

Care service inspection report

Torry Nursing Home Care Home Service Adults

36 Balnagask Road
Torry
Aberdeen
AB11 8HR

Inspected by: Lorraine McDonald

Type of inspection: Unannounced

Inspection completed on: 28 November 2013



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Service provided by:

Renaissance Care (No3) Limited

Service provider number:

SP2013012055

Care service number:

CS2013316789

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	3	Adequate
Quality of Environment	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

What the service does well

The staff were welcoming. Residents spoke highly of the staff and how kind they were.

What the service could do better

Although the home was cleaner, the organisation needs to commence their plans to upgrade the home.

Given that the service was newly registered and had recently implemented a totally new set of policies and procedures, the staff at Torry Nursing Home need time to fully implement the policies, procedures and high values that Renaissance Care have regarding the standard of care they wish to achieve.

What the service has done since the last inspection

This was the home's first inspection after joining Renaissance Care. The staff were in the process of implementing the new organisation's policies, procedures and paperwork.

A new knowledgeable, experienced and caring manager had taken up post.

Conclusion

The service had only been registered with us since 04 October 2013 and the manager has only been in post for five weeks. The manager was fully aware of the historical issues and concerns at Torry Nursing Home. Our expectations are that the organisation's quality assurance system and the manager's skills will be used effectively to improve the quality of life for the residents at Torry Nursing Home.

Who did this inspection

Lorraine McDonald

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

This service registered with the Care Inspectorate on 04 October 2013.

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 Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Owned and managed by Renaissance Care (No3) Limited, Torry Nursing Home was registered to provide a care service to a maximum of 78 older people of whom 22 may have mental health problems. Torry Nursing Home was previously managed by Select Limited.

Torry Nursing Home is a purpose-built home, which is situated in the Torry area of Aberdeen close to local amenities. The service's written statement of aims states that " Renaissance Care aim to enhance the quality of life and maximise the potential of each individual ensuring that dignity and privacy are maintained."

At the time of the inspection visit, the service was not using the second floor service user accommodation.

The service employs a team of Registered Nurses and carers with varying degrees of skills, expertise and qualifications.

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

Quality of Care and Support - Grade 3 - Adequate

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 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 a short an unannounced inspection. This was carried out by Inspector, Lorraine McDonald. The inspection took place on Thursday 28 November 2013 between 9.30 am and 2.30 pm. We gave feedback to the manager on 28 November 2013.

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

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

We spoke with:

- * Four residents.
- * The manager.
- * Registered Nurses.
- * Care staff.
- * Other people who work in the service.
- * One visitor to the service.

We looked at:

- * The participation strategy - this is the service's plan for how they will involve service users.
- * Residents' personal plans.
- * Staff training and development records.
- * Staff diaries and communication books.
- * Staff meeting minutes.
- * Financial records for people who use the service.
- * Accident and incidents records.
- * Complaints.
- * Staffing rotas and dependencies.
- * Policies and procedures.
- * Internal audits and action plans.

- * Maintenance records.
- * The environment and equipment.

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

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.

We received a fully completed self assessment document from the manager. We were satisfied with the way the manager had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The manager identified what they thought they did well, some areas for development and any changes they planned.

Taking the views of people using the care service into account

We sent thirty Care Standards Questionnaires to residents in June 2013 while the service was still registered to Select Limited. Relatives or staff had assisted the residents in completing these Questionnaires. The responses indicated that, in general, most of the residents were happy with the quality of the service received. However, there were some negative comments received. These were discussed in detail with the manager, who was already aware of these areas for development.

Four residents took the opportunity to speak directly with the inspector during the inspection. Other residents were spoken with in small groups and in the passing. It was difficult to fully gain the views of many residents due to communication difficulties, so we also spent a significant amount of time with residents observing how they were cared for so that we could assess the quality of their experience. In general, these residents indicated they were satisfied with the care provided.

The views of residents have been used throughout this report.

Taking carers' views into account

We sent thirty Care Standards Questionnaires to relatives in June 2013 while the service was still registered to Select Limited. The responses indicated that, in general, most of the relatives were happy with the quality of the service received. However, there were some negative comments received. These also were discussed in detail with the manager who was already aware of these areas for development.

