

Care service inspection report

Kincaid House

Care Home Service Adults

Oakfield Terrace

Greenock

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Telephone: 01475 553921

Inspected by: Isabel Purdue

Marjorie Bain

Type of inspection: Unannounced

Inspection completed on: 26 February 2014



HAPPY TO TRANSLATE

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Service provided by:

Daviot Care Limited

Service provider number:

SP2010010915

Care service number:

CS2010249604

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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	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

What the service does well

Residents and their families have high levels of satisfaction with the quality of the overall service provided and their involvement continues to be promoted and supported in meaningful ways. Staff are well trained and provide a professional service that meets residents' health and welfare needs in an individualised way. The quality of the environment is managed to a very good standard and there are effective quality assurance systems in place.

What the service could do better

The areas for improvement detailed in this report should be addressed to further develop and improve the very good standards in place.

What the service has done since the last inspection

The grades achieved at the last inspection have been maintained.

Three recommendations about mealtime monitoring, finance records and food/fluid monitoring made at the last inspection have been met as detailed under quality statement 1.3 in this report.

The staff team have continued to develop the dementia strategy to further improve the quality of the service provided to individuals living with dementia.

Conclusion

Kincaid House provides a high standard of care and support that is personalised to meet the needs, choices and preferences of each individual resident. The meaningful involvement of residents and their families is valued and the overall service operates to a very good standard due to the culture of continuous improvement and the skills and commitment of the management and staff team.

Who did this inspection

Isabel Purdue

Marjorie Bain

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 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 Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate.

Kincaid House is a care home (with nursing) registered for 90 older people who may have dementia and/or physical disabilities. The provider is Daviot Care Ltd. There were 86 residents using the service during our inspection.

The home is located in a residential area of Greenock near local amenities including shops, bus routes and train links.

The home is a purpose built property with accommodation over three floors. All 90 bedrooms in the three units are en-suite with wet floor showers. There are lounge and dining facilities, kitchenettes and adapted bathrooms on all levels as well as additional rooms dedicated to quiet time, activities and reminiscence. The home also has a cinema room and a garden.

The stated aim of the provider is "to maximise the quality of life of clients by providing choice, safeguarding individual rights, giving fulfilment, independence and respecting privacy and dignity, along with high quality care." In addition to this, Kincaid House aims to provide people using the service with an environment that

delivers the highest quality of service in all aspects including staffing, facilities and care delivery.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very 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 wrote this report following an unannounced inspection. This was carried out by Isabel Purdue and Marjorie Bain, Inspectors. The inspection took place on Thursday 20 and Friday 21 February 2014. We gave feedback to the management team and the area manager on 26 February 2014.

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

We asked the manager to give out 20 questionnaires to staff and we received nine completed questionnaires.

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

We spoke to:

- fourteen residents
- seven relatives
- a visiting friend
- five care assistants
- two senior care assistants
- three nurses
- a team leader
- the chef
- three of the housekeeping staff (laundry and cleaning)
- the hotel services supervisor
- the maintenance officer
- the depute manager
- the manager
- the area manager

One of the Inspectors also had lunch with some of the residents during the inspection.

We looked at:

- the way staff worked with residents
- evidence from the service's most recent self assessment where the manager set out the strengths and areas for improvement
- participation records including satisfaction surveys, newsletters and minutes of meetings with residents and their relatives
- the participation strategy which explains how residents and their families will be involved in the assessment and improvement of the service
- residents' personal plans including needs assessments, care plans, risk assessments and evaluations
- records of financial transactions relating to residents' personal money
- residents' healthcare records and case tracking for specific healthcare needs
- professional visitors records including community healthcare input
- six monthly care reviews
- medication records
- accident and incident records
- menus
- the activities programme
- cleaning schedules
- repair and maintenance records
- general observation of the environment and equipment (for example, is the service clean, is it set out well and is it easy to access by people who use wheelchairs?)
- minutes of staff meetings
- staff training and development records including SVQ training
- staffing rotas and resident dependency assessments
- nine care service questionnaires returned by staff
- quality assurance records, audits and action plans
- complaint records
- the registration certificate
- the insurance certificate
- the staffing schedule

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

Three recommendations made at the last inspection in relation to mealtime audits, finance records and food/fluid monitoring charts had been met as detailed under quality statement 1.3 in this report.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The Care Inspectorate received a 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 we grade them under.

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

For this inspection, we received views from 14 of the 86 residents who were spoken with individually. All of the residents we spoke to told us they were very happy with the service they received.

We have included some of the comments from residents under the relevant quality statements throughout this report.

