

# Care service inspection report

## **Silverburn Care Home** Care Home Service Adults

3 Netherplace Road  
Glasgow  
G53 5AG

Type of inspection: Unannounced

Inspection completed on: 9 July 2014



HAPPY TO TRANSLATE

# Contents

|                                  | Page No |
|----------------------------------|---------|
| Summary                          | 3       |
| 1 About the service we inspected | 5       |
| 2 How we inspected this service  | 7       |
| 3 The inspection                 | 11      |
| 4 Other information              | 29      |
| 5 Summary of grades              | 30      |
| 6 Inspection and grading history | 30      |

**Service provided by:**

Silverburn Care Limited

**Service provider number:**

SP2013012095

**Care service number:**

CS2013318490

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0845 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

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

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

### We gave the service these grades

|                                      |   |      |
|--------------------------------------|---|------|
| Quality of Care and Support          | 2 | Weak |
| Quality of Environment               | 2 | Weak |
| Quality of Staffing                  | 2 | Weak |
| Quality of Management and Leadership | 2 | Weak |

### What the service does well

This newly registered service provided a positive physical environment for people living at Silverburn. The fabric and furnishings were of a very good standard, the areas were bright and spacious and bedrooms cosy and homely. There was plenty space to allow people to move freely within the home.

The garden areas were attractively planted and furnished.

### What the service could do better

We identified areas for improvement in all of the Quality themes. As a result we have made Requirements throughout this inspection report. More effective monitoring systems needed to be developed to ensure that the service was always operating to a satisfactory standard.

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

This is our first inspection of this service.

### **Conclusion**

Some issues found were of serious concern. We expect the provider to take prompt action to make the required improvements. The provider had engaged the services of a care consultant to assist them to deliver a service improvement plan.

# 1 About the service we inspected

## Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.

A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate."

Silverburn Care Home is a care home for older people located in the South of Glasgow

The home provides nursing and social care for a maximum of 50 older people, some of whom may have dementia. Up to 4 places may be used for respite or short breaks.

The care home has been configured into three care units, each with its own lounge and dining area.

The home is situated in a residential area. There are nearby public transport links, and shopping and entertainment facilities can be found at the Silverburn shopping centre which is a few minutes from the home.

There are 50 single bedrooms over two floors. All of the bedrooms have ensuite toilet, washbasin and shower.

Additional communal bathrooms are available, also with adapted facilities.

The communal lounges and dining areas are tastefully furnished and well lit. There is a conservatory, and attractively planted and furnished garden areas.

The environment is spacious, and the decor has considered the needs of people with dementia.

The home is privately owned by Silverburn Care Ltd., and was registered by the Care Inspectorate on 14 February 2014.

The services aims are:

'Our focus on delivering person centred care ensures that residents, families and staff enjoy living, visiting and caring for residents.'

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

**Quality of Care and Support - Grade 2 - Weak**

**Quality of Environment - Grade 2 - Weak**

**Quality of Staffing - Grade 2 - Weak**

**Quality of Management and Leadership - Grade 2 - Weak**

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

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

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

This unannounced inspection was carried out by 2 Inspectors. The visit commenced on 7 July at 8:15 p.m. and was concluded on 9 July at 2 p.m. Visits were undertaken during the late evening and the day time.

A feedback session was provided to the acting manager, service provider, local authority officer, and care consultant on 9 July.

Prior to the inspection visit a review of information held about the service was carried out. This included the services' self assessment and action plan, complaints investigations we had undertaken, and notifications of significant events sent to us by the manager of the service.

During the visit we examined information from a variety of sources as follows:

We spoke with:

- four relatives
- eight service users
- nine staff including care assistants, staff nurses and ancillary staff
- the maintenance person
- the acting manager, the service provider and care consultant
- the activities co ordinator
- the community dietician

We looked at:

- minutes of residents and relatives meetings
- complaints log
- personal plans of residents
- menus
- staff training records
- walk round of the premises - communal areas, sluices and bedrooms
- maintenance records

- staff recruitment files
- staff rota for two months prior to inspection date
- incident and accidents records
- audits including medication and managers daily walk round.
- the services action plan and update

We observed staff delivering care during the three days of our visit.

