

Care service inspection report

Allander Court Nursing Home

Care Home Service Adults

80 Denmark Street

Possilpark

Glasgow

G22 5SR

Telephone: 0141 347 1128

Inspected by: Fiona Stevenson

Type of inspection: Unannounced

Inspection completed on: 6 November 2013



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Service provided by:

Tamaris Healthcare (England) Limited, a member of the Four Seasons Health Care Group

Service provider number:

SP2007009155

Care service number:

CS2003048566

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

We found that residents were asked for their views regularly and their views influenced activities and other developments within the home.

We received positive feedback from the residents and relatives we spoke with during the inspection visit.

What the service could do better

At this inspection we made Recommendations about reviewing the management of meals in the upstairs unit and about refurbishment of the environment of the home under Quality Statements 1.3 and 2.2 in this report.

What the service has done since the last inspection

The good standards being delivered have continued to be sustained.

Conclusion

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

Who did this inspection

Fiona Stevenson

1 About the service we inspected

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

Allander Court is owned by Four Seasons Health Care and is registered to provide nursing and care to a maximum of 60 older people including people with a diagnosis of dementia.

Allander Court is situated in the Possilpark area of Glasgow and is purpose built over two levels with enclosed gardens which are easily accessible for service users. The home is situated close to local amenities such as a health centre and shops and has good public transport links.

Allander Court's Philosophy of Care states "We are committed to providing the highest possible standards of care. Residents will be treated as individuals and cared for with respect and dignity within a safe, comfortable and homely environment which provides stimulation and encourages independence where appropriate."

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (the Care Inspectorate), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, the Care Inspectorate.

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

Quality of Care and Support - Grade 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We compiled the report following an unannounced visit over 2 days from 5 November 2013. We gave feedback to the home manager, regional manager and depute manager on 6 November 2013.

The Inspection was carried out by Inspector Fiona Stevenson.

As requested by us, the care service sent us an annual return; the service also sent us a self assessment form.

During the inspection we spoke to service users in the two units to find out their views about the care and support that they received.

We spoke with the manager, depute manager, nursing staff, senior care workers, and care workers, housekeeping, maintenance and catering staff.

We spent time talking with people who use the service and observing how staff supported and interacted with them.

Documents sampled included:

- Registration certificate
- Information leaflet
- Participation policy
- Minutes of a range of meetings
- Complaint policy
- Accident and incident records
- Personal plans
- Care review schedule
- Risk assessments
- Medication records
- Activities plans and records
- Menus
- Duty rotas
- Staff supervision records

- Training records
- Records of quality audits
- Health and safety records.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

There was a Recommendation identified during the previous inspection regarding the refurbishment of the bathrooms and shower rooms within the home. This work has started but needs to progress. The Recommendation will continue within this report, see Quality Statement 2.2.

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.

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

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who used the care service had taken part in the self assessment process.

Taking the views of people using the care service into account

We spoke to several of the residents on a one to one basis and in small groups. Residents told us that they were happy with the care and the staff.

We spent time observing interactions between residents and staff; we saw that the staff approach to residents was caring, polite and respectful.

Comments included:

"The staff are hardworking and look after everyone here very well including me"

"The food is good, I really like the soup and I sometimes have two plates as it's so nice"

"The staff are lovely, very kind"

"I like going to the cinema we have here, they show good films and I like the popcorn they serve"

"I like going on the outings and when there is a sing-a-long in the lounge; that's always good fun"

Taking carers' views into account

We spoke to relatives and visitors. They told us that they were happy with the care their relatives received and the about the skills of the staff. They commented positively about how kind and caring the staff were.

Comments included:

"I am happy with the care my relative gets, she is happy and very content"

"I have no worries about the care my relative gets, the staff are lovely"

"It gives me peace of mind knowing that my relative is being well looked after and is safe"

"The staff are lovely; they are kind, patient and good humoured"

"The staff are friendly, I am always made to feel welcome when I visit"

"I think the staff are well trained and good at their jobs"

"Nothing is too much bother for the staff, they are great"

"The staff keep me up to date with how my relative is, if there are any changes they always let me know"

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We found the service performance was very good in the areas covered by this statement. We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation.

