must provide services in a manner which respects the privacy and dignity of service users. Timescale: Within 1 month of receipt of this report.

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

We saw care being provided in a dignified and respectful way throughout the period of the inspection, the mealtime experience had been improved.

**The requirement is:** Met

### **The requirement**

The provider must ensure that Medication Administration Records are fully completed. In the event of medication not being given, the reason for this must be recorded as specified within the system used within the service. This includes reference to medicines which have been prescribed for topical application. The provider should ensure that they complete all the personal information required on the new medication index sheets and reflect best practice in medication management in their practice. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(2) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within one week of receipt of this report.

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

The provider had made improvements in the way that medication administration records were being completed. Nursing staff were providing training and support to junior staff in relation to the application of topical creams. Medication Index sheets seen were fully completed.

**The requirement is:** Met

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

The provider must ensure that all staff who administer medication prescribed for topical use receive training to ensure that they are competent to do so. Registered Nursing Staff and Senior Carers must introduce a system which ensures that they can monitor and record the effectiveness of the treatment for which they have delegated responsibility. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(2) -

the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within 24 hours on receipt of this report.

**This requirement is met.**

The provider must review the legal status of each individual residing in this service and ensure that this is accurate and that documents which need to be in place to reflect this are in date. Where people have guardianship orders or Power of Attorney, the service must ensure that the nature of this is clear to all staff and that the rights of the resident are upheld. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(1) (b)- the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within 1 month of receipt of this report.

We identified that there continues to be a lack of knowledge in relation to promoting the rights of individuals regarding the use of restraint and the application of the Adults with Incapacity (Scotland) Act 2000.

**This requirement is not met.**

The provider must clearly be able to demonstrate how the staffing levels in the home have been calculated and show that the staffing levels in place can meet the care and support needs of the residents. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) and 15 (a) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within 1 month of receipt of this report.

The provider had introduced the use of a Dependency tool, this was being reviewed monthly, staffing levels were being maintained in line with the staffing schedule for this service.

**This requirement is met.**

The provider must ensure that staff receive regular supervision. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) and 15 (a) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within 2 months of receipt of this report.

We saw that the service had not yet reviewed the supervision policy. In the staff files that we saw, supervision was not taking place in line with the providers own policy.

**This requirement is not met.**

The provider must ensure that they complete all the personal information required on the new medication index sheets and reflect best practice in medication management in their practice. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(2) - the Provider must make proper provision for the health, welfare and safety of service users. The Provider may wish to refer to information recently issued in the Care Inspectorate Pharmacy Advisor's Guidance: Medication personal plans, review, monitoring and record keeping in residential care services. National Care Standards Standard 15 : Keeping Well - Medication. Timescale: Within one week of receipt of this report.

**This requirement is met.**

The Provider must seek the views of the residents and relatives and involve them in

decisions being made in relation to the environment within and around the Care Home. This is to comply with SSI 2011/210; Personal plans Regulation 3: A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them. Timescale: Within 3 months of receipt of this report.

The provider was able to evidence increased consultation with people who use this service and their families / carers in relation to the environment.

**This requirement is met.**

The provider must develop an overall plan for the building work which is ongoing. The plan must specify all aspects of work that is required, the person responsible for overseeing this and risk management of the process. This must also provide timescales for completion of the work. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(1) (b) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within two weeks of receipt of this report.

The provider did not provide an overall plan for the building work and this resulted in regulatory monitoring taking place within this service prior to this inspection. At that time all building work was stopped and in the event of further planned work the provider is aware that they must develop and submit an overall plan for any building work within the service. The plan must specify all aspects of work that is required, the person responsible for overseeing this and risk management of the process. This must also provide timescales for completion of the work.

The provider did not provide us with an overall plan for building work, however all building work was stopped by the provider. This is further discussed in Quality theme 2, statement 2.

**This requirement has been removed.**

All work being carried out must be risk assessed on a daily basis. At the start and at the end of the working day, the Manager of the service must risk assess and record any hazards which are present as a result of the ongoing work and any record the detail of any remedial action being taken to minimise risk to the residents of this service. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(1) (b) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within two weeks of receipt of this report.

The provider had developed a policy and a leaflet for external contractors detailing steps that will be taken in the event of work being carried out within the service.

