

Care service inspection report

Windmill House Nursing Home

Care Home Service Adults

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Cellardyke

Anstruther

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Telephone: 01333 314300

Type of inspection: Unannounced

Inspection completed on: 15 September 2014



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Service provided by:

East Neuk Healthcare Limited

Service provider number:

SP2003002295

Care service number:

CS2003010309

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at enquiries@careinspectorate.com

Summary

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

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

We gave the service these grades

Quality of Care and Support	2	Weak
Quality of Environment	3	Adequate
Quality of Staffing	3	Adequate
Quality of Management and Leadership	2	Weak

What the service does well

Overall, feedback about the staff team was positive and some relatives named staff that continually went 'above and beyond' to support residents and relatives.

A productive team of 'activity' staff were ensuring that there were activity and entertainment events to meet the needs and interests of individual residents. The manager and staff team are committed to providing a comfortable home with good standards of care.

What the service could do better

We identified significant areas for improvement. The key areas where we expect to see improvement include planning and evaluation of residents' care and support needs, staff development and training and the structures used by the management to monitor and measure the quality of the service.

Recommendations and requirements have been made as part of the inspection process and are addressed under the relevant Quality Themes and Statements.

What the service has done since the last inspection

Since the last inspection, efforts had been made to increase relatives' involvement in formal meetings and social events within the home.

Staff told us of on-going opportunities to attend training.

Conclusion

Significant areas of concern were identified where the provider and staff team need to improve the service to promote good outcomes for the people living at Windmill House. These are reported on under the relevant themes and statements.

During this inspection, we identified that a lack of overall monitoring and quality assurance was having an impact upon the health and well-being of people living in Windmill House. A lack of communication and responsiveness was identified by some visitors to the home.

We have placed 14 requirements on the home which focus on the key areas where improvements must be made.

We will continue to work with relevant local agencies and with Windmill House to support improvements that ensure residents' wellbeing is protected and promoted.

1 About the service we inspected

Windmill House is a purpose built, two-storey nursing home, situated just outside Anstruther, a small village on the East Neuk of Fife. It is owned by East Neuk Healthcare Ltd.

Windmill House is registered to accommodate a maximum of 40 people, which can include six younger adults with long term health disabilities. The upper floor has been developed to provide care specifically for people with a diagnosis of dementia. The ground floor, on the main, offers care and support to older people with increasing physical health needs. Respite care is provided on an availability of bed basis. At the time of the inspection 38 people were resident in the home, one person was using the respite facility but we did not meet with them.

The accommodation provides 40 single occupancy bedrooms, each with en-suite toilet facilities. There are communal lounges and dining facilities on both floors. There is a pleasant entrance area situated next to the manager's office and the kitchen area can be seen when entering the ground floor. An internal passenger lift is available for use, and there are larger communal bathrooms which offer residents an alternative to their en-suite shower rooms. Landscaped gardens with outdoor seating areas are available for residents use and the service told us of their plans to enhance this area.

Anstruther area is very popular with tourists and has a strong history of traditions and cultures. Many of the residents living in Windmill House are local to the area.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to 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 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.

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

Quality of Care and Support - Grade 2 - Weak

Quality of Environment - Grade 3 - Adequate

Quality of Staffing - Grade 3 - Adequate

Quality of Management and Leadership - Grade 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 or by calling us on 0345 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. The inspection took place over three days between 31st August and 5th September 2014. This included a weekend visit that started at 9.30am and two weekday visits that started at 9.30am. The Care Inspectorate gave detailed feedback to the Manager, Depute Manager and Charge Nurse on the 15th September. Two staff from Fife Council's Social Work team also attended the formal feedback meeting.

As part of this inspection, we took account of the completed Annual Return and a self-assessment form that we asked the provider to complete and submit to us.

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

- The participation strategy (this is the service's plan for how they will involve residents, their relatives/carers and any other stakeholders in the assessment and improvement of all aspects of the service)
- Staff files and training records
- Training plan
- Direct observation of staff practice
- Questionnaires that had been issued and returned to the care service from people using the service
- Information on Quality Assurance systems
- Questionnaires returned to the Care Inspectorate
- Minutes of residents' /relatives' /staff meetings
- Maintenance and repair records
- Menus
- Information on notice boards
- A sample of six residents personal plans
- A sample of six staff files including the cook, care staff and registered nurses
- Relevant sections of policies/procedures/records/documents including complaints

We also spent time looking at the equipment and the environment (for example is it clean, is it set out well, is it easy to access by people using wheelchairs, are people able to use garden areas and access fresh air?).

We met with:

- Four residents on an individual basis and spoke with more in communal areas
- Nine relatives
- The Cook
- The Depute Manager
- Registered Nurses
- Activities Staff
- Care Assistants

The manager was on annual leave at the time of the inspection.

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 requirements we made at our last inspection

The requirement

The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure:

- That furniture and equipment in the service is suitable for purpose and maintained to an appropriate standard to safeguard and meet residents' needs
- Appropriate dirty waste and general waste bins are in designated areas
- Sufficient resources are in place and actions taken to keep the home clean and hygienic and that the care home is free from malodours at all times.
- Bathrooms used by residents are clutter free, easily accessible and fit for use

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210 Regulation 10 Fitness of Premises.

Timescale - On receipt of the draft report.

What the service did to meet the requirement

We found that appropriate dirty waste and general waste bins were in place and that sluice areas were clean. Some chairs used by residents were not clean and relatives had raised this as a concern with staff. Bathrooms were still being used for storage and some floors sticky to walk on.

The requirement is: Not Met

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The Care Inspectorate received a completed self-assessment document from the service.

The service identified what it thought it did well and some areas for development. We identified that the self-assessment needs to develop to be more outcome focused and evidence the structures in place to support these outcomes.

