

Care service inspection report

Wallside Grange Care Centre

Care Home Service Adults

Lime Road
Tamfourhill
Falkirk
FK1 4RS

Type of inspection: Unannounced

Inspection completed on: 18 December 2014



Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	7
3 The inspection	14
4 Other information	36
5 Summary of grades	37
6 Inspection and grading history	37

Service provided by:

Canterbury Care Homes Limited

Service provider number:

SP2005007835

Care service number:

CS2006119796

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

What the service does well

One of the main strengths of the service is the homely and relaxed environment that has been created.

Residents who spoke with us said they liked living at the service and were positive about staff.

When giving direct care to residents, staff did so in a gentle manner.

What the service could do better

The provider needs to ensure there are enough staff working at the service at all times to provide for residents health, welfare and safety.

The provider needs to ensure that staff practice improves, particularly in relation to how staff keep residents safe.

How residents care is documented needs to improve particularly around wound care and the management of medication, in order to ensure that residents are given consistent and appropriate health care.

The provision of meaningful activities needs to be developed to help improve residents' quality of life. The management and leadership of the service need to improve in order to support staff to provide a better service.

The provider should continue to implement the programme of redecoration and refurbishment of the service for the benefit of people who live there.

The provider needs to have a clear overview of the audits carried out at the service and support the manager in the use of the quality assurance systems. This would help identify what is working well and things which need to improvement.

What the service has done since the last inspection

We found that the service had not fully met the requirements made following the last inspection within the timescales that had been set. As a result, the action plan, which the provider submitted following the last inspection, detailing how it planned to address the requirements made, had not progressed in the way the provider had stated.

At this inspection we saw effort had been made to improve the cleanliness of the building, staff training had been provided and staff recruitment had taken place.

Since the last inspection there had been changes to the staff team including the post of manager, some registered nurses and carers. This had resulted in vacant posts and the use of "bank" (occasional workers) and agency staff. As a consequence there had been some instability in the staff team.

A new manager had commenced in post two weeks before the inspection. It was too early to measure the impact the new manager would have on leading staff to improve the quality of the service, however it was reassuring that she demonstrated an awareness of the areas that needed to be improved and could outline her longer term plans to improve the service.

Conclusion

We were concerned that the service had been unable to improve the quality of the service. The areas of on-going concern are ones that directly impact on the safety of vulnerable residents and reflect weak care and management standards.

The history of the service shows an inability to sustain an adequate quality service. Unless the provider can make significant improvement in the quality of the service provision, the Care Inspectorate will consider issuing an Improvement Notice, following the next inspection. An Improvement Notice is part of the Enforcement Procedures of the Care Inspectorate.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve 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 result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- **A requirement** is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Wallside Grange Care Centre (referred to in the report as "the service") is registered with the Care Inspectorate to provide care and support for up to 30 older people. Twenty nine people (referred to in the report as "residents") were receiving the service at the time of the inspection. The provider of the care service is Canterbury Care Homes Ltd (referred to in the report as "the provider").

The service is located within the residential area of Tamfourhill in Falkirk.

The building is set in private grounds with some parking facilities. Accommodation is provided within a large traditional building over two floors with an extension adjoining. A lift and stairs give access to the upper floor.

All residents' bedrooms are single rooms and individually decorated. Twelve of the bedrooms have en - suite facilities.

There are bathing facilities and additional toilets on both floors. Two lounges and dining rooms are available on the lower floor for residents use. There are kitchen and staff facilities in the building. Laundry amenities are in a building in the grounds.

The aims and objectives of the service include,

"Wallside Grange Care Centre aims to provide its Clients with a secure, relaxed, and homely environment in which their care, well-being and comfort is of prime importance. Clients shall live in a clean, comfortable and safe environment, and be treated with respect and sensitivity to their individual needs and abilities. Staff will be responsive to the individual needs of Clients and will provide the appropriate degree of care to assure the highest possible quality of life within the home."

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

Quality of Care and Support - Grade 3 - Adequate
Quality of Environment - Grade 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 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 high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote the report after an unannounced inspection that took place at the service on the 8 December 2014 between the hours of 3pm and 9:30pm and the 9 December 2014 between the hours of 9am and 5:30pm.

The inspection was carried out by two Care Inspectorate Inspectors.

The outcome of the inspection was formally discussed with the manager at the end of the inspection.

A meeting took place with the provider on the 18 December 2014 to discuss how the provider planned to improve the quality of the service. The provider was able to assure us that it had developed a sustainable improvement plan to advance the areas for improvement identified in this report.