**This requirement is met.**

Non care staff and visitors must conduct themselves in a manner which ensures the privacy dignity and respect of residents at all times. The provider must have a policy and procedure in place for non care staff / visitors to the service to ensure that all those entering the service are aware of and adhere to this. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(1) (b) - the Provider must make proper



---

provision for the health, welfare and safety of service users. Timescale: Within two weeks of receipt of this report.

**This requirement is met.**

The service must review the risk assessment in relation to the proximity and access to the river which flows at the side of the care home and take appropriate action to remove this risk. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(1) (b) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within one week of receipt of this report.

A fence has been erected around the edge of the river making the area secure.

**This requirement is met.**

The service must comply with it's own policy and carry out a risk assessment for residents who wish to access the smoke hut. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(1) (b) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within one week of receipt of this report.

**This requirement is met.**

The service must arrange for a risk assessment of Legionella bacteria to be carried out. This is in order to comply with SSI 2011/210 Regulation 10 (2) Premises are not fit to be used for the provision of a care service unless they - (b) are of sound construction and kept in a good state of repair externally and internally. Timescale: Within one month of receiving this report.

A risk assessment of legionella bacteria was carried out and a positive sample obtained. The service took immediate action to make the affected area of the home safe and notified appropriate authorities. The home have introduced regular checks to be carried out to reduce the likelihood of legionella within the home.

**This requirement is met.**

The service must arrange for a review of lighting, and signage throughout the building. They must also review the floors and ensure that they do not present as a hazard to residents. As part of this requirement the service must also review the systems for adjusting the temperature throughout the building and arrange for the gaps in the windows to be repaired. This is in order to comply with SSI 2011/210 Regulation 10 (2) Premises are not fit to be used for the provision of a care service unless they - (b) are of sound construction and kept in a good state of repair externally and internally. Timescale: Within three months of receiving this report.

The service had taken action to address most aspects of this requirement, there continues to be a need to manage risks associated with uneven flooring or slight inclines in the flooring in some areas of the home. This is described further in Quality Theme 2, Environment, Statement 2.

**This requirement is met.**

The service must remove all secondary heating appliances from the home. This must also provide timescales for completion of the work. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - the Provider must make proper provision for the health,

---

welfare and safety of service users. Timescale: Within 24 hours of receipt of this report.

We did not see secondary heating appliances in place throughout the home during this inspection.

**This requirement is met.**

The Provider must review Infection Control procedures within the home and take action to ensure that:

- All laundry is bagged securely and appropriately at all times
- The practice of using communal toiletries in toilet/bathing areas must be stopped
- The service must ensure that only liquid soap is available in communal hand washing areas
- A deep clean of the service should be carried out.
- Pedal bins with lids and bin liners should be made available in toilet and bathroom areas

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within 24 hours of receipt of this report..

We saw that the infection control procedures within the home had improved, the specific issues of concern noted in this requirement had been addressed.

**This requirement is met.**

The provider must carry out a risk assessment for the room which is in use but which has not been approved for use by the Care Inspectorate registration team. The risk assessment must consider the slope toward the en suite and the temperature of the room. The Provider must remove secondary heating from this room. (See requirement 8). The Provider must ensure that the use of this room does not increase the occupancy of the service beyond that which is detailed in the current conditions of registration. This is in order to comply with SSI 2011/210 Regulation 10 (2) Premises are not fit to be used for the provision of a care service unless they - (b) are of sound construction and kept in a good state of repair externally and internally. Timescale: Within 24 hours of receipt of this report.

**This requirement is met.**

The provider must evidence that they have involved residents and relatives in systems to monitor the quality and effectiveness of leadership and management within the home. This is to comply with SSI 2011/210; Regulation 3: A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them. Timescale: Within two months of receiving this report.

The service had started to use questionnaires, they had created a 'you said : we did' board and were using relatives meetings and newsletters to engage with residents and relatives.

**This requirement is met.**

The service must introduce a range of appropriate audits which enable them to regularly measure the effectiveness of the service they provide. They must use the information they gather through audit to guide the action they need to take to improve the quality of the service they deliver in Quality of Care and Support, Quality of Environment, Quality of Staffing and Quality of Leadership and Management. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) and 15 (a) - the Provider must make proper provision for the health, welfare and safety of service users.

Timescale: Within 1 month of receipt of this report.

The service had introduced a range of audits and were starting to develop systems to analyse the information and use the findings to make service improvement. We will continue to look at the way in which the service improves through audit.