Relatives' comments were used to inform this report.

One relative visiting the home during the inspection took the opportunity to speak with the inspector. They indicated they were happy with the service. Their comments included.

- * "The home is much cleaner."
- * "I'm happy that mum is happy."
- * "The staff are wonderful."

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: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service was adequate at involving both residents and carers. At this inspection, we focused on personal plans, records of residents' and relatives' meetings, and direct discussion with residents and relatives.

There was evidence that, in general, the views of the residents regarding their day-to-day life were sought on a daily basis.

The service had transferred over to Renaissance Care's policies and procedures. Since registration, the manager and staff had kept the residents and relatives informed of the on going changes verbally. The service provider had also ensured that families and residents were kept informed of the changes through letters and information regarding the organisation. Relatives and residents confirmed this. The manager had a good history, at a previous service, of involving residents and relatives in the life of the home and there is an expectation that there would be the same level of involvement at Torry.

A fundamental principle within the home was the availability and accountability of the manager. During the inspection there was clear evidence that the manager's 'open door' policy worked with great effect for residents, relatives and staff.

Residents and relatives meetings had already taken place. The managing director and manager were present at these meetings. There was clear evidence that residents and relatives were actively involved in these meetings. Their comments and views were gathered and action taken where appropriate.

The manager had reintroduced the notice boards throughout the home. These displayed relevant information including:

- * Advice on advocacy.
- * The complaints procedure.
- * Other relevant information.

Given that the manager has only been in post five weeks, we recognised the work undertaken to involve the residents, relatives and staff in the life of the home. The grade awarded reflects the further development required.

Areas for improvement

Although there was an organisational participation strategy in place, the manager highlighted the need to develop a local participation strategy for Torry. This would clearly reflect specific ways in which residents relatives and carers could be fully involved in the life of the home.

Although the involvement of residents and relatives in the day-to-day care at the Torry Nursing Home was adequate, the management team need to continue with their plans to be more proactive in gaining the thoughts, views and opinions of the residents and relatives regarding living at Torry.

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

At this inspection, we found that the performance of the service was adequate for this Quality Statement. The service was meeting the health and welfare needs of residents, however, there were a number of areas of development highlighted. We looked at personal plans, reviewed records, medication audits, the management of personal allowances and observed the lunchtime meal to assess this Quality Statement.

The home was in the process of implementing the Renaissance Care's policies and procedures.

The home had recently had an audit by the local NHS pharmacist. The areas for improvement had been highlighted to staff. The concerns identified had been fully

addressed by the staff team. Medication was being administered in-line with good practice guidance.

Discussion with staff indicated that they had a good insight into the care and support needs of the residents. Staff showed a good understanding of the residents' likes and dislikes. There was a good ethos of person centred care displayed by some staff, especially within the dementia unit. Staff were attentive, kind and supportive. Staff demonstrated a good understanding of dementia and the support required by the residents. This had a very positive outcome for the residents.

To assist staff in providing consistent good care to residents with distress reactions, senior staff stated that they plan to ask all direct care staff to contribute to developing clear strategies for individuals who displayed distress reactions and anxieties. This will have a positive outcome for the residents involved.

Observation of practice showed that there was a culture of caring and kindness in the home, which was to be praised. However, this should continue to be further developed to ensure that the residents' quality of life is enhanced or developed. This will be followed up at the future inspection.

Areas for improvement

Prior to registration, a concern was raised regarding the large amount of personal items held by the home of residents who no longer reside at Torry Nursing Home. The manager stated she was aware of the situation and had written to families. To date no items have been claimed. This situation may take a considerable amount of time for the organisation to resolve, therefore the requirement made previously remains outstanding. **(See Requirement 1)**

The staff were in the process of beginning to transfer the residents' personal plans onto Renaissance Care's documentation. Examination of the documentation in place showed that, in general, the personal plans were person centred. However, some areas for development discussed with the manager:

- * Some assessments were not undertaken on a regular basis or as the residents needs changed.
- * The need for clear documentation regarding guardianships or financial powers of attorney need to be put in place. This is to ensure that the correct parties were consulted where appropriate to do so.
- * How effective some of the care plan evaluations had been in improving care practices.