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

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

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

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

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

### **Fire safety issues**

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



## **The annual return**

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

**Annual Return Received:** No

## **Comments on Self Assessment**

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

The service submitted a self assessment as requested by us. The information it contained was limited and did not tell us about the care outcomes for people using the service.

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

We talked with 8 service users and 2 service users returned our care standards questionnaires.

Here are some of their comments:

'It is lovely here, just like a hotel'.

'The staff are very good, but they work hard'.

The meals are lovely'.

'I am encouraged to walk most of the time which is good for me ''We have a better system in place now and our clothes don't get mixed up'.

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

We talked with 4 carers, and 12 carers returned our care standards questionnaires.

Carers told us they were generally happy with the service but were concerned that the service manager had left. They had noted the staff group were more consistent and

felt this was of benefit.

They told us the food had improved over the recent weeks.

They were very complimentary about the standard of the home environments.

Here are some of their comments:

'My mum is happy here compared to the home she was in before'.

'There are not enough organised activities'.

'I am overall happy with the care of my relative'.

'My aunt does not always get a shower, even when I ask'.

'The management and staff have tried incredibly hard to settle the people into their new surroundings, but there have been teething problems'.

## 3 The inspection

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

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

#### Statement 1

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

#### Service strengths

The home had an adequate performance in relation to this statement.

We gathered evidence through:

- sampling records
- sampling care plan information
- observing practice and speaking to staff, service users and relatives.

There was some evidence that service users' and carers views had been sought about some aspects of the service.

The Provider had recently held review meetings for service users and carers in response to concerns being investigated by the local authority.

Some of the care plans we looked at had details about service users preferences, and how they wished their personal care to be provided.

There was evidence of Adults with Incapacity Certificates and where there was guardianship a copy of the order was present in the personal plan. This was good practice as it indicated clearly to staff who had been given powers to make decisions for a service user who could not do this for themselves.

The services complaints procedure was displayed on notice boards, including information on how to contact the Care Inspectorate.

The service had plans to seek the views of service users and carers about the menu and meals and snacks being provided. This was to ensure that people were able to choose from foods that they liked.

We acknowledged that the process of involving service users and relatives in making improvements within the home was work in progress.

The acting manager was very visible in the care units, and we observed her open lines of communication with service users and visitors.

### **Areas for improvement**

We saw the minutes of meetings which had been attended by carers, however it was not clear what actions had been taken in response to these views. See recommendation 1.

We acknowledged that the process of involving service users and relatives in making improvements within the home was work in progress.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The service provider should ensure that they devise and communicate an action plan from meetings with service users and carers.

National Care Standards, Care Home for Older People, Standard 5 management and Staffing Arrangements

## Statement 3

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

### Service strengths

The home had a weak performance in relation to this statement.

We gathered evidence through:

- sampling records
- sampling care plan information
- observations of meal times
- observing practice and speaking to staff, service users and relatives.
- speaking to a visiting health professional

The staff we met with were observed to be hardworking and we saw positive engagement between service users, staff and visitors.

Staff had a reasonable knowledge of individuals care needs and preferences.

There was a good range of equipment to support staff to deliver care.

There were very few skin problems: we observed good practice to minimise the risk of pressure ulcers occurring.

The chef was motivated and knowledgeable and was committed to providing a good catering service based on the needs and preferences of people using the service. The quality of the meals and snacks we saw being served was good.

Staff were ensuring people had plenty to drink throughout the day, and were aware of the need to prevent people becoming dehydrated in the warm weather.

There was the potential for the provision of an innovative activities programme: the activities co-ordinator was highly trained and experienced, and was enthusiastic about his role. We observed group and individual activities during our visit which were tailored to individuals preferences and level of understanding.

### Areas for improvement

There were some weaknesses in the risk assessments and personal plans of residents which meant that some risks to residents had not been identified and monitored properly.