Taking carers' views into account

Carers in this context include parents, guardians, relatives, friends and advocates. They do not include staff or other professionals.

We had the opportunity to speak with seven relatives and a visiting friend individually during our inspection. Comments were very positive about the overall service provided.

Two people said they would like to see more activities, including more 1-1 time for residents who did not participate in the group activities or outings.

We have included some of the comments we received under the relevant quality statements throughout this report.

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: 5 - Very 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

This quality statement was reviewed in full at the last inspection. We found this service had continued to perform to a very good standard in the areas covered by this statement and we also saw some examples of excellent practice that were being introduced to continue to improve the way that residents and their families could be involved in assessing and improving the quality of the service in meaningful ways. We concluded this after we looked at the relevant records and spoke to residents, relatives and staff. Staff recognised that residents and their families had a right to be involved in assessing and improving the quality of the service provided to them, including the quality of care and support. We found that staff continued to welcome their input and had promoted participation in meaningful ways.

The provider had developed very good information about the service so that people knew what was available and what they could expect. This included a brochure and a localised 'Welcome to Kincaid House' pack that included information about a wide range of topics that would be useful to residents and their families. This had been updated since the last inspection. The participation policy had been included and this let people know how their involvement would be supported from an early stage. A range of additional, useful information was also on display in the home like menus, the activity planner and copies of the latest newsletters.

The participation strategy outlined clear aims to support active involvement and the way this was managed could change in response to residents' needs and abilities. A range of different methods had been used to encourage and support residents and their relatives to become involved in assessing and improving the quality of the service, including the care and support. These were:

- 1-1 meetings with residents and their relatives
- consultation with residents and relatives when writing personal plans to discuss and agree how care and support needs would be met
- formal care reviews to discuss how well care and support needs had been met and any changes
- meetings (every four months) where residents and relatives were invited to give their views and put forward ideas that could help the service improve
- meetings where residents were invited to grade the quality of the service as part of the self assessment process
- opportunities to be involved in groups set up to discuss specific plans and developments
- satisfaction surveys given to all residents, relatives, staff and other people who visited the service (like GP's and pharmacists)
- a regular newsletter to keep people up to date with events, plans and developments (including a 'you said - we did' section)
- comments and suggestion forms
- a named nurse and key worker system
- advocacy information and involvement
- notice boards where useful information was posted
- a complaint procedure that people could use to address issues on a more formal basis

The residents and relatives we spoke to said that staff had discussed care and support needs with them. They also said that staff had included them when making changes and decisions about the care being provided. People told us they had been kept well informed and that they felt comfortable expressing their views as staff were approachable and responsive. Some of the comments we received included:

"I think the staff know me well enough by now - they know what to do and how to do it."

"Yes, I do feel the staff care for me the way I want them to."

"They do things your way - very patient."

"I can talk to any of them about anything - any wee problems get sorted straight away."

"I like the newsletters."

"Families are genuinely involved - it's not just face value."

"We're always contacted if anything comes up and we come to the reviews."

"The staff seek us out when we visit to keep us up to date and just to have a chat."

"We come to the reviews and discuss things together."

"The meetings we've been to have been good - very worthwhile."

"Nobody's perfect but they strive to do things right and it works 99.9% of the time."

"What I like is the way that (relative) has kept his individuality. They went out of their way to find out what he likes and we were impressed with that."

We also saw a selection of complimentary thank you cards and letters from relatives praising staff for the quality of the care and support they had provided.

There had continued to be a low turnover of staff and residents and relatives told us this was important to them as it supported the development of positive relationships. The staff we spoke to knew residents well and had a very good awareness of their individual needs, choices and personal preferences.

The personal plans we looked at reflected the involvement of residents and their relatives. We saw examples of this in records like care plans, risk assessments and reviews where decisions had been discussed and agreed. We saw that staff had recorded residents' needs, choices and personal preferences to a very good standard overall in the personal plans we looked at.

We saw that system introduced to ensure that good quality reviews of residents' personal plans took place within the six month timescale had continued to work well and the management team monitored this. The improvements introduced by the management team had remained effective in making this a meaningful process. We also saw that the manager attended some of the more complex reviews and/or arranged for other parties to attend the review meeting where this was beneficial, for example, community based healthcare staff attending to explain the use of medication.

Staff continued to progress the introduction of the 'pen pictures' based on the Alzheimer's Society document "This is me". These records included things that were particularly important to residents in the form of a written document to compliment the computer based personal plans and used a person centred approach that included a key summary of individual needs, abilities, life history, choices and preferences. This work was ongoing with input from residents and/or their relatives.