Residents' supports and care plans will be examined during the next inspection, once the new documentation has been fully implemented.

The manager had recently undertaken a complaint investigation into staff practice. This complaint regarding the standard of a resident's personal hygiene was upheld. Staff have been reminded of the expectations required by the service and the quality of care and support expected for the residents. As a result of this, complaint staffing levels have increased. **(See Quality Theme 3, Quality Statement 3)**

Although a number of areas for development have been identified, the grade awarded reflects the positive outcomes for the residents and the care and support provided on a daily basis directly to the residents by staff.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider to ensure that where the service is holding service users finances and personal belongings, they are held safely and securely in-line with good practice.

To achieve this, the manager must ensure that:

- * Clear documentation is in place to record all valuables and personal belongings held for safe keeping by the service.
- * A full audit of personal belongings is undertaken on a regular basis, and prompt action taken to address any concerns identified.
- * All personal belongings, valuables and money are returned to the service user or their next of kin/executor promptly when the service user leaves the service.
- * The organisation exhausts all avenues to ensure that the jewellery, money and other valuables held by the service, which belonged to service users who no longer reside in the service, is appropriately repatriated.

This is in order to comply with:

SSI 2011/210 Regulation 3 - to provide services in a manner which promotes quality and safety, respects independence and promotes choice;
SSI 2011/210 Regulation 14(e) - provide a place where the money and the valuable of service users may be deposited for safe keeping, and make arrangements for service users to acknowledge deposited and return to them any money or valuables so deposited, at the request of the service user or the service user's representative.

Timescale: within 6 months from the publication date of this report.

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

As stated in Quality Theme 1, Quality Statement 1 there were a number of ways in which residents and families were encouraged to participate, this included assessing the quality of the environment.

Areas for improvement

The provider should continue to involve residents and relatives in reviewing the environment.

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

At this inspection, we found that the performance of the service was good for this Quality Statement. The environment, in general, was safe and the residents were protected. We looked at maintenance records, infection control practices, accident and incident records and the general environment to assess this Quality Statement.

The maintenance man was in the process of transferring to Renaissance Care's policies, procedures and documentation.

Any identified concerns had been dealt with promptly. Appropriate risk assessments were also in place, reviewed and evaluated. Systems were in place for staff to notify the maintenance man of any identified faults or maintenance issues. This arrangement was effective in ensuring that faults or concerns were addressed promptly. A full health and safety audit by an external contractor was planned for the

day following this inspection. We will follow up any outstanding actions at the next inspection.

Concerns highlighted by the Health and Safety Executive (HSE) regarding the maintenance of the lifts had been fully addressed.

The home was cleaner and tidier than previously. A relative stated that the home was now much tidier. Residents and relatives had previously raised concerns regarding the smell in the home. There were no unpleasant odours noted during this inspection.

The management team were monitoring all accidents and incidents.

The manager stated that in conjunction with the Old Age Psychiatry Team the Occupational Therapist from the NHS had visited the home. The purpose of the visit was to give advice and guidance on appropriated signage and how the dementia unit could be improved and enhance the residents' quality of life. This was seen as a very positive step in working with other agencies for the benefit of the residents.

The main door to the home was secured by a keypad for security reasons.

Areas for improvement

Observation of practice showed that personal protective equipment (PPE), gloves, aprons and wipes were readily available, at the point of use, in some of the bathrooms and toilets. However, the manager was asked to consider how these items are stored to prevent cross infection occurring. Gloves should be stored in their original packaging.

As part of the registration process with the new provider, Renaissance Care were issued with a condition on their registration to:

* A written plan for upgrading the care service premises must be developed and forwarded to the Care Inspectorate by 11 November 2013, including all necessary upgrading and repairs relating to the laundry facilities, sluices, domestic services rooms and bathrooms to comply with current best practice in infection control. An updated action plan must be forwarded to the Care Inspectorate by 01 February 2013 to inform of progress. All identified works must be completed by 01 June 2014.

The director for Renaissance Care contacted us and we have agreed that the date for a written plan for upgrading the care service premises to be submitted, could be extended to ensure the information submitted was accurate and detailed. The written plan should now be submitted by 13 December 2013.