Taking the views of people using the care service into account

We asked the service to distribute 15 Care Standard Questionnaires to a sample of people using its service. We received 14 completed questionnaires. One resident provided written comments in the questionnaires:

'Very comfortable'

'Happy with the service I am getting'

We met with residents and observed the care and support provided during the inspection process. Some residents provided positive feedback whilst others had concerns. These are reported on under the relevant themes and statements.

Taking carers' views into account

We asked the service to distribute 20 Care Standard Questionnaires to a sample of people using its service. We received 11 completed questionnaires.

Relatives/carers' feedback was mixed, some relatives stated that they felt very welcome in the home. We concluded that the main concerns families had were:

- The lack of 'key working'
- Availability of snacks and drinks
- Cleanliness of home and laundry provision
- Standards of personal care, particularly nail care.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service strengths

We found Windmill House evidence an adequate performance against this Quality Statement. To assess this we considered:

- The methods in place to invite comment from the residents, relatives/friends and professionals involved in the service
- The documents made available to us including minutes of meetings and written feedback from health professionals
- Discussions with the residents, relatives and the staff we met
- The Care Standards Questionnaires that were returned to us

At the last inspection the manager told us that the service planned to re- introduce a newsletter to help share information with residents and their relatives/carers. At this inspection it was pleasing to find that the newsletter had been developed. This was led by the Activities staff. We saw that it was being used to advertise the dates of future meetings, staff developments, social events and improvements and developments which were planned for the service. We concluded that the newsletter was a good way of sharing information and it was positive to see it displayed. The service should continue to develop the newsletter and further consider if and how residents could be involved in putting it together.

From reviewing documents and meeting with people, we confirmed that there were established links with health and social work teams. We saw evidence that (mostly) the social work department met with residents and relatives/carers at planned intervals to ask them how they found the quality of the care and support provided at Windmill House.

Social work reviews were scheduled to start as the inspection concluded and these meetings provided another opportunity for residents and relatives to feedback about the service.

Health links included regular visits from GPs, nurse advisors and other professionals such as dieticians and chiropody. During the inspection, we did receive formal feedback from a hospital based Consultant sharing his positive experience of his involvement with the home. We also had formal feedback from a speech and language therapist sharing some examples of how there had been improvements in information sharing with Windmill House.

Three relatives' meetings had been held between January and May this year. These meetings provided families with relevant information including developments in the staff team, planned social events, re-furbishment plans and an opportunity to feedback on day-to-day matters. On average, around five relatives attended each meeting and the staff told us how much they would like more people to be involved in the service. We saw that some residents also attended and provided feedback on things important to them.

When we met with a member of the activity staff, there was clear evidence of continuous discussion with residents about their interests and activities that they would like to be involved in. We saw that activity staff hold formal meetings and also meet with residents in their rooms to discuss personal preferences.

We could evidence that this level of discussion and involvement had an impact upon people in the home. We could see that people's feedback was listened to and staff supported people to achieve these interests as much as possible.

We were also aware of families who were invited to support the development of the garden area, which would enhance the opportunities for residents when outdoors. This is reported on further under Theme 1, Statement 3.

Areas for improvement

We saw some examples, where the surveys carried out by the service could be more meaningful. As an example, it was unclear who a survey at the entrance to the home was meant for. If this was for people viewing the home for the first time, this could have been developed which would then have enabled the service to have clear feedback on people's first impressions of the home.

We also saw that residents had been asked to 'grade' the quality of the service provided at Windmill House. We saw that people scored the service between unsatisfactory and excellent. We could not evidence how the service had responded to residents who scored the service poorly and there was no evidence as to how the service had used the positive feedback. This is reflected in the Requirement made under Theme 4, Statement 4.

It is good practice that formal meetings allow for residents and relatives to meet separately (at least on some occasions) as both parties may have different priorities. If formal meetings do not meet the needs of residents within the service, consideration should be given to other approaches. This could include expanding the 1-1 work undertaken by the activities staff to include more direct feedback on the quality of the care and support provided alongside more general comments.

When residents or relatives make suggestions the service should evidence how they have responded. We could not see evidence that the service had always followed up on comments or complaints made. Several relatives shared concerns about lack of communication and not feeling listened to. This is reflected in the areas for improvement made under Theme 4, Statement 1 and the Requirement under Theme 4, Statement 4.

In conclusion, there was limited evidence of participation and evaluation within the service. We recommend the service to develop the participation strategy further. This could clearly detail the different methods and opportunities for residents and their relatives/carers to get involved and have their say on all aspects of Windmill House care home. This could, for example detail the ways in which residents and relatives can contribute to:

- the daily running of the care home
- recruiting and selecting staff
- planning activities
- monitoring and improving the quality of the environment
- monitoring the quality of care
- developing plans for the care home.

The strategy should also state what help is available for residents who require support to participate, and contain details of how staff will be provided with relevant training on prompting participation and involvement. The manager and staff should work with residents, relatives and staff to take this area for improvement forward. (Please see Recommendation 1 below).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Recommendation with reference to Theme 1, Statement 1:

We expect that services support people, using services to regularly communicate their views and opinions using a variety of methods to meet the communication needs of individuals.

Services should regularly seek views and feedback from residents, relatives and stakeholders using methods appropriate to individuals' needs. Importantly, services should evidence that this feedback has informed decisions about the service, care provision or development.

National Care Standards - Care Homes for Older People - Standard 11 Expressing your views.