As well as the scheduled meetings held with residents and relatives, we saw that additional meetings had been organised to discuss particular topics like the completion of the self assessment form (during which residents graded the service as

'very good' or 'excellent') and the launch of the dementia strategy. This had given people additional opportunities to express their views and to be kept well informed about new initiatives aimed at continuous improvement.

Since the last inspection, the approach to relatives' meetings had been developed to include an information session about topics that would be of interest, such as end of life care and this was a good initiative. We saw that there were plans in place to continue with this by involving people in the development of a nutrition group.

At the last inspection we said that the format for recording action plans and minutes of meetings should be standardised to further improve the very good practice in place and this had been done.

One of the principles in the participation strategy was that all residents have an equal opportunity to participate. At the inspection we saw that there were good plans in place to introduce more 1-1 consultation meetings in response to the increasing number of residents who did not complete questionnaires or participate in group meetings, either through choice or because of their support needs. This is important as it enables as many residents as possible to express their views about the quality of the service and become involved in a way that suits them.

Targeted questionnaires had been issued to residents, relatives, staff and other stakeholders (like GP's and Social Workers) once a year on a three monthly cycle. The results had been fed back via the 'You Said - We Did' section of the newsletter with a copy of the overall analysis and comments attached to let people know the outcome. We saw that this had improved since the last inspection with more detailed information about how comments and areas for action had been responded to. The questionnaires we reviewed showed that there were very good levels of satisfaction with the overall quality of the service provided. Some comments from the recent external professionals' survey included:

"What comes across is that you care about what you do for the benefit of residents and staff."

"Why mend it when it's not broken?"

Staff knew how to access advocacy services for residents where there was a need for this and there were examples of this having happened. The local advocacy service had also attended a coffee morning in the home recently to discuss their role and it was planned that they would hold meetings with residents in addition to the well established home meetings. This showed that staff were open to the involvement of outside agencies where this could be of benefit to residents.

Newsletters had been used to keep people up to date with what was happening in the service. We saw that the newsletters were user friendly, well presented and

informative. Some of the topics featured had included events and activities, inspection outcomes, questionnaire outcomes and comments, new developments and future meeting dates. The provider also issued a good quality newsletter to keep people up to date with what was happening across the wider organisation.

At the last inspection, some respondents indicated that they did not know about complaint procedures despite being given information about this when they came to live in Kincaid House. Since then, the management team had taken action to raise awareness in relation to raising concerns or complaints and this had also been included in the newsletter.

A suggestion box was available for people to post comments and development ideas. This had not been used much as there had been very good communication between staff, residents and relatives but it was available as an option if people wanted to use it.

Areas for improvement

Staff should continue to increase the level of information they record about residents' abilities in their personal plans in addition to their support needs.

Consideration should be given to following the timescales set out in the SPSO (Scottish Public Services Ombudsman) model complaint handling procedure.

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

This quality statement had been reviewed in full at the last inspection. We found this service had continued to perform to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; observed staff at work and looked at the relevant records. We found that many of the residents living in Kincaid House had a high level of complex healthcare needs. Staff were trained and experienced in the care of older people and had a very good awareness of residents' individual health and wellbeing needs.

We looked at the way that staff had assessed residents' needs and what action they had taken to keep people safe and well. We concluded that staff had continued to carry out these assessments properly in partnership with other people like relatives, GP's and social workers. Staff knew individual residents very well and told us what they had done in order to meet their needs properly.

The residents and relatives we spoke to told us that staff had provided very good care and support. They had confidence in staff and said that they responded properly to any changes or issues around health and wellbeing. Some of the comments we received were:

"I prefer to spend time in my room. I'm very happy and comfortable with the care I receive."

"The care is very, very good - they can't do enough for you."

"The food's good - lovely roast beef."

"I didn't like either choice one day and they made me a lovely baked egg which they know I like."

"I've been to the dentist in here."

"The food's good - (relative) always gets her favourite biscuit with her tea."

"(Relative) loves it here - she came alive when she came in."

"The care is excellent."

"Clean? Yes - very."

"The food's okay - it always looks nice."

"It's very clean - staff work hard to keep the home clean."

"I'm absolutely confident that my (relative) is looked after properly."

Staff had continued to use suitable risk assessments to identify the level of support needed by residents and the management team received regular updates about significant clinical healthcare issues throughout the home. This had highlighted the residents who were most at risk from issues like falls, weight loss, pressure ulcer development and so on. The management team had used this information to make sure that residents had received the necessary care and support to reduce the health risks involved. We also saw how the dependency assessments carried out had continued to inform staffing levels and the deployment of staff in order to best meet residents' needs.