Feedback from the people who use the service is that they are very happy with the quality of care being provided and that their views were sought about their care and support.

We saw that throughout the inspection visit the staff encouraged people who use the service to be involved in decisions about their own care and preferred activities.

There was a Participation Strategy in place with a key priority of encouraging the people who use Allander Court to influence the planning and delivery of the service at the home.

We saw a number of ways in which the staff at the service supported people to be meaningfully involved in service development and improvement, this included gathering views and comments using one to one and group meetings. The minutes and outcomes of meetings were available for relatives and visitors to view.

The home used notice boards to display information about meeting schedules, upcoming events and the outcomes of meetings.

We saw good examples showing that people's views were listened to and acted upon. These included the development of a home cinema, changes to menus to reflect the preferences of residents and improvements to the garden area.

There was a monthly newsletter which provided information about what was happening in the home and about plans for future activities and events. The service has found that this has been the most effective way to inform residents and relatives about service development and the outcomes of comments and suggestions. Relatives commented positively about the content of the newsletter and that they found it useful to have an overview of what was happening throughout the care home.

We saw information on display about how to raise concerns and complaints. People we spoke with confirmed that they were aware of how to raise concerns and complaints.

The personal plans we looked at were starting to reflect consultation between staff, the residents and their carers. This ensures that the choices and preferences of individuals are used to develop the personal plan. This is further detailed in Quality Statement 1.3 of this report.

There was information available about independent advocacy services for residents. An advocacy service helps provide residents with impartial advice and assist them to help to express their views, opinions and wishes.

Areas for improvement

The service was looking at developing a resident committee with an independent chairperson. This would provide a fair and open forum for residents who wanted to participate in the development and improvement of the service.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found the service performance was good in the areas covered by this statement. We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation.

We spent time observing staff practice and interactions with residents throughout the home. We noted that staff demonstrated a good level of knowledge about residents care and support needs as well as their preferences. We saw that residents were offered choice over many aspects of their day.

The staff team had a good level of knowledge of the local community healthcare networks and had links with the community healthcare teams for individual residents such as GPs, dieticians, speech and language therapists, NHS falls team and community nurses. There was good evidence that staff had sought advice and support from healthcare professionals and that this advice was being followed and used to inform care planning.

The organisation had policies and procedures in place to guide staff with care and support issues. The service had a range of appropriate up to date best practice guidance documents for staff to access.

Care services must develop personal plans for individual residents which detail the actions staff will implement to support the individuals assessed care needs. The plans should be regularly evaluated and kept up to date to provide guidance for staff about how the individuals care and support needs are to be met.

We looked at the personal plans for several residents within both units. We noted that the plans contained good information about how individual residents' care and support needs were to be met. There was use of a wide range of assessment tools to monitor specific risks; these tools were being used appropriately, kept up to date and the outcomes were informing care planning. The plans were being regularly and meaningfully evaluated to reflect any changes in care and support and to ensure that the plan of care continued to meet the individuals' needs.

We saw good information detailing the communication needs of residents particularly in the upstairs unit. The detail of the information would help guide staff to support the individual residents.

We spoke with residents about the meals, they commented positively about the

choices available and the quality of the food. We noted that the menu catered for specific dietary needs of residents that had difficulty with swallowing or who needed a high calorie diet.

There was a four weekly menu cycle in place and daily menus were on display; this ensured that residents' were able to see what was available for that day and make choices. The care and catering staff teams demonstrated a good level of knowledge about resident's nutritional needs and preferences.

The nursing and care staff team demonstrated a good level of knowledge about monitoring resident's nutritional needs. They were using the Malnutrition Universal Screening Tool (MUST) to assess and monitor individual's nutritional needs. There was good evidence that staff were accessing additional support and advice from the community dietician and speech and language therapist. We saw good information within personal plans regarding the assessment and monitoring of nutritional needs of individuals.

We looked at how the service manages resident's medication. There were systems in place to ensure that medication was stored, managed and administered following best practice guidance. The staff we talked to with regard to medication management had a good level of understanding of the systems in place.