Statement 3

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

Service strengths

We found Windmill House to evidence a weak performance against this Quality Statement. To assess this statement we considered:

- How residents' care needs were assessed and evaluated and the outcomes for people using the service
- Our observations of staff practice and the standard of residents personal appearance
- Discussions with the residents, relatives and staff we met
- The documents made available to us including care plans, daily recording notes, risk assessments, records of reviews and staff training records

As detailed in Theme 1, Statement 1, the manager and staff continue to experience good working relationships with external health care professionals, and generally find that health care services are easily accessible to residents. We saw evidence to support this view through records in residents' personal plans. This professional support can guide and enable staff to further meet residents' needs.

Some relatives told us of individual staff who were pro-active and informed them of changes in their relatives' care needs. For example, one relative told us about one of the registered nurses contacting them and suggesting a review by a Parkinson's nurse specialist.

As reported on under Theme 1, Statement 1, there was evidence that activity staff regularly asked people about their social interests and plan how to meet these needs. In general, residents and relatives provided positive feedback about opportunities to be involved in activities and outings and we could support this feedback. For example, residents had watched the local Commonwealth Games torch parade and some other residents went to church services and had tea out afterwards. Knitting and arts and crafts circles were enjoyed by residents that we spoke with.

It was encouraging to hear of the plans the activity staff have to improve the garden facilities, this included transforming an outbuilding into a reminiscence shop and involving people in developing an 'eco' greenhouse. We had positive feedback from relatives who had been asked to be involved in this work. The gardens at Windmill are well set out and we could see how these developments would offer residents more opportunities to be active outdoors.

Areas for improvement

The standard of residents' personal appearance was of a varying standard throughout our visit. Some relatives shared concerns particularly about finger nail care, our observations and documents examined supported these concerns. One resident also spoke with us about opportunities for bathing at a time of their choice and how this affected them. This resident would prefer to bathe at times of the day which suit them, not the time when staff are free. Staff agreed that there were times when residents' choices were affected as staff were busy. People told us that care could be more 'personalised' and less 'regimented'. We shared specific concerns with the management team. (Please see Requirement 1 below).

The manager told us that they would continue to review residents' dependencies and needs alongside the skill mix of the staff team and staffing levels. We agreed that this overall review would support the service to make changes that would support the staff team to meet residents' needs more effectively. This will be followed through at the next inspection.

In the last report we made a recommendation highlighting the need for the service to improve the quality of care planning. During this inspection, we looked at a sample of residents' personal plans for health care information. Many aspects of the personal plans did not provide a good overview of residents' healthcare needs. This meant that we could not be confident that some aspects of residents' health care needs were being met.

For example, we looked at the personal plan for a resident with a low body weight and could not see a plan of care detailing how that individual's nutritional needs were to be met. Additionally, there was a lack of information about the person's weight being monitored and no real evaluation of care interventions was taking place. This could have a significant impact upon the health and well-being of that individual.

The use of food and fluid charts and the recordings, gave Inspectors cause for concern. There was little evidence of evaluating residents' fluid and food intake and some staff were unclear about their responsibilities. We also noted that fluids were not always available and were not always offered to individuals in the most appropriate tumbler/cup. Relatives had also raised this as a concern with us during this inspection.

It was not clear in the support plans what action was taken in response to the evaluation of a resident's fluid and food intake. We would expect care plans to contain information about what action should be taken if a resident does not meet their food or fluid intake target.

We have requested that the service complete a nutritional audit for residents, this will further enable us to measure how residents' needs are being met and guide the service in areas for development.

The service told us that 30 residents were living with the effects of dementia. We found care plans did not contain information about how dementia affected individuals or how staff could best offer meaningful support. This included when people may become distressed or anxious. Relatives shared concerns that some staff did not have an understanding of how dementia can affect people.

We concluded that staff's current dementia awareness and training was having a very limited positive impact for residents and recommend that the service carries out an evaluation of dementia care in the service. (Please see Recommendation 1 below).

When we considered the documentation in place to support staff in assessing and evaluating residents' pain, we saw that this should have been more specific to that individual. We would expect to see this reviewed more often and will assess this further at the next Inspection.

In general, it was difficult to see evidence of care plans being evaluated for effectiveness. A clear and concise approach to assessing and identifying risk and care planning should be developed. (Please see Requirement 2 (care planning) below.

Further Requirements are made in relation to nutrition (Requirement 3 and Recommendation 2) and monitoring of weights (Requirement 4).

We shared with the management relatives' concerns about key working and the lack of 'ownership' and how this reduced their confidence in the service provided. Some relatives were not confident in staff's ability to recognise changes in residents' health and respond appropriately. Residents were not aware of a key staff member who had a good overview of their needs. We identified ways that this key working role could significantly improve outcomes for residents and relatives. For example, there were areas identified where a lack of attention to detail had affected residents' comfort. This should be a focused area for improvement. The service confirmed that they had not been carrying out six monthly reviews (in accordance with legislation) of residents' care and support needs. People using care services should have their needs formally reviewed when there is a change in circumstance or at least every six months. These reviews should include a review of personal care plans and evidence how residents and their representatives have been consulted about how the service is meeting and well-being was that health, welfare and safety needs. As these reviews were not happening, an opportunity to evaluate residents' health missed. This is reflected in Requirement (2).

Grade awarded for this statement: 2 - Weak

Number of requirements: 4

Number of recommendations: 0

Requirements

1. Requirement with reference to Theme 1, Statement 3:

The Provider must make proper provision for the health, welfare and safety of service users. In order to do so, the Provider must put in place a system to ensure that:

- Service users personal care needs are met at times that meet individual needs, not the needs of the service. This should take into account washing and dressing, oral health and dental care, nail and hair care
- Service users are supported to maintain their personal care
- Service users choices and preferences are recognised and valued by staff
- Personal care plans and supporting documents evidence when and how service users' personal care needs are met

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210:

Regulation 3 - Regarding the principles of the Act

Regulation 4 (1) (a) - Welfare of users.