**This requirement is met**

The service must ensure that the documentation used to record incidents and accidents is in one format and is completed fully in the event of an incident or accident. The service must also analyse incidents and accident activity regularly to identify any trends in activity which may require action to be taken. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) and 15 (a) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within 1 month of receipt of this report.

**This requirement is met.**

### **The annual return**

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

**Annual Return Received:** Yes - Electronic

### **Comments on Self Assessment**

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

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 service submitted a completed self assessment noting strengths and areas for improvement.

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

Many of the people we spoke to told us that they liked living in Acorn Park care home, one person told us that they had noticed a "slight improvement over the last few months", others told us they liked the garden. In the care standard questionnaires that were returned, one person told us that the environment was good and clean. In discussion with people over lunch the general comments about the food and about the dining experience were very positive.

One person told us they did not like living in this home and that they wanted the social work department to help them to move out.

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

We spoke to one carer who told us that she thought the service was "absolutely brilliant". She told us that she can approach the staff to discuss any issues and that her family member has been more settled in the last 6 months within the home.

## 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: 2 - Weak

#### 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 considered the way in which service users and carers participate in assessing and improving the quality of care and support, the environment, staffing and management and leadership within this quality statement.

We could see that the service had started to develop the way in which they sought the views of the residents and the relatives within the home. They had developed a wishing tree in the main foyer and this had some good examples of things that people wanted to do, there was also an update in the format of a photograph showing how this had been facilitated.

We could see evidence that reviews had been taking place within the service, a system had been established to plan future reviews in a more proactive and inclusive way. We could see that steps had been taken to seek the record the views of the relatives.

The service had started to use questionnaires, these focussed on individual quality themes. A 'you said : we did' board had been created. We saw evidence that relatives meetings had taken place and that a newsletter had been developed.

We saw that where there had been a complaint, the service had listened to the views of the complainant and had responded appropriately.

We saw that the provider had started to consult with service users and relatives in relation to the environment, at the time of the inspection views were being sought regarding the choice of wallpaper for the hallways.

### **Areas for improvement**

The systems that have been introduced to seek the views of the service users and their families are new, the manager should continue to evaluate how these are used by all staff and continue to develop this. We will look at how this is developed and sustained at the next inspection.

We did not see evidence of participation in relation to staffing, we have discussed ways of seeking the views of service users and relatives/carers in supervision, appraisal and recruitment with the manager, we are aware that this is an area that the service is developing and we will look at how they have done this at the next inspection.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

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

#### **Service strengths**

We saw that most people within the home looked well and that health and wellbeing needs were being met for some people. We saw that the staff had worked hard to improve the layout of the personal plans. We saw care being provided in a dignified and respectful way throughout the period of the inspection.

We observed the mealtime experience and noted that the dining experience had improved since the last inspection. The environment was quiet and peaceful, tables were set with napkins and condiments, staff were supporting people who needed assistance in a dignified way. People were being offered a choice from a varied menu and we could see that menus incorporated fresh fruit and vegetables, a range of fresh fish and meat products, homemade soup and home baking. In discussion with the chef it was clear that there was an awareness of dietary needs, likes and dislikes and that choices and preferences were considered in menu planning.

The provider had made improvements in the way that medication administration records were being completed. nursing staff were providing training and support to junior staff in relation to the application of topical creams. The medicine recording systems that we saw were fully completed.

The provider had introduced the use of a dependency tool, to assess need and to adjust staffing based on the outcome of this. We saw that staffing levels were being maintained in line with the staffing schedule for this service.

We met with the GP for the home and we were told of examples of very good care being provided within the service for people in partnership with the community health team. There was a recognition that the service had improved over recent months. We saw evidence of good liaison with the community mental health team and with the care home liaison service.

### **Areas for improvement**

We recognise that this service has addressed some of the areas for improvement in relation to health and wellbeing for individuals since the last inspection, however we identified that there are some aspects of health and wellbeing that remain weak.

We Identified that there continues to be inaccurate information held within the personal plans, we saw examples of inaccuracies in relation to diagnosis and legal status within support plans (requirement 1).

We saw that staff had not recorded any intervention for a resident who was highly dependant on others as described in the support plan, hourly observations in relation to positioning, fluid or dietary intake had not been recorded over a three hour period on the day of inspection and there were gaps in the recording of this information in previous records (requirement 2).

We saw that bed rail risk assessments were incomplete and that there was no guidance at the point of use to ensure staff could access information to enable them to carry out safety checks (requirement 2).