It is important that the rights of people in care services are protected, and that those who lack capacity to give consent receive treatment in line with the law. We saw that the personal plans for residents who lack the capacity to make decisions about their own care and support contained an appropriate certificate of incapacity issued by the residents GP and recorded that the individual lacked capacity to make decisions about their own care and support. These certificates are issued under section 47 of the Adults with Incapacity (Scotland) Act 2000 and detail the fundamental healthcare procedures and treatments which are covered by the certificate.

Areas for improvement

We spent time observing mealtimes during the inspection. We saw that in the ground floor unit mealtimes were generally calm and that residents were enjoying their meals.

We noted that in the upstairs unit there were a number of residents who needed one to one assistance to eat and drink along with a number of residents who needed supervision and prompting to eat and drink. The service had recently introduced the use of a second small dining room in the upstairs unit. We saw that there were delays in the serving of meals to the smaller dining room resulting in residents sitting for extended periods without their meal and becoming distressed and unsettled.

We noted that there was unequal deployment of staff in the dining rooms; this resulted in periods of time when residents in the small dining room were

unsupervised. We saw that the impact on residents of this poor supervision was that, residents were not receiving the help they needed with eating and drinking, residents having difficulty using cutlery were not being assisted and residents who needed prompting to eat and drink were not receiving this support. These issues will be the subject of a Recommendation. See Recommendation 1.

The service has one activity worker who was not on duty during the inspection; the care staff were assisting with some activity groups such as visits to the home cinema and board games, however, there was little else going on. We saw that there was a low level of activities available during the two days of the inspection. We noted that in the sitting rooms the TVs were switched on and that not all choices of programmes were appropriate or responsive to the preferences of residents.

We looked at the information within personal plans and noted that there were assessment documents completed detailing individual's preferences regarding social activities, hobbies and pastimes and their spiritual needs. However, this information was not reflected into support plans to inform day to day planning of meaningful activity for the individual resident.

It is important that service users have access to a range of meaningful activities on a day to day basis. Meaningful activities can help provide structure to day to day life, pleasure to individuals and promote good physical health, mental health and well-being. This issue will be the subject of two Recommendations. See Recommendations 2 and 3.

We looked at several personal plans and while we noted that there was good information regarding the care and support of individual residents we saw that there was a continued need to personalise the information to fully reflect the preferences of individuals and enhance care planning. This will be the subject of a Recommendation. See Recommendation 3.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. The service should review the mealtime experience for residents to ensure that the management of meals is improved in the upstairs unit. This includes reviewing the deployment of staff to ensure that residents in both of the dining rooms are appropriately supported and supervised with eating and drinking.

Standard 5 - management and staffing

Standard 13 - eating well

National Care Standards for care homes for older people.

2. The service should review what activities are available for all residents on a day to day basis and ensure that those activities are responsive to the age, abilities and preferences of residents.

Standard 12 - Lifestyle - social, cultural and religious belief or faith

Standard 17 - Daily life

National Care Standards for care homes for older people.

3. The service should continue to develop personal plans in line with the National Care Standards to ensure they fully reflect the preferences of individuals regarding their care and support, activities and spiritual needs.

Standard 6 - Support arrangements

Standard 12 - Lifestyle - social, cultural and religious belief or faith

Standard 17 - Daily life

National Care Standards for care homes for older people.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We found the service performance was very good in the areas covered by this statement. We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation.

We saw that there were many bedrooms which were personalised and that residents had pictures and furniture from their homes in their bedrooms. Residents and relatives we spoke with confirmed that the service encourages this and that the maintenance worker was a good support with helping to move furniture and hang pictures.

The evidence reported under Quality Statement 1.1 is applicable here.

Areas for improvement

The service plans to continue to consult with residents and relatives regarding the upgrading of showers and bathrooms in the home.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We make sure that the environment is safe and service users are protected.

Service strengths

We found the service performance was good in the areas covered by this statement. We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation.

The managements and staff team demonstrated a commitment to maintaining a homely and comfortable environment for residents. The ethos of Allander Court was friendly and welcoming.

There was a range of policies and procedures in place to guide staff regarding health and safety. This included fire safety, control of infection, moving and handling and medication management.