These included risk of weight loss, risk of developing skin problems, risk of causing harm, and risk of falls. See requirement 1

Many service users appeared thin, and there was evidence they were incrementally losing weight. There was inconsistent use of the tool being used to monitor weight loss, and some of the calculations were not accurate: this resulted in risks not being identified.

Actions taken in response to weight loss were inadequate for these residents.

We were concerned about the level of support people were being given to ensure they were having enough to eat and drink in one of the care units: in some instances service users were without food from the tea meal the evening before until the late morning (11:00) the following day. It would be expected that residents with weight loss and high MUST scores would have nutritious drinks such as milk, hot chocolate and high calorie snacks particularly after tea-time as this meal was at 5pm which leaves a long time till breakfast.

Many of the service users experienced purposeful wondering: this risk and the need to ensure a high calorie intake was not recognised by the staff. See requirement 2.

We were pleased to see the support being provided by the community dietician in the form of menu assessments, and training for care staff and the catering team.

There was a lack of attention to the personal appearance of some service users who appeared unkempt. Staff told us that very few people were being given baths or showers. We observed service users to have dirty hair, nails, and teeth. A significant number of people did not have dentures and would benefit from a dental assessment: the acting manager told us she was trying to source a dentist for the care home. Some greater attention to the dignity of residents was needed to ensure that personal hygiene needs and preferences were met. See requirement 3.

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

**Number of requirements:** 3

**Number of recommendations:** 0

### Requirements

1. The Provider must ensure that care plans record all the health and welfare needs of residents to inform of how those needs are to be met.

There should be specific reference to the following:

- Accurate recording of the details of care interventions.
- Risk assessments must reflect all identified risks.
- Records must be regularly updated to reflect change.
- Consistency in the use of risk assessment and dependency assessment tools.

This is in order to comply with SSI 2011/ 210 Welfare of users Regulation 4. (1) A provider must:

(a) make proper provision for the health, welfare and safety of service users.

Timescale: within 3 months from receipt of this report.

2. The service provider must ensure that residents nutritional needs are met. In order to do this ensure:

- That residents are weighed accurately weekly or monthly depending on risks and agreements.
- That residents at risk of weight loss are provided with nutritious drinks and snacks in keeping with their preferences.
- That care plans record needs and preferences for nutritional support.

This is in order to comply with SSI 2011/ 210 Welfare of users Regulation 4. (1) A provider must:

(a) make proper provision for the health, welfare and safety of service users.

Timescale: within 2 months from receipt of this report.

3. The service provider must ensure that residents' dignity and choice are respected. In order to do this ensure that individual needs and preferences for personal care are met.

This is in order to comply with SSI 2011/ 210

Principles Regulation 3. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Welfare of users Regulation 4. (1) A provider must:

- (a) make proper provision for the health, welfare and safety of service users; .
- (b) provide services in a manner which respects the privacy and dignity of service users.

Timescale: 2 months from receipt of this report.

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 2 - Weak

### Statement 1

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

### Service strengths

The performance in relation to this standard statement was adequate.

We came to this conclusion because there was some evidence of service users and relatives involvement in giving feedback on the environment.

The comments made in statement 1.1 are also applicable to this statement.

Relatives and service users that we spoke with thought that the home was very comfortable and were happy with the environment.

There was a good choice of lounge areas including quieter areas where service users could receive their visitors. The relatives we talked with told us they were always made very welcome by the staff when they visited.

### Areas for improvement

Opportunities to give feedback were limited to those who were most able and who had someone to represent them.

The service should consider how it may best ensure that people with communication support needs have opportunity to have their views heard.

The comments and Recommendation 1 made in Quality Theme 1 Statement 1 are also applicable to this statement.

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

**Number of requirements:** 0

**Number of recommendations:** 0



## Statement 2

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

### Service strengths

The home had a weak performance in relation to this statement.

We gathered evidence through:

- inspecting the environment
- sampling records
- sampling care plan information
- observing practice and speaking to staff, service users and relatives.

The care home had a secure entry and had installed technology to monitor the external areas.

There was a maintenance contract in place for all care equipment including hoists.

There were service agreements in place for other essential equipment in the home.

Staff told us that repairs were undertaken promptly by the homes' maintenance man..