MUST nutritional recordings were not being calculated accurately and where there was significant weight loss identified there was no action taken. We saw that continence assessments were incomplete for some people and had not been reviewed for some time. We saw that at times there was a lack of follow up in relation to referral to health teams for some people with significant health concerns and as a result treatment was not being provided as necessary (requirement 2).

We identified that there continues to be a lack of knowledge in relation to promoting the rights of individuals regarding the use of restraint and the application of the Adults with Incapacity (Scotland) Act 2000. We saw that where restraint was being used to support people who, for example, lacked muscle control with positioning, documentation to ensure that this was being used in line with legislative requirements was not in place. In addition, there was no support plan to guide staff in relation to positioning changes for this person, this could have a detrimental effect on other aspects of this persons health (requirement 3).

We discussed the need to review the way information is recorded to ensure that it is meaningful and achievable, this was as a result of identifying that the present systems require staff to record one fall in no less than eight different places. Staff will review this and we will look at it at the next inspection.

Reviews of care are now taking place but the format of the review documentation does not identify goals or actions to be taken as a result of the review (requirement 2)

We saw that some people were watching television, some were in the garden, staff were chatting and playing board games with residents however we did not see evidence of structured activities being provided regularly, the manager is reviewing the way in which opportunity to engage in activity is being provided and we will look at this at the next inspection.

We observed that the clothing protectors that were offered to people were worn, we were told that new ones had been ordered and we will look at this at the next inspection.

One service user told us that there is a lack of privacy to take or make telephone calls, and that they had concerns about confidentiality (recommendation 1).

**Grade awarded for this statement:** 2 - Weak

**Number of requirements:** 3

**Number of recommendations:** 1

### Requirements

1. The Provider must ensure that all information recorded in the personal plan is accurate. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(2) - the Provider must make proper provision for the health, welfare and safety of service users and must make such arrangements as are necessary for the provision to service users of adequate services from health care professionals.

Timescale: Within 1 month of receipt of this report.

**This is a repeat requirement.**

2. The Provider must ensure that the needs of service users are fully and accurately assessed. Where needs are identified, the service must ensure that these are clearly documented and supported by a specific care plan (this requirement relates to both physical care needs and needs relating to mental health or behavioural support). The

Care plan should clearly detail the action identified to meet the need and should be frequently reviewed. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(2) - the Provider must make proper provision for the health, welfare and safety of service users.

Timescale: Within 2 months of receipt of this report.



**This is a repeat requirement.**

3. The provider must review the legal status of each individual residing in this service and ensure that this is accurate and that documents which need to be in place to reflect this are in date. Where people have guardianship orders or Power of Attorney, the service must ensure that the nature of this is clear to all staff and that the rights of the resident are upheld. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) 4(1) (b)- the Provider must make proper provision for the health, welfare and safety of service users.

Timescale: Within 1 month of receipt of this report.

**This is a repeat requirement.**

### Recommendations

1. The provider should review the layout of the service to ensure that people have the facilities they need to be able to make and receive personal calls. They should also review the confidentiality policy and the SSSC code of practice in relation to confidentiality with all staff and make sure that confidentiality is respected at all times within and outwith the care home.

National Care Standards 10 Care Homes for Older People - Exercising Your Rights

## 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

Please see Quality Statement 1.1 for comment on ways in which the service users and carers views are sought in relation to this service.

#### Areas for improvement

As above.

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

**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

Since the last inspection the service had continued to make improvements to the environment of the home.

The ground floor toilets had been relocated and were in use. The smoke area, as reported in the previously had been provided in an external wooden cabin to the front of the property, we saw evidence of risk assessments in place for people who smoke.

The derelict house had been made more presentable from the outside and a fence had been erected to the outside of the building. Steps had been taken to repair the broken windows.

An area for staff had been provided within the home and the duty room had been re organised and was fit for purpose.

The provider had developed a policy and a leaflet for external contractors detailing steps that will be taken in the event of work being carried out within the service. This incorporated reference to risk assessment.

A fence has been erected around the edge of the river making the area more secure. Visitor parking spaces had been created in response to a request from relatives and carers. Action had been taken to reduce the level of noise inside the service from the telephone and the door entry system.

We saw that the infection control procedures within the home had improved. A risk assessment of legionella bacteria had been carried out and a positive sample obtained. The service took immediate action to make the affected area of the home safe and notified appropriate authorities. The manager had introduced regular checks to be carried out to reduce the likelihood of legionella within the home. We saw that there was evidence in the maintenance records of these checks being carried out.