There was an accident and incident reporting system in place. The management team had an overview of accidents and incidents that had happened and reviewed the outcomes to ensure that appropriate action had been taken. Accidents and incidents were audited on a monthly basis to identify any patterns or trends which needed action.

We talked with the maintenance worker who demonstrated a good level of knowledge of his role and responsibilities regarding the monitoring and maintenance of the health and safety of the environment of the home. There was a range of regular safety checks carried out and we saw that appropriate records were kept of the outcome of these checks and of any actions taken to address issues identified.

There was a system in place for each unit to report maintenance issues. Staff we spoke with and the records we saw confirmed that repairs were attended to promptly.

We spoke with housekeeping staff who demonstrated a good level of knowledge of their role and responsibilities regarding the maintenance and monitoring of the cleanliness of the home. We saw that units were clean and tidy. There were cleaning schedules in place and records of the cleaning work carried out. Residents and relatives we spoke with commented positively about the cleanliness of the care home.

We observed that infection control practice was of a good level and that staff were aware of their responsibility regarding this. There were sufficient supplies of personal protective equipment such as gloves aprons and staff used these appropriately.

Areas for improvement

There was a Recommendation detailed in the previous inspection regarding the upgrading of the bathrooms and shower rooms in the home. There has been some progress with this. However, there continues to be a need to complete the programme of upgrading of these areas. The Recommendation will continue. See Recommendation 1.

We spent time looking at the environment of the home; we noted that there was a need to redecorate and refurbish several areas of the home.

We discussed this with the management team who assured us that they will carry out a full audit of the environment and develop an action plan to address redecoration and refurbishment issues.

We Recommend that the service send a copy of the action plan with timescales for completion to the Care Inspectorate. See Recommendation 2.

We saw that there were schedules in place for the cleaning and checking of equipment such as hoists and that there were systems to record the cleaning work carried out on a daily and monthly basis. However, we noted that there were gaps in these records and we could not fully establish if the cleaning and checking tasks had been attended to. This will be the subject of a Recommendation. See Recommendation 3.

We looked at the cleanliness of the fridges in the units and noted a variable level of cleanliness. There was a need to ensure that fridges were regularly cleaned. This will be the subject of a Recommendation. See Recommendation 4.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. The service should complete the programme of refurbishment of the bathrooms and shower rooms in the home.

Standard 4 - Your environment

Standard 5 - Management and staffing arrangements

National Care Standards for care homes for older people.

2. The service should supply the Care Inspectorate with an action plan which will address the redecoration and refurbishment of the care home including timescales for progressing with the plan.

Standard 4 - Your environment

Standard 5 - Management and staffing arrangements

National Care Standards for care homes for older people.

3. The service should ensure that staff maintain accurate records to evidence that cleaning and checking of equipment has been completed.

Standard 4 - Your environment

Standard 5 - Management and staffing arrangements

Standard 9 - Feeling safe and secure

National Care Standards for care homes for older people.

4. The service should ensure that the fridges used to store food in the units are regularly cleaned.

Standard 4 - Your environment

Standard 9 - Feeling safe and secure

National Care Standards for care homes for older people.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

We found the service performance was very good in the areas covered by this statement. We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation.

The service involved residents in the recruitment of new staff and gathered views about those being interviewed to inform the recruitment decisions.

The evidence reported under Quality Statement 1.1 is applicable here.

Areas for improvement

The service had used a survey to gather views about the quality of staff who worked in the home. The management team were starting to use this information to inform supervision of staff. We will monitor progress with this at the next inspection.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found the service performance was good in the areas covered by this statement. We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation.

People using this service commented positively about the knowledge and skills of staff. Comments included;

"The staff are kind, patient and skilled"

"The staff conduct themselves in a very professional way and appear to be well trained"

We saw that the staff approach to service users was caring, polite and respectful. Staff demonstrated a very good knowledge of individual residents' preferences. We observed good team work and good communication between staff teams.

It is important for care services to develop a training plan for the full staff group to identify the long and short term training objectives for developing the teams' knowledge base and improving their practice. There was a training plan in place. We saw that there were records of the training staff had received recently.

Many of the care staff had achieved the qualifications required in order to register with the Scottish Social Service Council (SSSC). The SSSC is responsible for registering people who work in social services and regulating their education and training. This helps to raise standards of practice, strengthen and support the workforce and increase the protection of people who use services.