The information recorded in the personal plans we looked at had been personalised for each resident and the level of detail was very good overall. We concluded in discussion with staff that residents' healthcare needs had been very well managed.

An overview of the AWI/DNACPR certificates in place had been developed. This helped to prevent review dates from becoming overdue. The manager had also attended training on Power of Attorney since the last inspection.

Equipment had been put in place where it had been identified that residents would benefit from this, for example, alert mats and support rails. This also helped to reduce risks for residents and helped to promote independence.

Staff had recorded accidents and incidents. These records had been checked by the management team to make sure all the necessary actions had been carried out to support residents and reduce the risk of recurrence. We saw that an effective falls management assessment tool had continued to be used with good results where residents had experienced an increased number of falls.

Staff had maintained very good links with the local community healthcare network and a wide range of external healthcare specialists. This had included GP's, psycho-geriatricians, district nurses, dieticians and so on. We saw that staff had continued to contact the relevant professionals quickly where a need for this had been identified. We saw how this had resulted in positive benefits for residents like good medicines management, pain control and reducing weight loss. Staff had also continued to support individual residents to attend specialist clinics and access regular health screening services like dentists, opticians and podiatrists. This had helped to maintain residents' health as well as identifying any issues at an early stage so that treatment could be offered.

The manager had been involved in a working group with a number of other parties

including the local authority, community healthcare staff, Alzheimer Scotland and the local advocacy service. This was in relation to adult support and protection with a view to reviewing what was already in place and what more needed to be done to keep people safe and protected in care home settings. The manager was keen to continue with this important initiative. We saw that there had also been an increased level of joint working in relation to new initiatives around mental health and the development of a nutrition group with positive benefits for residents.

At the last inspection we saw how menus had been nutritionally assessed to make sure they met the needs of older people. The chef had a very good awareness of residents' individual needs and preferences and we saw that the kitchen was very well stocked. Special diets had continued to be well managed and improvements had been made to textured diets since the last inspection to make them look more appetising. We found that staff had provided the necessary care and support to residents who needed extra help due to their increased eating and drinking needs. We saw examples where this had prevented more health problems from developing as a result of weight loss or dehydration.

We made the following recommendations at the last inspection:

1. Regular mealtime audits should be carried out to further improve staff practice.

Action: The regional catering manager had carried out training on meal service and the home manager had started mealtime audits to assess the overall experience for residents. It was intended that these would continue. We observed the way that mealtimes were managed and saw that the food served was appetising and well presented. Meals were a relaxed and positive experience for residents and we saw that staff provided good help and support. This recommendation had been met.

2. Food and fluid monitoring should be improved in relation to the areas for improvement identified in order to maintain more detailed, informative and accurate records.

Action: Food and fluid charts had been changed so that staff could record intake and other important information in more detail. This recommendation had been met.

3. Records of financial transactions relating to residents' personal money should be improved to maintain a full and detailed account of the way this has been managed.

Action: The form for recording these transactions had been reviewed and improved. We saw that entries were clear and accountable. This recommendation had been met.

A programme of activities had continued to be delivered daily and it was anticipated that this would be further improved with the recent recruitment of additional staff. We saw that there had been very good examples of special events being celebrated,

for example, a 1940's day and a Valentine's Day dinner. The people we spoke to during the inspection told us how they appreciated this. An activities room and a reminiscence lounge had also been developed since the last inspection.

The residents we spoke to told us that the very good quality of the home environment contributed to their sense of wellbeing. Relatives and visitors agreed with this. We found that the safety of the overall environment had been very well managed and the high standards of cleanliness helped to protect residents from the risk of infection. Very good records had been kept in relation to this. There was also a welcoming and relaxed atmosphere in the home and it was not noisy.

A number of staff had been identified as champions for a range of topics. This was to inform and support best practice. We saw that this had been well resourced and nutrition champions had recently attended training. Oral healthcare champions had been introduced following the 'Caring for Smiles' training programme which was good practice. Development was ongoing to fully establish the champion roles in each unit.

Areas for improvement

Although the recording of food and fluid monitoring had improved, staff should reflect what has been fortified and the fluid intake targets should be clearly set out on the charts according to the needs of each individual resident. The management team should monitor this.

Although the menu was on display on the notice board outside the dining room, consideration should be given to having menus on the tables as residents told us they did not know what the choices were.

The activities programme should continue to be developed to fully establish activities that meet the needs of individual residents taking account of their hobbies and interests. Two people said:

"It's all good but I would like to see more activities - especially for people like (friend) who can't join in with the groups."

"Activities could be better - they need more 1-1."

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 5

We respond to service users' care and support needs using person centered values.