The focus of this inspection was to make sure that the residents were safe and that their health and welfare needs were met. We did this through assessing the professional care practices in the service and measuring progress in meeting the requirements made at the last inspection of July 2014.

We gathered evidence from various sources, including the relevant documentation which included:

- a sample of residents support plans and associated documents
- minutes of residents, relatives and staff meetings
- staff training records
- staff induction pack
- accidents and incidents records
- complaint records
- quality assurance records
- medication administration records (MARs).

We observed the following:

- staff practice and interaction with residents and their fellow workers
- the general environment
- how residents spent their day.

We had discussions with various people including the manager, staff who were on duty, residents and relatives who were present during the inspection.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes of people who were unable to tell us their views.

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 and welfare of service users. In order to achieve this they must, when planning and delivering support, ensure that all service users have opportunities to take part in appropriate social, recreational and stimulating activities in line with their identified interests, needs, choices and preferences. This is to enable service users to fulfil their potential and to promote a good quality of life.

SSI 2011/210 Regulation 3 Principles

Timescale: within 4 months of receipt of this report

What the service did to meet the requirement

Some efforts had been made toward meeting this requirement, but the requirement was not fully met.

This is discussed under Quality Theme 1 - Statement 3 to reflect this.

The requirement is: Not Met

The requirement

The provider must ensure that where a service user is assessed as being in pain or "at risk" of developing pain that proper systems are in place to address this and outcomes are recorded.

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).

Timescales: 30 August 2014

What the service did to meet the requirement

This requirement had not been met. This is discussed under Quality Theme 1 - Statement 3.

The requirement is: Not Met

The requirement

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

- a) all domestic chemicals are securely stored
- b) soap and towels are available throughout the building
- c) review laundry facilities to ensure adequate storage and that clean and dirty laundry is kept separate
- d) review housekeeping arrangement to ensure adequate domestic staff are available.
- e) make sure that all residents are able to summon staff assistance when in the sitting rooms.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users and Regulation 10(2)(a),(b) and (d) - Fitness of premises.

Timescale: by the 30 August 2014

What the service did to meet the requirement

Element a),b) and c) of this requirement were met but the requirement had not been fully met. An amended requirement will be made under Quality Theme 2 - Statement 2.

The requirement is: Not Met

The requirement

The provider must ensure staff receive training appropriate to the work they are to perform. This is to ensure that staff have the training they need to meet the needs of all service users.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011(SSI 2011/210) Regulation 15 - Staffing.

Timescales: by the 30 September 2014

What the service did to meet the requirement

Some efforts had been made to meet the requirement but it had not been met in full. This is discussed under Quality Theme 3 - Statement 3.

The requirement is: Not Met

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

Recommendation 1

It is recommended that activity planners should be developed for each service user to guide and support the provision of activity/meaningful engagement in the home.

National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements and Standard 6: Support Arrangements

What the service did to implement the recommendation

This recommendation had been implemented. This is discussed under Quality Theme 1 - Statement 3.

Recommendation 2

It is recommended that the service improves opportunities for service users to access outdoor space and fresh air.

National Care Standards 4 Care Homes for Older People - Your Environment and Statement 17

What the service did to implement the recommendation

This recommendation had not been implemented. This is discussed under Quality Theme 1 - Statement 3.

Recommendation 3

It is recommended that the provider review how the administration of covert medication is recorded in care plans to ensure this takes account of The Mental Welfare Commission for Scotland good practice guide

This takes account of the National Care Standards, Care Homes for Older People, Standard 15, Keeping well - medication

What the service did to implement the recommendation

During the inspection, no residents received covert medication and therefore we could not assess how this would be managed. However we saw that documentation had been improved to take account of The Mental Welfare Commission for Scotland good practice guide.

The Registered Nurse was aware of the good practice guidance and her responsibility to follow this. We are satisfied that procedures were in place to promote safer management of covert medication. The recommendation had been implemented.

Recommendation 4

It is recommended that the provider complete assessments of the suitability of residents' beds to make sure they are appropriate for residents use.

This is in accordance with the National Care Standards, Care Homes for Older People, Standards 4 - Your environment, Standard 5 - Management and staffing arrangements

What the service did to implement the recommendation

The recommendation had not been implemented. This is discussed under Quality Theme 2 - Statement 2.

Recommendation 5

It is recommended that the provider review the storage of staff induction records to ensure these are accessible at the service. All induction records should be dated, and signed by all those involved.