Timescale-Immediate action should be taken within 24 hours on receipt of draft report. This Requirement must be met within 21days of receipt of draft report.

2. Requirement with reference to Theme 1, Statement 3:

(a)The Provider must make proper provision for the health, welfare and safety of service users. In order to do so, the Provider must put in place a system to ensure that personal care plans:

- State service users' individual, specific health needs and associated risks
- Provide clear and accurate information and guidance for staff on how to meet the identified needs and risks
- Evidence that assessment tools are used effectively and accurately to identify service users' needs and are updated regularly and as service users' circumstances change
- Are reviewed regularly and updated to include changes as a result of a planned care review or when there is a change in service users' needs
- Contain clear assessment and evaluation information regarding service users' needs and planned interventions by staff to meet these needs.

(b)The Provider must put in place a system to :

- Review care plans for service users whose behaviour can be challenging to ensure staff have sufficient guidance on how to manage behaviours which are challenging.
- Ensure behaviour recording charts accurately record the support and management of each individual's situation. The support and management of individual service users must be regularly evaluated and personal care plans updated to reflect changes.
- Provide training for staff on managing challenging behaviours and evidence that training has been understood and put into practice.
- Ensure service user's manual handling needs are clearly identified through assessment tools, risk assessment and care planning

(c)The provider must:

- Ensure that regular reviews are held and reviews of service users personal plans evidence how service users and their representatives have been consulted about how the service is meeting service users' health, welfare and safety needs.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210:

Regulation 3 - Regarding the principles of the Act

Regulation 4 (1) (a) - Welfare of users.

Timescale: Immediate action should be taken within 24 hours on receipt of draft report. At weeks two and six from receipt of the draft report, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within 10 weeks of receipt of draft report.

3. Requirement with reference to Theme 1, Statement 3:

(a)The Provider must make proper provision for the health, welfare and safety of service users. In order to do so, the Provider must put in place a system to:

- Ensure that one standard nutritional screening tool is used across the care service to record service users' weight and height

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Regulation 4 (1) (a) Welfare of Users

Timescale: Immediate action should be taken within 24 hours on receipt of draft report. At weeks 4,8,12 and 16 the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within 20 weeks of receipt of draft report.

(b)The Provider must make proper provision for the health, welfare and safety of service users. In order to do so, the Provider must put in place a system to:

- Ensure service users who are prescribed nutritional supplements receive the supplements prescribed for them
- Ensure that food and fluid charts are completed for those service users who require them
- Ensure staff accurately record and monitor service users' food and fluid intake
- Ensure staff have the knowledge and skills to accurately record and monitor service users' food and fluid intake

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Regulation 4 (1) (a) Welfare of Users.

Timescale: Immediate action should be taken within 24 hours on receipt of recorded delivery letter. Within 2 weeks, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within eight weeks of receipt of draft report.

(c)The Provider must make proper provision for the health, welfare and safety of service users. In order to do so, the Provider must put in place a system to:

-Ensure staff review, and clearly record findings and update each care plan as so required to ensure that each service user who needs assistance to eat, drink or maintain their nutritional status has a care plan that describes the specific interventions for that individual. This should take into account:

- 1.Ensuring service users' dietary and fluid likes and dislikes are recorded and these are used to help identify meal preferences for any service user who may be unable to indicate or verbally express choices
- 2.Ensuring that all service users receive support at mealtimes to meet their assessed needs
- 3.Ensuring that the content of food, fluid and weight charts are evaluated and the information is used to plan care.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Regulation 4 (1) (a) Welfare of Users.

Timescale: Immediate action should be taken within 24 hours on receipt of draft report. At weeks two and four, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within eight weeks of receipt of draft report.

4. Requirement with reference to Theme 1, Statement 3:

The provider must ensure that there is an effective system in place to monitor service users' weights. This must include taking and recording appropriate actions to investigate weight loss.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011. Scottish Statutory Instrument 210 Regulation 4 (1) (a)

Timescale: Immediate action should be taken within 24 hours on receipt of draft report and the Requirement met within seven days.

Recommendations

1. Recommendation with reference to Theme 1, Statement 3:

The service should carry out an evaluation of dementia care in the home.

The evaluation should include:

- reviewing the dementia awareness training currently provided
- evaluation of how effective this training is alongside monitoring of staff practice to measure the outcomes from this training
- reviewing the numbers, skills and experience of staff needed to meet residents' needs
- The service should also review the organisation of shifts and staff's breaks to meet the needs of residents.

Reference is made to:

The National Care Standards - Care Home for Older People, Standard 5 Management and Staffing, Standard 6 Support Arrangements
Standards of Care for Dementia in Scotland (Scottish Government)
Promoting Excellence - A framework for health and social services staff working with people with dementia.

2. Recommendation with reference to Theme 1, Statement 3:

It is recommended that the provider considers implementing full use of the Malnutrition Universal Screening Tool (MUST). This is in order to standardise the nutritional screening tool used to record service users' weight and height and take into account the management guidelines available to develop a plan of care.

Reference is made to:

The National Care Standards - Care Home for Older People:

Standard 5 Management and Staffing

Standard 14 Keeping Well- Healthcare

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

The methods used by the service to involve residents and relatives in assessing and improving all aspects of the service, including assessing and improving the quality of the environment are detailed in Quality Theme 1, Statement 1.

We found the performance of the service was adequate in relation to this statement.

Areas for improvement

Areas for Improvement for this statement are included in Theme 1, Statement 1 Areas for Improvement.