Service strengths

This quality statement had been reviewed at the last inspection. We found this service had continued to perform to an excellent standard in the areas we looked at under this statement. We concluded this after we observed staff working with residents, looked at the relevant records and spoke to residents, relatives and staff. The management and staff team demonstrated a strong commitment to the promotion of person centred care and support for residents and this had been achieved through continued learning and development informed by best practice. We saw positive examples of person centred support that had enhanced the day to day lives of individual residents in meaningful ways.

We saw that staff used an individualised and person centred approach when working with residents. The operation of the home was not task orientated and was flexible to working in a way that met the needs of individual residents which was good practice.

The staff team had a very good awareness of residents' individual needs and preferences. This helped staff to provide care and support in the way residents wanted taking account of their choices and daily routines. The residents and relatives we spoke to confirmed that this was the case.

A strategy to further improve the quality of care and support that staff provide for residents living with dementia had been introduced in July 2013 and we saw that this had been further developed since the last inspection. The strategy had been informed by evidence based good practice and a range of initiatives had been developed to continue to enhance the care provided.

We found that the dementia strategy had resulted in positive outcomes for individual residents and we saw how this had helped to enhance their quality of life in significant ways that had included a reduction in the use of medication needed to treat anxiety or agitation, improved nutrition and reduced risk of infection and falls. This was an excellent initiative and more work had been carried out since the last inspection to develop the environment in ways that benefitted residents.

The depute manager was trained to deliver the dementia ambassador training (including palliative care in dementia) and two staff were currently undertaking this. We found that the provider and the staff team were very committed to delivering the strategy and the provision of more information and support for families was currently being explored.

Areas for improvement

Pen pictures based on the Alzheimer's Society "This is me" tool continued to be developed for residents. This detailed what was important to residents including their individual needs, choices, personal preferences and preferred daily routines.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very 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 that the service had performed to a very good standard in the areas covered by this statement. We concluded this after we looked at the relevant records and spoke to residents, relatives and staff.

Participation was considered in general terms under quality statement 1.1. For shared strengths around participation see quality statement 1.1.

We saw that residents' bedrooms had been personalised.

There had been consultation about the environment at meetings and in questionnaires.

There had been opportunities for residents and family representatives to come together to discuss the environmental plans relating to the dementia strategy and the development of a reminiscence room.

Areas for improvement

Participation was considered in general terms under quality statement 1.1. For shared areas for improvement see quality statement 1.1.

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 that the service had performed to a very good standard in the areas covered by this statement. We concluded this after we talked to residents, relatives and staff, inspected equipment and the environment and looked at the relevant records.

The residents and relatives we spoke to said that they were very happy with the quality of the environment. All felt that the home was safe, clean, comfortable and well maintained. Comments included:

"It's lovely - really nice place."

"The home is nice."

"Yes, I feel safe here."

"I've had some repairs done - they were dealt with very quickly."

"Spotless."

"We're impressed with the home - it's lovely."

"Never an issue with cleaning."

"(Relative) is very comfortable - her bedroom is very nice."

"It's a beautiful home - very well kept."

The provider had developed health and safety policies and procedures to inform and guide staff practice. Staff learned about these as part of their induction and ongoing training. Staff could access these records for reference if they needed to refresh their knowledge or check information. This meant that staff had clear guidelines to follow and it was intended that awareness of policies would continue to be reinforced using the new E-learning policy portal and a 'policy of the month' approach.

Staff had received ongoing health and safety training that covered a range of topics including fire safety, food hygiene, infection control, the use of chemicals and risk assessment. The staff we spoke to had a very good awareness of their responsibilities in relation to the maintenance of a safe environment for residents. The manager and depute had also undertaken recognised training qualifications in fire risk assessment and health and safety.

A full time maintenance officer worked on site and there were arrangements in place to address any issues that came up outwith normal working hours. The provider also had a help desk that staff could contact if they needed advice or support. Staff told us this worked well and that any issues they identified had been attended to quickly which promoted a safe environment for residents. A system for reporting and addressing general day to day repairs had also been established. We saw that this had worked very well and that repairs had been carried out quickly.

There had been a planned approach to the servicing, maintenance and repair of equipment and the overall environment. This included areas like electrical safety, lifting equipment, gas safety, the nurse call system and so on. We looked at the records of the checks carried out and saw that these had been managed very well. An overview of the maintenance checks had been developed during this inspection to show what had to be done and when which helped to prevent work from becoming overdue. The maintenance officer had also carried out and recorded a range of regular safety checks including hot water temperatures, wheelchairs, bed rails and window restrictors. We saw that this preventative programme had worked very well to maintain safety and protect residents from avoidable harm.