All areas of the home were very clean, and we observed good staff practice to minimise the risk of infection.

There were plenty of housekeeping staff, and robust cleaning schedules.

The laundry was well organised, and clothing, bed linen, and towels scrupulously clean and well presented.

We found that all cleaning fluids and products were stored in locked storage areas. All products were clearly labelled and stored safely. We saw that safety data sheets were in place for all products that are used by housekeeping staff.

We observed good supervision by staff of communal areas: this ensured a prompt response if a service user needed assistance.

We also observed staff to respond quickly to call bells.

The outdoor space was easily accessible. We saw that the garden was a very pleasant and safe place to sit in

The environment of the home on night shift was calm, warm and cosy, and conducive to a good nights sleep.

### Areas for improvement

We had some concerns about practice in using equipment that we recognise as being a form of restraint. We observed one service user seated in a recliner chair from which they could not move independently: this is a form of restraint. Subsequently, the service user slipped from the chair and sustained a fall.

We looked at the relevant care plan, and found that no form of consultation or assessment had been undertaken for this form of restraint.

Before using such equipment, a thorough risk assessment needs to be undertaken with involvement from the service user, their carer, care staff and if appropriate other care professionals.

This ensures that the benefits and risks of using such equipment can be explored and a joint decision made as to it being used safely. See requirement 1

When we looked at the maintenance records for the home, we noted that there were inconsistencies in the recording of safety checks. There was a period of four months for example where the water temperatures had not been checked: this increases the risk of scalding injuries. The provider advised there had been a period of absence by the maintenance person: we will check these records thoroughly at our next inspection to ensure compliance with the health and safety legislation.

We were pleased to note the recent appointment of a maintenance person to undertake these tasks.

We had serious concerns during our visit in the late evening. The majority of staff on duty told us they had not been trained in fire procedures. This presented a huge risk, as in the event of a fire, the few night staff would be challenged to know what to do to ensure the safety of the service users. See requirement 2

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

**Number of requirements:** 2

**Number of recommendations:** 0

### Requirements

1. The Provider must review the services' current policy and risk assessment procedure for the safe use of forms of restraint including recliner chairs to incorporate best practice guidelines. The risk assessment process should provide staff with guidance as to the suitability of the use of such equipment for individual service users. The use of such equipment must be reviewed regularly.

This is in order to comply with SSI 2011/ 210 Welfare of users Regulation 4. (1) A

provider must:

(a) make proper provision for the health, welfare and safety of service users.

Timescale: within 2 months from receipt of this report

2. The provider must ensure that all staff are aware of their role and responsibilities in relation to fire safety and procedures in the event of a fire within the care home. Appropriate training must be undertaken by all staff .

This is in order to comply with SSI 2011/ 210 Welfare of users Regulation 4. (1) A provider must:

(a) make proper provision for the health, welfare and safety of service users.

Timescale: within 1 months from receipt of this report

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

### Statement 1

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

### Service Strengths

The home had an adequate performance in relation to this statement.

We gathered evidence through:

- sampling records
- observing practice and speaking to staff, service users and relatives.

There was some evidence of service users and carers having opportunity to give feedback about the quality of staffing at recent care reviews and meetings.

The comments made in statement 1.1 are also applicable to this statement.

Service users and carers that we talked with told us they were happier with the staff group, and that they felt they kept them informed about their relative.

They also told us they felt there had been less changes of staff recently which was better for their relatives, as they were getting to know the staff well.

The key worker system was under review at the time of our visit, this may help to assure a more person centred approach.

### Areas for improvement

The service should further develop its participation strategy to include how it plans to take service user and carers views into account in determining the strengths and areas for development of the service in respect of staffing.

As previously mentioned in Quality Theme 1 Statement 1 a more inclusive approach is needed to ensure all service users can participate as much as possible.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### Service strengths

The home had a weak performance in relation to this statement.

We gathered evidence through:

- sampling recruitment records
- sampling training records
- discussions with care staff

The service had a detailed recruitment policy to guide managers how to recruit safely.

The provider had access to professional registers and was able to check the registration status of candidates.