The grade awarded reflects that although there was no immediate risk to the residents, there was the potential for risk to the residents' safety and that the environment required to be upgraded.

Grade awarded for this statement: 4 - Good

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

As stated in Quality Theme 1, Quality Statement 1 there were a number of ways in which residents and families were encouraged to participate, this included assessing the quality of staffing.

Areas for improvement

The provider should continue to proactively involve residents and relatives in reviewing the staffing.

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

At this inspection, we found that the performance of the service was adequate for this Quality Statement. We looked at staff training records, meeting minutes, staffing rotas, spoke with residents and relatives and observed practice to assess this Quality Statement.

Observation of practice showed there continued to be a friendly atmosphere in the home. The majority of staff interacted with residents in a warm, friendly and relaxed manner. Discussion with staff clearly demonstrated a passion for the high standard of care they wished to provide. The staff in the dementia unit were patient and understanding. This had a very positive outcome for the residents.

We received some positive comments from relatives and residents regarding the staff. Residents thought that the staff were "very nice and kind", "ok" and "awfa good to you".

Although the management team kept a detailed record of staff on duty and were formally monitoring the dependency level of each residents, these were not formally been used together to determine the staff levels required. The manager stated that the organisation was working to develop a staffing assessment tool, which was due to be implemented shortly. In the meantime, the manager had increased the staffing levels as a result of a recent complaint.

The manager had held staff meetings. These meetings were positive and staff had been given the opportunity to raise any concerns, opinions or practice issues. Staff stated that staff morale was improving with the manager being in post. They stated they found her approachable and felt that concerns were dealt with promptly and directly. Staff stated that they felt they were now working more as a team.

A staff training programme had commenced. The training consisted of mandatory and developmental training. The manager was also in the process of identifying link staff to support the staff with care issues such as continence management. This will have a positive outcome for both residents and staff.

The recruitment of staff was on going. A new cook and a number of new direct care staff have recently been employed. The home was less reliant on agency staff.

Areas for improvement

Some staff were concerned regarding the number of new care staff, however, they acknowledge that it takes time for new staff to become familiar with their role and the residents.

The staff supervision and appraisal system was due to commence shortly. The manager had arranged training to ensure that the staff are supported and competent in supervising other staff.

Observation of practice showed staff used the term 'darling' frequently. Although this was used following the resident's preferred name and was clearly being used as a term of endearment and friendliness, staff need to be conscious that some residents may find these terms insulting or derogatory. This was discussed with the manager.

The organisation had undertaken a full audit of the staff personnel files, to ensure that all staff were recruited in-line with best practice, prior to registration. The manager was aware that retrospective references were requested for one employee. The manager was waiting for a full report on the findings of the audit. We will follow this up at future inspections.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

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

As stated in Quality Theme 1, Quality Statement 1 there were a number of ways in which residents and families were encouraged to participate. This included assessing the management and leadership.

Areas for improvement

The provider should continue to proactively involve residents and relatives in reviewing the management and leadership of the service provided.

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

At this inspection, we found that the performance of the service was adequate for this Quality Statement. We took into account our findings on assessing the other three Quality Themes to assess this Quality Statement.

The home was in the process of implementing Renaissance Care's policies, procedures and documentation in relation to quality assurance and the internal auditing processes.

The management team had dealt proactively to resolve staffing issues and to safeguard the residents' wellbeing.

Detailed complaints and whistle blowing policies were in place and readily available. The home has received one complaint since registration. Examination of this complaint showed that this had been dealt with appropriately.

The manager had also developed a brief summary of the areas of development that she had identified and was dealing with these issues in order of priority within the home.

The grade awarded reflects the strengths and areas for development identified throughout the report as well as the effectiveness of the management team at the Torry Nursing Home.

Areas for improvement

The grade awarded reflects that the service had only been registered with us since 04 October 2013 and the manager has only been in post for five weeks. The manager was fully aware of the historical issues and concerns at Torry Nursing Home. Previously, the manager has been successful at improving the standard of care and support at other care services. The organisation also had robust quality assurance systems. Our expectations are that this will be used effectively to improve the quality of life for the residents at Torry Nursing Home.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in 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

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

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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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।

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本出版品有其他格式和其他語言備索。

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