The provider is in the process of redecorating bedrooms and hallway's, door locks have been renewed and radiator covers are being put in place to provide a more homely atmosphere than before. Windows have been repaired, signage around the home has improved and furniture continues to be replaced on an ongoing basis.

The provider has a contracts in place with a range of external companies providing maintenance in relation to equipment within the home we saw that all checks had been carried out and environmental risk assessments carried out by an external contractor continue to be done.

We saw that the dining area had been improved and that the service is now identifying areas for improvement through environmental audit and action plans. We will continue to monitor the impact of this at the next inspection.

### **Areas for improvement**

The provider had commenced structural building work in the lounge of the care home in December 2012. During a regulatory monitoring visit we saw that the way in which this was being managed was having a highly negative impact on the quality of life for service users.

We asked the provider to make the lounge safe and stop this work until it could be planned in a way that would have less impact on the quality of life for the people who live within this service. The provider agreed to submit any plans for further building work to the care inspectorate prior to the work taking place, to date no further work has been discussed with us.

At this time, the provider blocked access to a section of the lounge area which had been previously used by people who wanted a quiet area to sit. We have discussed this with the provider and asked them to consider ways in which this part of the service could be accessed again as this had reduced the floor space available to people. We will discuss this with the provider at the next inspection.

Some bedroom areas have red cables across the ceiling, the heat in the hallways in the bedroom areas was excessive and we found staff notices on the back of some bedroom doors. The provider should address these issues and we will follow this up at the next inspection.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

### Statement 1

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

### Service Strengths

Please see Quality Statement 1.1 for comment on ways in which the service users and carers views are sought in relation to this service.

### Areas for improvement

As above

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

**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 could see that the Manager had worked to improve this aspect of the service since the previous inspection.

We looked at a number of staff files and we saw that supervision had started to take place recently, personal development plans were being carried out for some staff. We will look at this at the next inspection to see that it is being continued.

A staff training plan had been developed and training in a broad range of areas including fire training, participation, moving and handling, tissue viability, dignity and respect, care planning. Dementia awareness and Falls prevention had been taking place.

On completion of training, staff were asked to complete a training questionnaire asking if the session was informative, was there enough time for session, will you change your practice after training and if yes why. We thought this was a good way to

encourage reflective learning within the staff team. We will look at the impact of this on the outcomes for the service users at the next inspection.

The service had also been involved in the anticipatory care planning group and one member of staff was a champion in this.

Checks were in place to ensure professional registration with the individuals professional body, for example the Nursing and Midwifery Council or the Scottish Social services Council, were up to date.

### **Areas for improvement**

Personal development plans could be improved to include more detail about the individual and less potential for tick box responses.

We saw that the service had not yet reviewed the supervision policy. In the staff files that we saw, supervision was not taking place at a frequency in line with the providers own policy (requirement).

We did not fully inspect recruitment at this inspection but we did identify that the start date, date of references being received, and date of PVG in staff files would suggest that the provider had not followed their own recruitment policy or best practice in recruitment (requirement 2).

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

**Number of requirements:** 2

**Number of recommendations:** 0

### **Requirements**

1. The provider must ensure that staff receive regular supervision. This is in order to comply with SSI 2011/210 Regulation 4(1) (a) and 15 (a) - the Provider must make proper provision for the health, welfare and safety of service users. Timescale: Within 2 months of receipt of this report.  
**This is a repeat requirement.**
2. The provider must review recruitment practice and take steps to ensure that all necessary checks to promote safe recruitment are in place prior to the member of staff commencing employment. This is in order to comply with SSI 2011/210 9 (1) A provider shall not employ any person in the provision of a care service unless that person is fit to be so employed.  
Timescale: Within 24 hours of receipt of this report.

## Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

#### Service strengths

Please see Quality Statement 1.1 for comment on ways in which the service users and carers views are sought in relation to this service.

#### Areas for improvement

As above

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

**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

There had been a change of manager in the service since the last inspection and this had led to a review of management and leadership systems and processes within the home. We could see that tools to record incidents and accidents had been developed and Incidents were being recorded and analysed with a subsequent review of risk being undertaken to reduce the likelihood of further incidents occurring.

The service had introduced a broad range of audits, including external audits, and were starting to develop systems to analyse the information and use the findings to make service improvement. We saw the impact of this in, for example the audit of medicine management and noted improvement in recording and monitoring medicine within the home. We also saw examples of infection control audits whereby action was being taken appropriately. We will continue to look at the way in which the service uses audit to evaluate areas for improvement.