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

We found Windmill House to evidence an adequate performance against this Quality Statement. To assess this we considered:

- Documents made available to us, including maintenance records, care plans and risk assessments
- Observations of staff practice
- Assessment of the general environment
- Discussions with the residents, relatives and the staff we met

The entrance to the home was open access and a key pad system ensured residents could not leave the building without staff's knowledge. A signing in/out book recorded visitors to the service. These measures ensured that unauthorised people did not enter the home and that residents were accounted for in case of fire alarms/ concerns.

We looked at a range of records and checks which were carried out to make sure the environment was safe and residents were protected. An equipment audit looked at the maintenance and condition of equipment, such as hoists and slings. We saw that if faults were identified, repairs or replacements were arranged. There was good communication between domestic staff, care staff and maintenance staff, we could evidence that they pointed out urgent requirements to each other.

Checks were carried out on a regular basis to ensure fire systems were safe and working and water quality checks were also recorded. Maintenance contracts and agreements were in place. This supported the service to ensure residents' health, safety and well-being.

Residents' safety was also enhanced by systems including the use of equipment to monitor safety and risk of falls, such as pressure mats. We could evidence that residents who were identified at risk of falls had sensor mats in place.

Areas for improvement

From our inspection of the general environment, we observed that flooring was sticky (the provider could evidence that specialised treatment of the floors had taken place in March to prevent this issue and some carpets marked in communal areas. Some chairs were stained and this was of concern to some of the relatives we met with. Relatives gave examples of a lack of respect for residents' individual belongings, including pictures not properly hung and flooring in rooms being changed without consultation. In some rooms, bed rails, protectors and other items were stored by wardrobes and residents did not know why.

Staff had concerns that wheelchairs and hoists were not cleaned on a regular basis. Some communal bathrooms were being used inappropriately for storage. We showed the rooms to the depute manager. There was a storage room on the first floor and we saw that this could be developed further to enable more storage. (Please see Requirement 1 below).

When we spoke with one resident in her room we saw that they did not have a call buzzer available. Staff had not been aware of this but did ensure the resident was provided with one. This was an example of staff not considering residents' needs; relatives cited similar situations including buzzers and drinks not being within reach. (Please see requirement 2 below).

The Adults with Incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare and finances of people who lack capacity. It allows a person - such as a relative, friend or organisation- to make decisions on someone's behalf. The service had capacity certificates for four residents, despite the amount of residents who were very frail or had a diagnosis of dementia that affected their capacity. We discussed the significance of this with the management and provided copies of the 'Mental Welfare Commissions' relevant guidance. We expect progress to be made in this area to ensure that people lacking capacity have their health and well-being needs assessed and met within the legal framework and best practice guidelines. (Please see requirement 3 below).

We selected the care plans for four residents who, at times, required to have their medication in a covert way (this means medication is given in a disguised form). Only one resident had the appropriate documentation in place to enable the staff to give medication in this disguised way. We discussed the significance of this with the management and provided copies of the 'Mental Welfare Commissions' relevant guidance. We expect progress to be made in this area to ensure that people lacking capacity have their health and well-being needs assessed and met within the legal framework and best practice guidelines. (Please see requirement 4 below).

We have advised the Manager to discuss the current practice of CCTV and stair gates with the Mental Welfare Commission. The service must be confident that they are working within the legal framework and best practice guidelines.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 4

Number of recommendations: 0

Requirements

1. Requirement with reference to Theme 2, Statement 2:

The Provider must make proper provision for the health, welfare and safety of service users.

In order to do so, the Provider must put in place a system to ensure a safe and clean environment. This must include:

- Ensuring that wheelchairs, chairs and equipment used to move and handle people are regularly cleaned to a standard that prevents and controls the spread of infection
- Ensuring that furniture in the service is suitable for purpose and maintained to an appropriate standard
- Ensuring that communal areas used by service users are not used for storage
- Ensuring that service users' rooms are not used for storage
- Ensuring that floor areas are cleaned as required
- Ensuring there is an appropriate system in place for monitoring how effective the cleaning procedures are.
- Ensuring that premises are decorated, furnished and maintained to an appropriate standard, this includes flooring
- Ensuring that the environment will be a pleasant place for service users that will enhance their quality of life
- Ensuring that the value of service users having their own belongings, including items of furniture is respected

This is in order to comply with:

SSI 2011/110 - Regulation 10 - Fitness of Premises.

Reference is made to: National Care Standards - Care Homes for Older People - Standard 4 Your Environment

Timescale: Immediate action should be taken within 24 hours on receipt of draft report. Within four weeks, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within six weeks of receipt of draft report.

2. Requirement with reference to Theme 2, Statement 2:

The Provider must make proper provision for the health, welfare and safety of service users.

In order to do so:

-The provider must put in place a system to ensure that service users have the means to summon assistance from staff when needed.

This is in order to comply with:

SSI 2011/110 Regulation 4(1) (a) - Welfare of users.

Timescale: This Requirement must be met within 24 hours on receipt of draft report.

3. Requirement with reference to Theme 2, Statement 2:

The Provider must make proper provision for the health, welfare and safety of service users. In order to do so, the provider must ensure that:

-The service must be able to demonstrate that they have taken reasonable steps to ensure that Section 47 certificates under the Adults with Incapacity Act - are in place for all service users who are assessed as not having the capacity to make decisions for themselves. This should include seeking guidance and support from the Mental Welfare Commission and local health and social care services.

-The service must keep a record of all the interventions in place under the Adults with Incapacity (Scotland) Act 2000.

-Relevant staff are suitably trained in order that they understand that if a person in their care lacks capacity to decide about his/her medical treatment, a certificate under the Adults with Incapacity (Scotland) Act 2000 Section 47(1) is required in order to authorise treatment.

-The decision about Capacity must involve the service user or their legal representative and the General Practitioner

This is in order to comply with:

SSI 2011/110 Regulation 4(1) (a) - Welfare of users

Reference is made to: National Care Standards - Care Homes for Older People - Standard 5 Management and Staffing Arrangements.