It is important that staff have access to regular supervision sessions to support them, to discuss concerns, look at their practice and discuss their training and development needs. It also gives management the opportunity to evaluate that any training has had a good impact in improving staff practice.

There was a schedule of supervision in place, there was evidence that supervision had been carried out regularly. Staff spoken with commented that they found supervision a useful and positive experience.

There were a range of meetings available for staff to express their views, discuss service provision and practice issues. There were minutes of meetings available.

The organisation had an induction programme in place which aimed to support new staff members and prepare them for their role. New staff we spoke with confirmed that they were being supported by experienced staff and that they were working through the induction programme.

Staff spoken with during the inspection visit confirmed that they felt well supported by the management team and felt listened to and that any concerns were actioned.

Areas for improvement

During the two days of the inspection visit we noted that there were long periods of time when sitting rooms were not supervised by staff. The service should review the deployment of staff during the day to ensure that residents are supervised in sitting rooms. This will be the subject of a Recommendation. See Recommendation 1.

The service had recently identified staff who would undertake the role of key worker for named residents. The key workers are support staff who are identified to help to coordinate an individual resident's care, support that resident with communication and maintain links with their relatives and friends. The service should continue to develop the role of the key workers to ensure that the skills of staff are enhanced and that they have opportunities to be involved in full support of residents and the development of the service. This will be the subject of a Recommendation. See Recommendation 2.

The service was developing enhanced roles for staff which included developing 'Care Champions' over a range of aspects of care and support such as palliative care, dementia, nutrition and infection control. This will ensure that there will be staff available to offer specialist advice and support to the entire team. We will monitor progress with this at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. To ensure the safety of residents the service should review the deployment of staff to ensure sitting rooms are adequately supervised.

Standard 5 - Management and staffing arrangements
National Care Standards for care homes for older people.

2. The service should continue to develop the key workers ensuring that the staff involved have a clear understanding of the role and the responsibilities of key workers.

Standard 5 - Management and staffing arrangements

National Care Standards for care homes for older people.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We found the service performance was very good in the areas covered by this statement. We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation.

The manager operated an 'open door' policy and encouraged residents and relatives to discuss the service provision. The people we spoke with commented positively about how accessible the manager was to discuss concerns and service provision.

One relative commented that an issue they had raised with the management team had been addressed "quickly and did not occur again".

The evidence reported under Quality Statement 1.1 is applicable here.

Areas for improvement

The service had carried out a survey to gather the views of residents and their relatives regarding the quality of the service. The management team plan to use the outcome of this survey to inform the self-assessment they submit to the Care Inspectorate.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service strengths

We found the service performance was good in the areas covered by this statement. We came to this view after we:

- spoke with people who use this service
- spoke with the staff team
- looked at documentation.

The service uses the organisations Quality Assurance system. The manager utilises the audit tools the system offers to assess and monitor the quality of service provision. We saw that action plans had been developed to address any issues identified through the audits and that these were helping to progress service improvement.

The management team gather information about residents on a monthly basis regarding the number of accidents and incidents within the home, the level of risk of falls and nutritional risks for individuals. This information is used to inform a report which provides the management team with an overview of specific risks for residents and a review of the outcomes to ensure that appropriate action had been taken.

The Home is working towards achieving the PEARL award. (Positively Enhancing and Enriching residents lives). This award is gained through the organisation undertaking an assessment of how well the home supports residents who have a diagnosis of Dementia.

The management team were aware of their duty to notify us of serious issues involving the people who use the service and the staff.

Areas for improvement

The management team held meetings with heads of departments and care staff to identify and action issues regarding the day to day performance of the service. We saw that the outcomes of these meetings were having a positive impact on service provision and staff practice. The meetings could be held more regularly to further improve service provision and enhance communication between departments. The management team detailed that they were considering this. We will monitor progress at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

None.

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

6 Inspection and grading history

Date	Type	Gradings
3 Dec 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
11 May 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
21 Nov 2011	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good

Inspection report continued

4 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
19 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed 3 - Adequate
5 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
7 Dec 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
21 May 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
31 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
6 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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

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