Meetings were being held across a range of groups to ensure all staff were involved including night staff. We could see that the owner / provider had attended some of these meetings. The minutes that we saw reflected discussion in relation to a number of areas of improvement across all quality themes including professional codes and responsibilities, specific care practices, accurate completion of audits. It was clear that these meetings are taking place monthly and that this is planned to continue.

Questionnaires had been used to seek the views of all those involved in the care home including service users, families, health professionals. We saw that comments from health professionals were very positive, for example:-

Staff friendly and approachable

Given sufficient information by the staff

Patients prepared and ready to see you

Happy with standard of care

Staff very friendly to myself, patients and families

Very Happy with staff approach and knowledge of patients

In discussion with health professionals during the inspection, these views were reiterated. we were provided with examples of good management and leadership which had resulted in good outcomes for the residents.

### **Areas for improvement**

We saw that some policies and procedures had been updated but that the content did not reflect current legislation or practice, for example, the complaint policy states that complaints will be responded to within 28 days and not 20 days to reflect the requirements of the Public Services Reform (Scotland) Act 2010 (see recommendation 1).

We saw that there had been a range of questionnaires, audits and meetings introduced recently and that these systems were at an early stage of development. The service should continue to implement tools to enable them to evaluate quality within the home ensuring that they clearly identify actions that need to be taken, person responsible and a timescale. We will continue to review this with the service at the next inspection.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The service should establish a review of the content of policies in use and ensure the content is relevant and current. National Care Standard 5 Care Homes for Older People - Management and Staffing Arrangements



You experience good quality support and care. This is provided by management and staff whose professional training and expertise allows them to meet your needs. The service operates in line with all necessary legal requirements and best-practice guidelines.

## 4 Other information

### Complaints

There has been one upheld complaint since the last inspection.

You can find information about complaints that we have upheld on our website [www.careinspectorate.com](http://www.careinspectorate.com).

### 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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

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

## 6 Inspection and grading history

Date	Type	Gradings
3 Oct 2012	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing Not Assessed Management and Leadership 2 - Weak
31 May 2012	Unannounced	Care and support 4 - Good Environment 2 - Weak Staffing 4 - Good Management and Leadership 3 - Adequate
17 Jun 2011	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

## Inspection report continued

14 Dec 2010	Unannounced	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Care and support</td> <td style="width: 30%;">3 - Adequate</td> </tr> <tr> <td>Environment</td> <td>3 - Adequate</td> </tr> <tr> <td>Staffing</td> <td>3 - Adequate</td> </tr> <tr> <td>Management and Leadership</td> <td>3 - Adequate</td> </tr> </table>	Care and support	3 - Adequate	Environment	3 - Adequate	Staffing	3 - Adequate	Management and Leadership	3 - Adequate
Care and support	3 - Adequate									
Environment	3 - Adequate									
Staffing	3 - Adequate									
Management and Leadership	3 - Adequate									
31 Aug 2010	Unannounced	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Care and support</td> <td style="width: 30%;">3 - Adequate</td> </tr> <tr> <td>Environment</td> <td>3 - Adequate</td> </tr> <tr> <td>Staffing</td> <td>3 - Adequate</td> </tr> <tr> <td>Management and Leadership</td> <td>3 - Adequate</td> </tr> </table>	Care and support	3 - Adequate	Environment	3 - Adequate	Staffing	3 - Adequate	Management and Leadership	3 - Adequate
Care and support	3 - Adequate									
Environment	3 - Adequate									
Staffing	3 - Adequate									
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.

## To find out more about our inspections and inspection reports

Read our leaflet 'How we inspect'. You can download it from our website or ask us to send you a copy by telephoning us on 0845 600 9527.

This inspection report is published by the Care Inspectorate. You can get more copies of this report and others by downloading it from our website: [www.careinspectorate.com](http://www.careinspectorate.com) or by telephoning 0845 600 9527.

## Translations and alternative formats

This inspection report is available in other languages and formats on request.

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بای ت س د ی م و ن ا ب ز ر گ ی د ر و ا و ل ک ش ر گ ی د ر پ ش ر ا ز گ ت ع ا ش ا ہ ی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Telephone: 0845 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

Web: [www.careinspectorate.com](http://www.careinspectorate.com)