Timescale: Immediate action should be taken within 24 hours on receipt of draft report, to request advice and support from health and social work services.

Within four weeks the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made, in relation to staff training and development on the Adults with Incapacity (Scotland) Act 2000, and Mental Welfare Commission reports:

- Dignity and Respect (2014)
- Covert Medication (2013)
- Right to treat? (2011)
- Code of Practice (third edition) Part 5 (2010)
- Consent to treatment (2010)
- Remember I'm Still Me (2009)
- Working with the Adults with Incapacity (Scotland) Act (2007)

This Requirement should be met within 10 weeks of this report.

4. Requirement with reference to Theme 2, Statement 2:

The provider of the care service must put in place a system to ensure that any medication currently given covertly has the appropriate consent and documentation in place, including details of how each medication has to be given.

This is in order to comply with:

SSI 2011/110 Regulation 4(1) (a) - Welfare of users

Reference is made to Mental Welfare Commission 'Covert Medication Legal and Practical Guidance'.

Timescale: Immediate action should be taken within 24 hours on receipt of draft report. Within four weeks, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within eight weeks of receipt of draft report.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

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

We found Windmill House to evidence an adequate performance against this Quality Statement. To assess this we:

- Met with frontline care staff
- Examined staff files
- Evaluated the Induction training
- Met with residents and relatives

We sampled six staff files and this showed us that the service had followed a structure for safe staff recruitment. This process included:

- Application forms - fully completed.
- Formal interviews, which were recorded.
- Copies of relevant qualifications and previous training records.
- Evidence of employment history.
- Two employment references.
- Photographic identity checks.
- PVG (Protection of Vulnerable Group) checks.
- System in place for updating staff's PVG checks.
- Evidence of registration with relevant professional bodies i.e. SSSC and NMC
- Equal Opportunities monitoring form.
- Evidence of eligibility to work in the United Kingdom.
- Job description
- Contract of employment
- Recruitment checklists

Staff confirmed a period of Induction training, and told us that support was available from the experienced staff team. Documents we looked at demonstrated that new staff worked through an induction and learning pack. Staff files we examined confirmed that new staff had regular meetings with their line manager.

New staff joining the team at Windmill House are 'paired' with a 'mentor'. The role of the mentor is to support staff in their learning and development as well becoming familiar with residents needs and the home environment. Staff confirmed that mentorship training was encouraged and minutes of meetings confirmed this.

Areas for improvement

Confidential information obtained during the recruitment process remained in staff's files. We advised the service about changes that should be made to their procedures during the inspection.

When we met with staff and examined records, we saw that a lot of staff induction and training was through DVDs and workbooks. When we assessed the files for three staff who joined the service this year, we could not see evidence that they had attended practical moving and handling training within the first few months of starting in the service. This was of concern and supported our findings that some staff did not have the necessary skills or awareness of residents' needs.

We discussed with the management team how the needs of people using the service have increased significantly. The service must ensure that the induction training provides staff with the expertise and professional training to meet residents' needs. The service must be confident that staff are clear about how their practice will be monitored and standards expected, including competence in the practical aspects of their role. (Please see Requirement 1 below).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. Requirement with reference to Theme 3, Statement 2:
The provider must put in place a system to ensure that:

-All staff working within the care service have received a full induction appropriate to the work they are to perform and the needs of the service users. This must include ensuring that relevant staff are current and competent in moving and handling practice.

-All staff delivering direct care to service users have the skills, knowledge and competence required to carry out their role.

-All staff's skills and training needs are evaluated and their capacity to carry out the work they are to perform is reviewed. If further training needs are identified, the action taken must be evidenced.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210:

Regulation 4 (1) (a) Welfare of Users

Regulation 15 (a) (b) Staffing

Reference is made to: National Care Standards - Care Homes for Older People - Standard 5 Management and Staffing Arrangements.

Timescale: Immediate action should be taken within 24 hours on receipt of draft report. Within four weeks, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within eight weeks of receipt of draft report.

Statement 3

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

Service strengths

We found Windmill House to evidence an adequate performance against this Quality Statement. To assess this we:

- Met with registered nurses, care staff and ancillary support staff
- Met with residents and considered feedback from relatives
- Examined staff records
- Evaluated the training systems.

In general, staff confirmed regular opportunities for training. Registered nurses gave examples of recent training attended including catheter care and medication awareness. Staff and minutes of meetings confirmed that registered nurses attended formal staff meetings on a regular basis. One of the nurses was now the lead 'Charge Nurse' and the nurses we met told us of the positive impact this had.

Recent training care staff attended included fire extinguisher training and complaints management. We saw that the service had training planned over the next two months and this included DVDs and some person led training. Topics included infection control, dementia, oral hygiene and continence management. Care staff were aware of the structure for staff meetings and confirmed these happened.

The home is well supported by a large team of ancillary staff, we met with some of these staff including kitchen, maintenance and laundry staff. The team were aware of their role and recognised how their teams worked together to support residents. For example; the cook played a very active role in serving meals to the residents, this meant that they knew the residents well, could identify people's preferences and had a greater understanding of how important the quality of the meals were in maintaining residents' health and well-being. Staff also told us of occasions when the cook would have a meal alongside individual residents to encourage them to eat.

A strength of the service was the commitment to a dedicated staff team who co-ordinated events and activities for residents, whilst promoting the benefits of residents spending time outwith the care home. We met with one member of the team who demonstrated a good understanding of individual people's needs and understood how important it was that residents have regular company and a level of physical and mental activity. This is also reported on under theme 1, statement 3.

Residents and relatives could tell us of staff who were pro-active and responsive. We expect that appropriate staff training, development and support could enhance the overall experience for residents and relatives choosing Windmill House.