Maintenance records had been reviewed and re-organised since the last inspection and the management team monitored these records to make sure they were up to date.

Reports from Environmental Health and Fire Safety were available. Any points for action had been addressed.

Our inspection of the environment and equipment showed that standards of cleanliness were high. We saw that there were good quality cleaning resources and housekeeping staff told us how they cleaned the home in line with proper infection control standards. Very good cleaning schedules were in place to inform and maintain standards and these had been well completed by staff and checked by the hotel services supervisor. The laundry had been very well managed and there were also plenty aprons and gloves for staff to use which helped to reduce the risk of cross infection for residents.

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

There were arrangements in place to keep the home secure and safe from intruders. The front door was controlled by a key pad and nobody could enter the home without staff knowing who they were. All other doors had alarms in place and this also

protected residents who could be placed at risk if they left the home on their own without the proper support.

Residents were able to lock their bedroom doors if this was their choice but staff could get into bedrooms quickly if there was an emergency. Bedrooms had a locked drawer where residents could keep personal belongings safely. Special beds and mattresses had been put in place for residents where a need for this had been identified. We saw that beds were comfortable and the quality of bedding and towels was very good. This helped to support residents that were at risk of developing problems with their skin.

As well as the en-suite shower rooms in residents' bedrooms, there were adapted baths and wet floor showers in the shared bathrooms which were spacious. This meant that residents with physical disabilities were able to use these facilities safely and in comfort. Grab rails and support handles had also been fitted in these areas to promote safety and independence.

All of the rooms we inspected had a working nurse call system in place which meant that residents could summon help when they needed it. Some residents also used equipment that was suited to their individual needs, for example, alert pendants, chair sensors or bed alarms.

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

Equipment had been put in place where it had been identified that residents would benefit from this, for example, alert mats and support rails. This helped to reduce risks for residents and helped to promote independence.

Staff had recorded accidents and incidents. These records had been checked by the management team to make sure all the necessary actions had been carried out to support residents and reduce the risk of recurrence. Where individual residents had experienced more accidents/falls, the management team had reviewed the possible reasons for this and acted accordingly to minimise the risk or recurrence.

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

Areas for improvement

The very good standards being delivered should be maintained.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very 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 this service had performed to a very good standard in the areas covered by this statement. We concluded this after we looked at the relevant records and spoke to residents, relatives and staff.

Participation was considered in general terms under quality statement 1.1. For shared strengths around participation see statement 1.1.

There had been consultation about staffing at meetings and in questionnaires.

It had been suggested at a meeting for relatives that an award for the 'employee of the month' could be introduced. The management team had followed this through.

Areas for improvement

A relative commented at the last inspection that she was never sure who her relative's named/key worker was and at this visit a relative said they were not sure what the key worker role was about:

"I'm never really sure about the whole key-worker thing."

We said that the management team should explore this to make sure there was better awareness about the key worker system and the staff allocated to individual residents. The management team were exploring the introduction of 'welcome cards' that could include a photo of key worker(s) and information about what this role involves in order to raise awareness. This was a good idea. There were also plans to include some information in the next newsletter to make clear the purpose and benefits of key-working so that people knew what to expect from staff.

Participation was considered in general terms under quality statement 1.1. For shared areas for improvement around participation see statement 1.1.

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

This quality statement had been reviewed in full at the last inspection. We found this service had continued to perform to a very good standard in the areas covered by this statement. We concluded this after we looked at the relevant records, spoke to residents, relatives and staff; watched staff at work and reviewed the questionnaires we received. The staff team were professional and had received good training to support them in their individual role. We also found that staff valued the work they did and were motivated to provide a good quality service to residents and their families.

Although there was a large staff team, there had been a low turnover which had provided good continuity of care for residents and their relatives who told us this was important to them. We found that the stability of the staff team had supported the development of positive relationships and the residents and relatives we spoke to told us they were very happy with the quality of staffing and the care and support they provided. Comments included:

"Staff are good. The men are good as well - kind."

"The staff are lovely - they treat me very well."

"I'm confident in staff."

"All staff are equally good."

"I know most of the staff by name."

"Staff know and do more than just their job description."

"They care about my (relative) as well as caring for her."

The provider had developed a range of policies and procedures to guide and inform staff practice. Standards had been set so that staff knew what was expected from them. A clear staffing structure also meant that staff had well defined roles so they knew what their duties were. We saw that the management team had continued to monitor staff performance to make sure that standards were followed to make sure that residents continued to receive a safe, good quality service.