What the service did to implement the recommendation

The recommendation had not been implemented. This is discussed under Quality Theme 3 - Statement 3.

Recommendation 6

It is recommended that the provider fully implement the quality assurance systems to assess and monitor the quality of all aspects of the service.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5- Management and staffing arrangements

What the service did to implement the recommendation

The recommendation had not been implemented. This is discussed under Quality Theme 4 - Statement 4.

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.

Every year we ask the service to complete a self-assessment document telling us how the service is performing. During the inspection we check to make sure this assessment is accurate.

The service completed a self-assessment before the inspection in July 2014 and therefore we did not ask the service to complete another before this inspection.

Taking the views of people using the care service into account

During the inspection we saw all residents and spent time each day in and around the communal areas. This was to help us observe how staff engaged with residents and how residents spent their days.

Residents who spoke with us were satisfied with the service and spoke warmly of staff. Residents were happy with the quality of food and the activities that were provided. They were satisfied with the quality of the environment.

Some residents were unable to easily verbalise what their experience of living at the service was and in these instances we relied on observation of their interaction with staff to form a view. We saw that residents were at ease around staff and looked comfortable when asking for assistance.

Taking carers' views into account

We asked staff to inform people that we were carrying out an inspection. We did this to try to make sure that relatives and residents knew why we were in the building and would not be surprised by our presence. We also wanted to make sure that if a relative wanted to speak to us they could approach us.

During the inspection some relatives were enjoying their visit with their family member and did not wish to speak with us. This led us to conclude that they were satisfied with the service and did not wish to raise any concerns with us.

One relative who spoke with us was satisfied with the service and was complimentary about staff. They did think however, that at times there were not to be enough staff on duty to give residents care. This is addressed further under Quality Theme 2 - Statement 2.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service strengths

The service offered residents and relatives good opportunities to express their views and participate in making decisions about the service.

To assess this statement we looked at care reviews, spoke with residents and observed how staff offered residents choices on a daily bases.

We saw that the methods identified at the last inspection which residents could use to express their views, were still in use. These included, care reviews, suggestion boxes, news - letter, resident/ relative meetings, verbal comments and individual discussions.

On a day to day basis, staff were good at encouraging residents to make choices about everyday things such as where to eat their meals. Staff were also good at listening to what resident told them and responding in a meaningful way.

Staff were good at sharing information about changes to the staff team, recruitment, staff training though during the residents meetings and through the newsletter. This helps residents know what is happening at the service.

Examination of residents' files showed that all residents care reviews had taken place. It is important that care reviews are completed because these offer residents the opportunity to say how they want their care given and any changes they want made.

Since the last inspection the service had shared the results from a satisfaction survey in the service and residents and relatives meetings.

Areas for improvement

While the service was creating opportunities for residents and relatives to influence the way the service was provided in the future, it still needed to develop in a way that made sure that everyone had opportunities to have their say.

It is important that the service explores ways to help residents who find communicating more difficult, to express their views. We have made a recommendation at previous inspection that the participation strategy be developed and will continue to make this (see recommendation 1).

At the last inspection we suggested that further work was needed to raise residents and relative awareness of all aspects of the service and the day to day operation of the service. We will monitor progress in this at future inspections.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should review the methods of participation currently in use to establish how these can be improved in line with the needs and preferences of residents and their relatives/carers. Methods of participation should be developed to ensure that residents with identified communication needs can become involved in the assessment and improvement of all aspects of the service.

This is in accordance with the 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

The service was demonstrating adequate performance in areas covered by this Quality Statement.

When assessing this statement we did not look at all aspects of healthcare. We looked at a sample of care plans and associated document, sampled how medication was managed, how wound care was given, spoke with residents and staff, observed how staff interacted with residents and how residents spent their day. We took account of the progress made in meeting the requirements and recommendations made at the previous inspection.

On arrival at the service we saw that residents were tidily dressed and all looked well cared for.

The staff we spoke with during the inspection demonstrated that they knew about the care and support needs of individual residents. When staff approached residents to provide care, they were polite, gentle and respectful and worked at residents pace.

Registered nurses verified that they were aware of the local community healthcare networks and had developed links with health professionals who offered advice and support; such as GPs, dietitians, community mental health nurses and tissue viability nurses and caring for smiles.

The Inspector sat in on the handover meeting between the night shift and the day shift to familiarise themselves with the residents health and social welfare. Sound information about residents care needs was passed between staff to try to ensure that consistent care was provided. Again, staff showed knowledge of residents care needs.