Areas for improvement

Some experienced staff could not recall when they last met with their line manager to discuss their strengths, their practice and identify development needs (for example, in supervision). When we looked at staff appraisal reviews these were often incomplete. In general, we found that the way the service assessed staff's competency was poor and concluded that this was affecting the care and support offered to residents. (Please see Requirement 1 below).

As reported under Theme 1, Statement 3, we identified areas where residents' health and well-being needs were not being met. In some areas this was due to a lack of staff's understanding and knowledge. It was evident from observation of practice and staff interviews that training was not always having an impact. For example, some care plans and health care assessment charts demonstrated a lack of understanding of dementia care and support. (Please see Requirement 2 below).

There was minimal evaluation of training by staff or the manager to determine its effectiveness. This is reflected on under Requirements (1) and (2).

The service should continue to review their training plan as the needs of the staff and residents change. This should include key areas such as:

- continence promotion
- falls prevention
- personal care standards
- nutrition and hydration
- dementia care and support
- moving and handling
- infection control
- adult support and protection
- behaviours that can challenge

A training plan supports the management to identify that staff are aware of issues and symptoms residents may have and that staff receive training appropriate to the work they do.

We found that it is not clearly highlighted within the training plan what training is mandatory, which staff must have regular updates on. For example, we had mixed feedback from the staff team about how frequently they attended moving and handling training, this is necessary to ensure residents' health and well-being and to ensure staff are aware of best practice and current guidance. This is reflected on under Requirement (1) and (2).

Staff, residents and relatives were aware of occasions when the quality of the service provided was affected by how busy staff were. We saw that the way care is offered and provided to residents should be more centred on individuals and not the routine in the home. Services should be provided in a manner which promotes the quality and safety of individuals and affords them choice in the way the service is delivered to them.

The service is in the process of implementing dependency assessments to determine the staff hours needed to meet residents' specific needs. We will assess the progress made and the developments in key working at the next inspection.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 0

Requirements

1. Requirement with reference to Theme 3, Statement 3:

The provider must ensure that:

- Systems are in place to monitor and assess staff competency and this should be linked to regular supervision, training and appraisal systems
- Supervision, training and appraisal systems clearly identify the inputs required and the expected outcomes.
- Systems in place develop and guide each staff member in their practice and ensure that each staff member is meeting expected standards of practice. This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation (4) (a), Welfare of users. Regulation (9) (1) Fitness of employees.

Reference is made to: National Care Standards - Care Homes for Older People - Standard 5 Management and Staffing Arrangements.

Timescale: Immediate action should be taken within 24 hours on receipt of draft report.

Within four weeks, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within eight weeks of receipt of draft report.

2. Requirement with reference to Theme 3, Statement 3:

The provider must put a system in place to ensure that:

- Staff working within the care home have received training appropriate to the work they are to perform and the needs of the service users.
- Staff delivering direct care to service users have the skills, knowledge and competence required to carry out their role, including knowledge and understanding of how to meet service users' Moving and Handling needs, Dementia care needs, Nutritional needs and an awareness of the support and management needs of people who have behaviours which can be challenging.
- Staff have an assessed level of competence and that this results in improved outcomes for service users
- All staff skills and training needs are evaluated and their capacity to carry out the work reviewed. If further training needs are identified, the action taken must be evidenced.
- There is a staff development strategy and an effective yearly training plan for all staff. These should meet the changing needs of the client group and the staff team.
- The current training and development policy is reviewed and revised to ensure that it provides sufficient detail and guidance. This should provide information relating to staff induction, training assessment, evaluation and on-going staff development.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210:

Regulation (4) (a), Welfare of users.

Regulation (9) (1), Fitness of employees.

Reference is made to: National Care Standards - Care Homes for Older People - Standard 5 Management and Staffing Arrangements.

Timescale: Immediate action should be taken within 24 hours on receipt of draft report. Within 4 weeks, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within 12 weeks of receipt of draft report.

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

Some relatives and residents named senior staff who they knew would respond to their concerns. Some relatives shared examples of how the senior staff team offered re-assurance and made them feel very welcome in the home.

As reported under Theme 1, Statement 1, we could evidence that relatives' meetings had been held this year and that the manager did invite feedback from people attending. The management team were keen to encourage relatives and residents to become more involved in the life of the home. We signposted the service to strategies that may support progress in this area.

Areas for improvement

Several relatives provided examples of not feeling listened to. Some people told us that there was no benefit to raising concerns. Other relatives provided examples of raising complaints and not being informed of the outcome. This was very concerning.

On the Annual Return that services are required to complete, the service told us that nine complaints were made in 2013 and two in 2014. We could not evidence any overview of how complaints were managed and responded to although there was a complaints policy in place.

At last year's inspection, we identified that Complaints processes could be further developed to enhance how the service monitors and responds to complaints. We could not see how this area for improvement had been responded to by the provider.

These areas for improvement are reflected in the Grade and Requirements under Theme 4, Statement 4.

Grade awarded for this statement: 2 - Weak

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 Windmill House to evidence a weak performance against this Quality Statement.

To assess this we:

- Met with registered nurses, care staff and ancillary support staff
- Met with residents and considered feedback from relatives
- Reviewed supporting care records
- Evaluated the systems within the home which contributed to the auditing and quality assurance process.

The service was working alongside NHS Fife's Pharmacy service to measure and support changes in stock levels and identify medications that can be discontinued. This supported the service in ensuring structures were in place for medication ordering and management which is of benefit to residents.

Kitchen and maintenance staff told us that there was good communication with management and directors, and that they were responsive to requests made. For example, if the cook identified new equipment required this happened, the cook also felt supported in planning menus and purchasing good quality produce. In general, residents and relatives were happy with the quality of the meals offered.