Some of the staff we talked to who had been employed around the time of the home opening had been given a comprehensive induction which provided training in core care subjects such as moving and assisting, infection control, food hygiene, dementia care.

The provider had recognised there were weaknesses in the staff induction process and had engaged the services of a care consultant to deliver this training. This training had already been attended by some of the staff, and there was a schedule in place for the remainder of the staff.

### Areas for improvement

The service had not recruited staff safely, and had not followed the best practice guidelines for recruiting care staff.

We looked at a random sample of 6 recruitment files and were very concerned about the standard of recruitment practice.

Our concerns were:

- Gaps in employment history had not been explained
- References had not always been sought from previous employers
- Commencement of employment prior to references being received
- Concerns identified by referees had not been explored, for example dismissal from previous post
- Lack of evidence that PVG checks had been undertaken prior to commencement of employment

- Lack of evidence that NMC professional register had been checked prior to commencement of employment
- Conviction identified on PVG had not been risk assessed.

References and appropriate checks with PVG and professional bodies had not consistently been undertaken to ensure that staff were appropriately qualified and approved to work with vulnerable adults.

All prospective staff had been interviewed as per the providers recruitment policy, but the quality of the interview notes was variable. Many of the records in the files were not dated or signed.

There was no system in place to ensure the recruitment procedure had been completed prior to the commencement of employment.

We concluded that the service had not taken the necessary checks to ensure that staff were being recruited safely. See requirement 1

Most of the staff, other than those recruited prior to the home opening had not undertaken essential induction training to ensure they could undertake their duties safely. We have referred to this under statement 3 in this quality theme.

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

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The provider must ensure that staff are recruited to the standard detailed in the providers recruitment policy.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instrument 2011/210: regulation 9 - Fitness of employees.

Timescale - Immediate

## Statement 3

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

### Service strengths

The home had an adequate performance in relation to this statement.

We gathered evidence through:

- sampling records
- observing practice and speaking to staff, service users and relatives
- speaking to a visiting care professional

The service users and carers that we talked to were complimentary about the professionalism and kindness of the staff, and told us they were being well looked after.

Most of the staff we met with were committed and wanted the home to be a success.

There was evidence of service users having been referred to nursing and other Allied Healthcare professionals in the community for further advice, and this advice being followed by staff.

Some staff training had taken place since the home had opened, and a revised training plan was being formulated by the care consultant, to include a revision of induction for all the home staff. This is essential to ensure staff can work safely.

We observed some staff to be very sensitive and caring in undertaking their duties.

### Areas for improvement

There was a need for improved staffing recruitment to ensure adequate cover for absence and annual leave, and to ensure continuity of the care of service users.

Some staff told us they felt there were times when more staff were needed, particularly in the units where service users needed more 'intensive' support. We noted that staff in one care unit were particularly challenged in the mornings, as the service users had complex needs and needed considerable support for personal care.

From our observations of practice and discussions with staff, it was evident the lines of management responsibility were not clear: as a result there was a lack of overview and ownership of risks as we mentioned in Quality Theme 1 Statement 3. Staff were not clear about their responsibilities or parameters of decision making. See requirement 1.

Whilst the staff team were very motivated, the approach to staff training and development had been inconsistent. Some staff had worked only one 'shadowing' shift as their induction, with no formal training: this was not good practice and left service users at risk of, for example inappropriate moving and handling assistance. Some staff were not aware of the services policy and procedures in relation to protecting vulnerable adults: this could result in failure to report and take action on concerns. The night staff in particular had limited opportunities to attend training. See requirement 2.

The team may benefit from some team building work. This would help to ensure continuity and clarify roles and responsibilities including clear lines of leadership.

This would be of positive benefit to people using the service, and would support the delivery of the services' development plan.

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

**Number of requirements:** 2

**Number of recommendations:** 0

### Requirements

1. The provider must ensure the existing staffing levels and skill mix and management arrangements are sufficient to satisfactorily meet the aims and objectives of the service and the needs of the service users.