Staff showed awareness of how important nutrition was for residents' health. We saw that meals were nicely presented, portions were of a good size and extra food was offered. Drinks and snacks were offered throughout the day. Residents told us they enjoyed the food.

When sampling the file of a new resident we saw a comprehensive assessment of care needs had been completed. It was pleasing to see that the care plans were developed around this assessment and written in a person centred way that showed staff had taken account of the residents' views. There was evidence that the residents had been fully involved in all discussions around the care to be provided.

The provider had made some progress to meet some of the requirement made following the last inspection about recreational activities.

Since the last inspection the activity coordinator had developed individual activity planners for each resident which detailed their social preferences.

Individual records of each residents participation in activities was in place. There had been some outdoor activities which allowed residents to enjoy fresh air. However, more work was needed if all residents' social needs were to be fully provided for and this is discussed under the areas of improvement section of this Statement.

Areas for improvement

As stated above, the provider had made some progress to meet the requirement made following the last inspection about recreational activities.

While a record was maintained detailing which activities residents took part in, there was no assessment of the outcome of the activity or if it was of benefit to the residents. There needs to be more opportunities for all residents to access outdoor space and recreational activities including residents with mobility difficulties or find it more difficult to engage socially.

While the activity planner stated care staff would undertake activities when the activity coordinator was not on duty, we did not see much evidence of this because care staff were busy providing direct care to residents. An amended requirement will be made to reflect the outstanding elements (see requirement 1).

A reminiscence room had been developed with a 1940/50s theme with the purpose of reminding residents of those time. We saw it was used for storage for example a tripod easel and staff told us the room was seldom used. The new manager showed awareness that the purpose of this useful resource needed to be considered and develop it a way that is beneficial to residents. We will monitor progress at future inspections.

We examined Medication Administration Recording sheets (MARs) and noted that the current method of medication recording constrained performance and needed to improve. We saw:

- gaps on the MARs making it difficult to know if the prescribed medication had been given as directed or not
- handwritten amendments to the MARs narratives were not signed by the person making the entry and there was no detail of who authorised the change. This information is needed to ensure a clear audit trail of when and by whom changes to medication had been made. This helps prevent medication errors and helps ensure residents health and wellbeing

- carer notes on the reverse of the MARs were not completed when "as required" medication was administered. This made it difficult to monitor the effect of the medication and measure its usefulness for the resident
- MAR sheets had been badly photocopied making it difficult to read if residents had received medication and who had administered it. This lack of clarity increases the risk to residents because it raises the risk of error
- next due date of injections was not recorded which raised the risk it would not be administered which could be detrimental to resident health
- "as required" medication was given regularly with no details of effects or a medical review of its suitability and benefit to the resident
- variable doses of tablets were not recorded. This made it difficult to establish the number of tablets given at any point which increased the risk that too many or too few tablets would be given. This could be detrimental to residents' health (see requirement 2).

Records did not demonstrate that adequate care planning and interventions were in place to care and support those residents at risk of developing pressure ulcers. We saw:

- wound care documentation was not accurately completed for example all sections not completed and more than one wound care was recorded on one assessment.
- information was recorded in different places making it difficult to track if a resident had a wound or not
- care plans were out of date because the care or treatment had changed. some wounds had healed but there was no record of this
- body maps were not accurately completed because all wounds were not recorded and those that were recorded were not numbered
- staff did not demonstrate a good understanding of applying the Waterlow tool to identify risk. All of this contributes to raising the risk that inconsistent care would be given or errors made (see requirement 3).

We acknowledge the input of healthcare professionals who were supporting the service in helping to ensure that good wound care was given to residents to promote healing. We welcome this.

The provider had not met the requirement made at the last inspection about pain management. While we acknowledge that pain assessments had been implemented these were not used correctly or consistently to assess if residents were in pain. For example no consideration had been given to whether wound care would result in a resident experiencing pain, neither was the effect of the administration of pain relieving medication assessed (see requirement 4).

Staff need to get better at providing discrete care. We came to this conclusion because we heard staff repeatedly speak across the sitting room about residents care needs and was within hearing of residents. This was not respectful, professional or acceptable practice. The manager agreed to address this and we will monitor progress at the next inspection.

This is also relevant to Quality Theme 3 - Statement 3 where a requirement is made about staff practice.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 4

Number of recommendations: 0

Requirements

1. The provider must make proper provision for the health and welfare of service users. In order to achieve this they must, when planning and delivering support, ensure that all service users have opportunities to take part in appropriate social, recreational and stimulating activities in line with their identified interests, needs, choices and preferences. This is to enable service users to fulfil their potential and to promote a good quality of life.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4(1)(a) and Regulation 3 - Principles.