We found that the day to day running of the service had been well managed. Individual members of staff were responsible and accountable for making sure that

specific aspects of the service were properly organised. We also found that there were good communication and reporting systems.

Staff had carried out an assessment of residents' dependency levels each month. The management team had used this to inform staffing levels and the deployment of staff in a way that matched staff skills to residents' needs. We were satisfied with the way this had been managed.

Regular checks had been carried out to verify the status of staff who had to be registered to practice, for example, making sure that nurses had up to date registration with the Nursing and Midwifery Council (NMC). This was to make sure that staff were fit to practice which protected residents.

We saw that the training programme had included the kind of topics we would expect to see in order for staff to meet residents' needs. Some of the training was mandatory like health and safety, adult support and protection, fire safety and infection control. Staff had to attend this training and also had to update their knowledge within a set timescale. The management team continued to monitor this. Additional training informed by the needs of residents and staff had also been delivered. We concluded that the overall approach to the training and development of staff was very good and the staff we spoke to agreed with this. A new E-learning system had recently been introduced and it was anticipated that this would support further improvements.

Staff had recently been involved in two significant training initiatives. These were the 'Caring for Smiles' programme and the 'My Home Life' project. We saw that this had resulted in positive benefits for residents and their families.

A rolling programme of SVQ training had continued to be delivered to meet the qualification requirements of the Scottish Social Services Council (SSSC). The purpose of this register is to support the delivery of a safe and qualified social care workforce in Scotland. Senior care staff had been registered with the SSSC and the management were aware of the timescales for registering the rest of the staff team.

There was a system in place to meet the training needs of individual staff according to their role. Some staff had also undertaken additional courses that allowed them to carry out 'in house' training on challenging behaviour and moving and assisting. The staff development system included a yearly appraisal and quarterly supervision meetings that explored training and development needs and how these would be met. We saw that appraisals and supervision meetings had been well managed. The management team had monitored the frequency of these meetings which were ongoing throughout the year.

We found staff to be professional, highly motivated and knowledgeable with a caring attitude. Staff valued the work they did and told us that the management team had supported them to provide a high standard of care to residents. Staff said that they

worked well together as a team and that training and communication were good. Staff said they felt able to raise any issues and told us the management team listened to them.

The responses in the questionnaires returned by staff were positive about training and personal development, resources, safety at work, quality of care, communication and involvement. The comments in the questionnaires returned by staff included:

"Would like to have more one to one time with residents within our unit."

"I feel that the training we receive is relevant and helps me do the job to the best of my ability."

Daily handover reports and periodic staff meetings had been held to support good communication throughout the home. A meeting schedule had been developed to inform the type and frequency of the meetings to be held with a view to keeping staff involved and up to date with standards, changes and new developments relating to residents' care and support needs and other aspects of the service.

Some of the staff team had been identified as 'champions' for a range of topics relevant to residents' needs. To date, this had included dementia, palliative care, nutrition, pressure sore prevention, continence and falls. The purpose of these roles was to keep up to date with best practice and promote this throughout the home, especially given the high level of residents' care and support needs. This work was ongoing to develop champions in each unit.

Areas for improvement

A plan should be drawn up to inform and support the registration of care staff coming under the category of support workers.

The only area where some staff (four out of nine) chose the 'don't know' response was in relation to awareness of important policies and procedures that included whistleblowing, restraint, complaints and participation. The provider did have these policies in place and the new E-learning system had a 'policy portal' to help raise awareness. It was planned that a 'policy of the month' approach would be introduced.

Although there was a meeting planner in place and communication was good, we saw that some of the unit meetings had not taken place. We discussed the frequency of the planned meetings with the management team who intended to review this in consultation with staff.

Staff meetings should also be used as an opportunity to reflect on good practice and to promote discussion about the ongoing development and improvement of the service.

Action plans should be written as a matter of course following meetings to show how planned actions have been followed through.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very 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 this service had performed to a very good standard in the areas covered by this statement. We concluded this after we looked at the relevant records and spoke to residents, relatives and staff.

Participation was considered in general terms under quality statement 1.1. For shared strengths around participation see quality statement 1.1.

There was a continued commitment to the meaningful involvement of residents and their families in assessing and improving the quality of the overall service. This included participation when carrying out audits which had happened previously.

Areas for improvement

The management team could inform people about the quality assurance system and the outcome of the audits undertaken to let them know how standards are monitored, maintained and improved. This could be done via meetings or the newsletter.

Participation was considered in general terms under quality statement 1.1. For shared areas for improvement see quality statement 1.1.

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 this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records, observed staff at work and inspected the environment. The evidence we looked at showed that the quality assurance system provided the management team with a comprehensive overview that informed and supported a culture of continuous review and improvement.