During the inspection we found staff were responsive if we identified concerns as an example, bathroom areas were cleared of storage items and residents' needs were responded to after we brought these to the attention of staff. Staff were engaged with the inspection process and made us welcome.

Areas for improvement

The areas for improvement noted under Quality Theme 1.3, 2.2, 3.3 and 4.1 are relevant to this statement.

Care services must inform the Care Inspectorate of certain events when they happen. These are called 'Notifications'. Notifications can change our assessment of risk in the home and can influence when we carry out our inspections. Of the 12 Notifications made to the Care Inspectorate this year, only two were made within the required timeframe. (Please see requirement 1 below).

There is a lack of up-to-date policy and procedure documents in place to support staff practice. Some of the policies we reviewed included Confidentiality, Complaints and Quality Assurance. The manager told us that staff were asked to read selected policies monthly but there was little evidence of this or of them being implemented within the service. The provider must ensure that policies and procedures are in place and implemented to support good outcomes for those using the service. (Please see requirement 2 below).

We can evidence from residents' and relatives' feedback that people have had different experiences of using the service. However, several relatives were concerned about the level of care and support and communication.

We found a lack of monitoring and overview across most parts of the service. There was minimal evidence of quality assurance systems that could result in improved outcomes in the quality of the service provided for residents and their relatives.

Effective quality assurance systems would have identified the issues we found during this inspection and have highlighted in this report. For example, care plans not reflecting the current care needs of residents, residents' weights not being checked on a regular basis and the lack of legal documentation in place.

Minutes of meetings demonstrated that staff teams were spoken with about practice and standards that were expected within the service. It was disappointing that we could not evidence the impact of these discussions during this inspection.

The service is required to develop its quality assurance systems to support the provision of a quality service. (Please see requirement 3 below).

We were concerned that senior staff had limited access to information, records and documents and, in some instances had no knowledge of concerns raised. This had an impact upon the management of the service and supported how some relatives felt about concerns not being acknowledged.

The Care Inspectorate is concerned about the standards of leadership and quality assurance at Windmill House. Relatives told us that they would like to see the Manager more within the home and the Manager agreed that this was important. During the feedback meeting we discussed several ways that structures, including staff having defined areas of responsibility, could improve the outcomes for people living at Windmill House.

'Scottish Care' is an independent body who represent independent health and social care providers in Scotland. Team members can support independent providers in the assessment, evaluation and development of their service. We have strongly advised the service to work with Scottish Care to support improvement at Windmill House.

We will continue to work with relevant local agencies and with Windmill House to support improvements that ensure residents' wellbeing is protected and promoted.

Grade awarded for this statement: 2 - Weak

Number of requirements: 3

Number of recommendations: 0

Requirements

1. Requirement with reference to Theme 4, Statement 4:

The provider must put a system in place to ensure that the Care Inspectorate are notified within 24 hours of all incidents, as detailed within "Records all Services (excluding Child Minders) Must Keep and Notification Reporting Guidance" (on the Care Inspectorate website www.Careinspectorate.com).

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210 - Regulation (4) (1) (a), Welfare of users.

Timescale: Immediate action should be taken within 24 hours on receipt of recorded delivery letter.

2. Requirement with reference to Theme 4, Statement 4:

The provider must ensure that:

- Service delivery is supported and guided by clear management arrangements which take account of good practice guidance.
- Comprehensive written policies and operational procedures are in place
- Policies are reviewed and updated to take account of best practice guidance and to ensure that they comply with legislative requirements; this must include healthcare policies to support good outcomes for service users including nutrition and hydration, management of behaviours that can challenge and the right to treat service users who cannot give informed consent.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210: Regulation (4) (1) (a) Welfare of users.

Timescale: Immediate action should be taken within 24 hours on receipt of draft report. At weeks 4, 8 and 12 from receipt of the draft report. This Requirement should be met within 20 weeks of receipt of the draft report.

3. Requirement with reference to Theme 4, Statement 4:

The providers must develop effective and robust quality assurance systems. To ensure this the provider must put in place a system to:

- Ensure the service is managed appropriately, ensuring areas of responsibility and accountability are clear to all staff and the quality of care and staff performance is monitored effectively.
- Identify how any issues of concern identified are appropriately recorded and followed-up with outcomes and improvements clearly identified. This must include complaints, incidents and accidents, audits and staff competencies including supervision and appraisals.
- Review and improve the level and frequency of monitoring service provision and ensure that accurate records are kept. This must include checks on the general environment and the standards of care and support provided
- Ensure staff are trained in quality assurance and recording systems and can demonstrate their understanding and their role

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210 - Regulation (4) (1) (a) Welfare of users.

Timescale: Immediate action should be taken within 24 hours on receipt of draft report. Within four weeks, the provider must submit evidence to the Care Inspectorate to demonstrate that progress is being made. This Requirement should be met within 10 weeks of receipt of draft report.

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

N/A.

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 - 2 - Weak	
Statement 1	3 - Adequate
Statement 3	2 - Weak
Quality of Environment - 3 - Adequate	
Statement 1	3 - Adequate
Statement 2	3 - Adequate
Quality of Staffing - 3 - Adequate	
Statement 2	3 - Adequate
Statement 3	3 - Adequate
Quality of Management and Leadership - 2 - Weak	
Statement 1	2 - Weak
Statement 4	2 - Weak

6 Inspection and grading history

Date	Type	Gradings
30 Sep 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
31 Oct 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good
17 Nov 2011	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good

Inspection report continued

19 May 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
15 Sep 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good Not Assessed
11 May 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good Not Assessed
10 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
21 Aug 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 4 - Good
16 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
10 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 4 - Good

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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