Timescale: to commence within 24 hours of receipt of this report and completed by 28 February 2015.

2. The provider must ensure that medication is managed in a manner that protects the health, welfare and safety of service users. In order to do so the provider must ensure that:
 - a) medication is administered as prescribed and staff sign to confirm this
 - b) when handwritten instructions have been added to the MAR sheet, these must be signed and dated and reference who authorised the change. Entries must be legible
 - c) carers notes must be completed when necessary
 - d) review how the number of tablets administered is recorded
 - e) review how the date injections are due is recorded
 - f) when "as required" medication is given on a regular basis, medical advice must be sought regarding the suitability of this.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 4(1)(a).

Timescale: to commence within 24 hours of receipt of this report and completed by 28 February 2015.

3. The provider must ensure that there is a planned and consistent approach to tissue viability within the home. In order to achieve this, you must ensure that:
 - a) records are accurate and easily accessible.
 - b) all residents who have pressure ulcers, wounds or minor trauma injuries have a clear plan of care which outlines, cleansing, treatment and dressings with clear timescales for dressing changes, re-assessment and evaluation
 - c) care plans must be updated when there is changes to the treatment regimen
 - d) staff responsible for the completion of assessments tools such as the waterlow scale and body maps have refresher training in the purpose and completion of these.

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

Timescale: To commence within 24 hours of receipt of this report, for completion 28 February 2015.

4. The provider must ensure that where a service user is assessed as being in pain or "at risk" of developing pain that proper systems are in place to address this and outcomes are recorded.

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

Timescale: 28 February 2015.

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 service was demonstrating good practice in areas covered by this Quality Statement. The strengths stated in Quality Theme 1 - Statement 1 are also relevant to this Statement.

With residents' permission we visited some bedrooms and saw that residents had been encouraged to furnish their bedrooms with personal belongings, photographs and ornaments. As a result the bedrooms were homely.

Each resident was offered a key to their bedroom door and inside the bedroom they could control the radiator or open the window for fresh air should they desire.

Their views and opinions were collected through the provider's annual in-house questionnaire which included questions focussed on the environment and its continuous improvement

One resident told us that staff respected their possessions and did not touch or move things without permission and this was very important to them.

It was good to see that staff took account of the residents views and respected their privacy and belongings.

Areas for improvement

The areas for improvement identified in Quality Theme 1 - Statement 1 are relevant to this Statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

At this inspection we found that the performance of the service was weak for this statement. This means the performance of this statement had been graded weak in two consecutive inspections.

To assess this statement we observed the environment, looked at maintenance records, staff duty rota and spoke with residents. We took account of the progress made in meeting requirements and recommendations made at the previous inspection.

On arrival at the service, the building was warm, calm and decorated in a very festive manner. This contributed to the homely atmosphere.

Systems noted at the last inspection to help keep the environment safe were still in use. These included:

- visitors were asked to sign in and out of the building so that staff knew who was in the building at any time
- maintenance contracts were in place for appliances and equipment to make sure these were fit for purpose
- checks were carried out on equipment such as wheel chairs and emergency lighting to make sure these were fit for purpose. A new maintenance person had commenced in post and confirmed he was aware of the necessity of these checks in maintaining a safe environment.

The provider had met some aspects of the requirement made following the last inspection about the safety and cleanliness of the building. We saw that:

- the sluice area was locked and chemical securely stored which reduced the risk of accidental access to potentially dangerous materials
- cleaning materials were available in areas where commode pans were cleaned and as a result these could be cleaned hygienically
- soap and towels were available in residents' bedrooms, toilets and sluice areas, which meant staff and residents could wash their hands
- in the laundry area, the use of baskets to store clothing and the installation of a shelf had resulted in a cleaner area.

As a result we saw that some efforts had been made to improve the infection control measures used within the building and reduce the risk of spreading infection. However there were significant areas that still need to be improved and these are discussed under the areas of improvement section of this Statement.

Staff were present in the sitting areas during the day and early evening which meant residents could easily access them during this time if needed. However this was not the case late evening and is discussed under the areas of improvement section of this Statement.

Areas for improvement

While there were areas of strengths which helped keep the environment safer there were important weaknesses which constrained performance and increased the risk to residents. These are detailed below.

On arrival mid-afternoon, some areas of the building were generally untidy and lacked attention to detail. For example jugs of juice and milk were uncovered, sugar had been spilled on the dining room work surface and not cleaned, food was on the floor, half eaten meal on the dining room table.