In addition to the strengths around the involvement of residents and their relatives and the quality assurance methods detailed under quality statement 1.1:

We found that management team had provided strong leadership for staff. They also had regular contact with residents and their families. The people we spoke to during our inspection had high levels of satisfaction with the quality of the service and knew what to do if they had any issues or concerns. They told us:

"Wonderful place - I couldn't have asked for better."

"I have only good things to say."

"No complaints - it's first class."

"My family are very happy with everything."

"I give it 11 out of 10."

"Yes, if I had any complaints they would sort things out no problem."

"I know the manager and her deputy - both very capable."

"It's a big place with lots of staff but the standards speak for themselves - it's obviously well managed."

"We would know how to complain but haven't had to. It wouldn't worry me though because the staff are very approachable."

"We were apprehensive about (relative) moving into a care home but it's been the best thing that could have happened - she's really improved thanks to the exceptional care."

"We would absolutely recommend it."

"I can't fault them."

"If I had an issue I would have gone to (manager) but I never had to."

"If anything's come up it's been trivial and they acted on it straight away."

"It's a great relief for me being able to have (relative) here."

"They go the extra mile."

"It's always been good - a few ups and downs but I feel things have really come together in the last six months."

"I'd recommend it."

Policies and procedures had been written to inform the standard of performance that was expected from staff. The staff we spoke to knew what their roles and responsibilities were and there was evidence that senior staff monitored this to maintain and improve the quality of the service being provided.

There was an effective procedure in place for notifying the Care Inspectorate of significant events.

We found that the day to day running of the service had been well managed. Individual members of staff were responsible and accountable for making sure that specific aspects of the service were properly organised. We also found that there were good communication and reporting systems.

The management team were involved with the 'My Home Life' project and this learning had been used to review specific aspects of the service with a view to making changes that would benefit residents, relatives and staff. This project was ongoing.

Residents had been involved when the annual self assessment had been completed. The management team had discussed the service with them and asked for their views, including the grade that they would give in terms of overall quality. The manager had reflected this in the self assessment document.

Relatives told us that the management team were easily accessible. Relatives also told us that they felt comfortable raising any issues as they found staff approachable, friendly and responsive. We found that the limited number of complaints had been recorded and managed properly.

Quality assurance was seen as an important part of the service and effective systems that set out what was to be checked and when had been put in place to monitor this. A range of audits had been carried out to check standards and to identify areas for improvement. These had included areas like healthcare, medication management, staff development, participation, the environment (including infection control) and record keeping.

The management team had introduced a new audit tool to monitor residents' six month reviews, care plan updates, staff meetings and staff supervision in each unit. This was to maintain the improvements made in these areas.

The provider had also introduced a new audit tool. This was in the process of being established to recognise areas of good practice and to inform, monitor and further improve standards. The audits had an outcome focussed approach which meant that the actual quality of experience for residents would be used when assessing performance.

We found that there had been a strong focus on the continued improvement and development of the overall service. Where areas for improvement had been identified, the management team had monitored these closely to establish and maintain good practice.

The staff developed as 'champions' for particular healthcare issues had carried out monthly audits relating to their own areas. This had included skin care, nutrition, falls and continence care. The management team had a monthly overview of this key information relating to residents' health and wellbeing needs. This highlighted the key issues and risks that were ongoing so they could check that staff had done everything they should to support these individual residents. We saw evidence that this had worked very well.

There had been a range of regular meetings to keep the management and staff team up to date with plans, changes and developments. This had included meetings for managers, heads of department and the wider staff team. We saw that the weekly head of department meetings had a strong focus on staff training and development, meeting inspection outcomes and continuing to develop the service in line with best practice.

A standardised format had been introduced to guide staff when recording meetings and this had further improved the quality of the minutes we looked at. The approach to meetings had also been reviewed to include a 'what works well and what could we do better?' approach.

There were good links developing with local groups like 'Your Voice' and the advocacy service. This helped to build good relationships within the local community.

Areas for improvement

Residents had previously been involved in carrying out audits of the environment with staff. It was advised that this approach would be revisited so that residents and their relatives are more involved when assessing standards of performance.

The action plans written when meetings and audits are carried out should be signed off when planned actions have been completed.

Grade awarded for this statement: 5 - Very 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

No 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 - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Statement 5	6 - Excellent
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings
16 Aug 2013	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
30 Nov 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
18 May 2012	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 4 - Good

Inspection report continued

		Management and Leadership	Not Assessed
9 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 4 - Good
1 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 4 - Good
5 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed

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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