This is in order to comply with, The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations Scottish Statutory Instrument 2011/210: Regulation 4(1)(a) - Welfare of Service Users  
Timescale - To start immediately on receipt of this report and be completed within 3 months

2. The provider must take steps to ensure that all staff working in the service receive appropriate training which will equip them with the skills and competencies required to meet the care and welfare needs of all of the service users. The provider must ensure that newly recruited staff are given a comprehensive induction and are supported by appropriate and experienced staff until they are deemed competent.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instrument 2011/210: Regulation 15(b)(i) - Staffing

Timescale - To start immediately on receipt of this report and be completed within 3 months



## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

### Statement 1

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

### Service strengths

The home had an adequate performance in relation to this statement.

We gathered evidence through:

- sampling records
- observing practice and speaking to staff, service users and relatives.

Service users and carers we talked to told us they had seen improvements over the past couple of months, but were concerned about the absence of a manager. They told us that staffing and the quality of the food had improved.

It was evident during our visit that the acting manager and provider were well known to the people using the service and their visitors.

As mentioned in Quality Theme 1 Statement 1, Quality Theme 2 Statement 1 and Quality Theme 3 Statement 1, opportunities and systems to give feedback were limited.

There was some evidence that service users and carers had opportunity to give feedback on the quality of management and leadership within the service. This tended to be in relation to having a concern.

### **Areas for improvement**

The comments and Recommendation 1 made in Quality Theme 1 Statement 1 are also applicable to this statement.

The service would benefit from further development of its participation strategy to include a forum chaired by service users and carers. Some carers we talked to told us they felt this would be of benefit and they would like to be involved.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 4

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

### Service strengths

The home had an adequate performance in relation to this statement.

We gathered evidence through:

- sampling records
- observing practice and speaking to staff, service users and relatives.

The service had a policy on Quality Assurance and there was evidence that some audits had been undertaken by the service manager.

There had been some opportunity for service users and carers to give their views about aspects of the service.

The provider recognised that this area needed to be further developed, particularly in relation to involving the staff and other key people such as visiting care professionals.

As mentioned in Quality Theme 1 Statement 1, Quality Theme 2 Statement 1 and Quality Theme 3 Statement 1, opportunities and systems to give feedback were limited.

### Areas for improvement

Although some activities to measure quality and satisfaction had taken place, there was little evidence that any action had been taken or targeted appropriately.

For example we saw audits of daily walk rounds by the service manager which had not identified any of our concerns.

The medication audit undertaken by the night staff was merely checking for gaps in the medication administration sheet : there was nothing in place to ensure medication systems were safe, and staff competent.

There was a lack of effective systems to monitor the quality of care : this was evident for example in some of the poor care outcomes we evidenced such as weight loss and poor attention to personal cleanliness.

There did not appear to be a process to consistently gather and analyse quality information, devise an action plan, and check that the actions had been carried out. These types of actions are core to Quality Assurance systems, and to ensuring

services operate to a satisfactory standard.

As a consequence, the management overview was limited, and there was no assurance that the management knew where problems and risks were. There was a need to clarify and develop the leadership function of line managers and to determine lines of accountability.

This left service users at risk as there was nothing formal in place to check that care needs were being fully recognised and met. We have detailed some examples in Quality Theme 1 Statement 3.

A proactive use of audit and best practice guidance would be beneficial to ensure service improvement. See Requirement 1.

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

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. The provider must make significant improvements to quality assurance processes to ensure systems are robust to identify areas of poor practice and are responsive to improving the home's performance. The systems must be focused on improved outcomes for service users; and must include the involvement of all key stakeholders including staff.

This is in order to comply with: Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, No 210: Regulation (4 ) (a) (b), Welfare of users and Regulation 3 - Principles.

Timescale: To start immediately and be completed within 3 months.

## 4 Other information

### Complaints

We are currently investigating 3 complaints. The investigations have not concluded.

### 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

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

## 6 Inspection and grading history

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

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

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

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

### Translations and alternative formats

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

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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

ی.رخأ تاغل بو تا قیسن تب بل طلا دن ع رفاو تم روشنم ا اذه

本出版品有其他格式和其他語言備索。

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

Telephone: 0845 600 9527

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

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