A toilet had a sign asking residents not to use because it was prone to blocking, this reduced facilities for residents.

A wooden curtain pole was hanging from the window and potentially could have hurt a resident, albeit the maintenance person repaired this when we asked.

An effective environmental audit would have identified these areas of improvement and allowed the opportunity to rectify. The new manager agreed to address the quality of the environment and we will monitor progress at future inspections.

The provider had not met some aspects of the requirement made following the last inspection about the safety and cleanliness of the building as follows:

There remained times when staff were not present in the sitting areas and residents could not access them.

At the changeover between shifts we saw staff leave the building without informing the next shift they were doing so. As a result residents, some of whom were in wheelchairs, were left unattended.

We saw an example where staff had assisted a resident to retire to bed but not provided them with a call bell.

As a result the resident was unable to call for assistance if needed. Brakes were not applied to the bed which increased the risk of an accident. This all contributed to an unsafe environment and increased the risk of residents having accidents which could be avoided (see Requirement 1).

Based on these observations, we concluded that staff practice was weak when providing a safe environment for residents to live in which is relevant to Quality Theme 3 - Statement 3.

While staff no longer referred to a communal toilet as the "sluice" we saw a laundry buggy stored there. This should not be stored in a toilet as it is better if there is clear access to the facilities (see Requirement 1).

There were still days when, due to sick leave or annual leave, that laundry and cleaning of the building had to be carried out by one staff member. This is not sufficient given the size and layout of the building. We acknowledge the new manager was trying intensely to recruit additional housekeeping staff but it would be better if firmer interim arrangements were put in place (see Requirement 1).

While we noted an adequate supply of soap and towels, staff described situations when supplies ran out before the new supply was due. This increased the risk that infection control procedures would not be followed and raised the risk of the spread of infection.

The new manager was aware of situations where stock had been short and supplies bought locally. We established there was no restriction on the purchase of stock and the new manager was reviewing how stock was ordered to ensure an adequate supply (see Requirement 1).

In the month of November 2014, the Care Inspectorate received an anonymous complaint that there were occasions when not enough staff were on duty to meet residents direct care needs. This complaint was investigated through the inspection process.

When we examined the staff duty rota there were several occasions when the service did not comply with its conditions of registration regarding the minimum number of staff who must be on duty to meet residents direct care needs. Some staff described how difficult it was to provide good quality care and keep residents safe when not enough staff were on duty.

We acknowledge problems had arisen because of the number of vacant posts, staff phoning sick at short notice and accessing agency staff. We established that the provider placed no restrictions on the use of agency staff or carers working extra shifts as a means of ensuring enough staff were on duty.

The new manager was actively recruiting for vacant posts and agency staff were being used meantime. Staff said things had improved the two weeks prior to the inspection.

However, the provider needs to take steps to ensure enough staff are on duty to provide direct care to residents (see Requirement 2).

The management completed a weekly dependency tool to assess the number of direct care hours needed by each resident. However there was no visible fluctuation between the outcome of this document and the number of staff on a shift to meet the assessed needs of people who use the service. It did not take cognisance of the environmental layout or additional tasks which care staff undertake and this had not been added to this calculation. The provider needs to use the findings from the tool in such a way as to be assured that enough staff were on duty to provide residents care.

When examining the staff duty rota it was difficult to establish which staff were on duty each day because of the way this was recorded. The new manager agreed to rectify this. We will monitor progress at the next inspection.

The provider had not implemented the recommendation made following the last inspection about assessing the suitability of residents' beds. We were shown a document entitled "Bed Audit" which showed all residents beds had been assessed as suitable. However as it was undated and unsigned, we were unable to establish how up to date the information was or the competency of the person who completed this.

We were not convinced that the assessment was used in any meaningful way because during the inspection we saw two profiling beds which were not working properly. The suitability of the beds should have been assessed when the fault was detected. As it was, there was no reliable record of how long the beds had been broken or the nature of the fault and had not been reported to the manufacturer for repair (see Recommendation 1).

We were pleased that the faults were reported by the end of the inspection but it would be more beneficial to residents' health and safety if staff did not rely on the inspection process to identify such issues.

The laundry area was extremely cold, possibly because it is an outside building. While the provider had made some minimal adjustments which had improved the cleanliness of the building, it needs to continue to review how facilities could be improved. We will continue to monitor this at future inspections.

At the last inspection we noted that the garden area was large with overgrown areas that needed to be maintained in order to make it more accessible to residents.

The interior of the building was dated and needed general upgrading to make all the communal areas more up to date and comfortable, for example some easy chairs were worn. We will monitor progress on this at the next inspection.

The care home environmental signage could be improved to meet best practice guidance for those who have dementia or cognitive impairment as well as visual impairment. For example: there were no signs to direct residents to some toilets while other signs directed residents to toilets where none existed.

This could cause confusion particularly for residents with memory or sight problems (see Recommendation 2).

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 2

Requirements

1. The provider must make proper provision for the health, welfare and safety of service users. In order to do this the service must:
 - a) review the ordering procedures for protective equipment such as towels to ensure an adequate supply is available at all times
 - b) ensure staff are competent in the safe use of equipment such as brakes and wheelchairs
 - c) review the suitability of the storage of linen buggies in toilets
 - d) review housekeeping arrangement to ensure adequate domestic staff are available
 - e) ensure all residents are able to summon staff assistance when in the sitting rooms and bedrooms.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) - Welfare of Users and Regulation 10(2)(a),(b) and (d) - Fitness of premises.

Timescale: to commence within 24 hours of receipt of this report for completion by the 28 February 2015.

2. The provider must take account of the nature of the service, the aims and objectives and ensure staff are available in sufficient numbers to meet residents direct cares needs and adhere to the service's conditions of registration.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) regulation 15(a) - a regulation about staffing.

Timescale for meeting this requirement: to commence within 24 hours of receipt of this report for completion by the 28 February 2015.

Recommendations

1. It is recommended that the provider complete assessments of the suitability of residents' beds to make sure they are appropriate for residents use.

This is in accordance with the National Care Standards, Care Homes for Older People, Standards 4 - Your environment, Standard 5 - Management and staffing arrangements.

2. It is recommended that the provider review the suitability of the signage in the building to ensure it is suitable in assisting residents find their way around the building.

This is in accordance with the National Care Standards, Care Homes for Older People, Standards 4 - Your environment, Standard 5 - Management and staffing arrangements.

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 service was demonstrating good practice in areas covered by this Quality Statement.

The news letter contained useful information about changes to the staff team, vacant posts and staff recruitment. This is one way of sharing useful information with residents and relatives and may increase their awareness of changes to the staff who provide the service.

Areas for improvement

We did not monitor the progress made in addressing the areas of improvement identified at the last inspection. This was because the focus of this inspection was to measure the progress made in meeting the requirements and recommendations made at the last inspection. Therefore the areas of development remain as detailed in the last inspection report and are as follows:

The service needs to continue to develop resident and relative involvement in staff recruitment so that everyone has the opportunity to take part and promote the qualities they think necessary in good staff.

Consideration needs to be given to involving residents and staff in gathering their views about staff performance which could be used to inform staff supervision and appraisal processes. This would be one way of offering residents and relatives an opportunity to influence the quality of staffing at the service.

The strengths stated in Quality Theme 1 - Statement 1 are also relevant to this Statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service was demonstrating weak practice in areas covered by this Quality Statement. This means the performance of this statement had been graded weak in two consecutive inspections.

To assess this statement we focused on the progress made in meeting the requirement and recommendation made at the last inspection, looked at staff training records, minutes of staff meetings and observed staff practice and interaction with residents.

Staff were knowledgeable about individual residents and in discussion with us showed they were eager to give good care. We saw some pleasant interaction between staff and residents and where one to one assistance was needed with meals, staff were calm, reassuring and respectful of residents.

Since the last inspection a selection of training had been provided including infection control, safeguarding, dementia awareness and moving and handling. This was to help equip staff with the knowledge needed to meet residents care needs.

From the service newsletter we saw that all care staff had applied for registration with the Scottish Social Services Council (SSSC). The SSSC is responsible for registering people who work in social services and for regulating their education and training.

Areas for improvement

We acknowledged that the staff group, collectively, had skills, knowledge and experience. However, aspects of staff practice critically impacted upon the outcomes for residents and adversely affected their health and safety.

For example by leaving residents unattended and without means of summoning assistance, staff showed weak understanding of the importance of maintaining a safe environment for residents to live in.

Lack of staff knowledge about the safe use of equipment such as wheelchairs and applying brakes to beds put residents at risk of injury. This is discussed under Quality Theme 2 - Statement 2 where requirements were made.

The management of medication and wound care raised concern about staff competence in these areas. We expect all registered nurses to be able to deliver this basic care effectively. That registered nurses were unable to do so, reflects weak professional nursing and care standards. This is discussed under Quality Theme 1 - Statement 3 where requirements were made.

Staff told us they had received training since the last inspection and we could see lists of the names of those who attended. However records had not been updated and there was no overview available to show which staff, if any, still needed to attend.

This was further complicated by the changes to the staff team. As a consequence we had difficulty establishing if all staff had attended mandatory training. Mandatory training is training which the provider has identified that all staff need either because of residents care needs or legal requirements.

The provider needs to consider how the training provided has influenced staff practice given the issues identified in Quality Theme 1 - Statement 3 and Quality Theme 2 - Statement 2 and judge staff competency. We acknowledge that the new manager had identified that an overview of staff training was required and that staff competency needed to be assessed (see Requirement 1).

The provider had not implemented the recommendation made at the last inspection about the storage of staff inductions.

We examined three staff files of the most recently recruited staff but only one file contained a completed induction record. Of the remaining two, one induction document was found stored in a file about continence care and was not fully completed, the other could not be located.

Staff confirmed the inductions had been completed. However there should be fully completed records of all staff induction and these should be appropriately stored (see Recommendation 1).

The manager should ensure that action plans with timescales were devised following all meetings. This would offer an opportunity to show how issues were being managed and the outcomes (see Recommendation 2).

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure staff receive training appropriate to the work they are to perform. This is to ensure that staff have the training they need to meet the needs of all service users.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 - Staffing.

Timescales: by the 28 February 2015.

Recommendations

1. It is recommended that the provider review the storage of staff induction records to ensure these are accessible at the service. All induction records should be dated, and signed by all those involved.

This is in accordance with the National Care Standards, Care Homes for Older People, Statement 5 - Management and staffing arrangements.

2. It is recommended that the provider ensures that action plans are devised following all meetings. These should detail the timescales for expected actions and the person responsible for completion of the actions.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

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 performance of the service was good for this statement. The strengths stated in Quality Theme 1 - Statement 1 are relevant to this Statement.

Residents and relatives had been told about the change of manager at a meeting. This showed the provider was making efforts to keep residents and relatives informed about management changes at the service.

Areas for improvement

The new manager had still to meet relatives and planned to arrange a meeting for introductions.

We did not monitor the progress made in addressing the areas of improvement identified at the last inspection. This was because the focus of this inspection was to measure the progress made in meeting the requirements and recommendations made at the last inspection. Therefore the areas of development remain as detailed in the last inspection report and are as follows:

At the last inspection it was noted that there were a number of ways the service could develop residents and relatives involvement in influencing the leadership of the service.

The manager should consider offering the opportunity to contribute to the completion of the self-assessment before inspections. This would give the provider the chance to hear residents' views about what the service does well and what could be improved. This would be one way of helping people feel more involved in the service development.

The provider should consider discussing the outcomes from audits with residents. This would be another way of sharing information about how improvements were made or needed. It would also enable residents and relatives to question if improvements were not made. This could help promote a culture of openness and trust in the service and encourage residents to offer comments or suggestions.

We will monitor progress at future inspections.

The recommendation and areas of development noted in Quality Theme 1 - Statement 1 are also relevant to this Statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The service was demonstrating weak practice in areas covered by this Quality Statement. This is a decline in the grade for this statement from adequate to weak.

To assess this statement we took account of the progress made in developing the quality assurance system and notifications to the Care Inspectorate. We also considered the action taken to implement the action plan devised to address the requirements made at the last inspection.

A new manager had commenced in post two weeks before the inspection. The manager demonstrated understanding of the areas that needed to be improved but it was too early to have instigated any significant change.

Since the last inspection an admin worker had commenced in post. This potentially will reduce the burden on the manager to undertake administrative tasks and allow her to focus on improving the quality of the service.

A deputy manager was due to commence in post. This had the potential to increase the managerial support at the service to focus on improving the overall service quality.

Areas for improvement

No significant progress had been made in meeting the requirements made at the last inspection. This indicated that the action plan, which the provider submitted following the last inspection detailing how it planned to address the requirements, had not progressed in the way the provider had stated. There had been no correspondence with the Care Inspectorate to discuss why this might be.

In our view, the lack of progress demonstrates weak leadership in the service and this has been reflected in the grade awarded for this Quality Statement. The provider needs to lead and support the manager and staff to devise a realistic action plan for the areas for improvement highlighted in this report and enable staff to sustain any improvement made.

At the last inspection we noted an incident had occurred which the Care Inspectorate should have been notified about. We were given assurances that notification would be made timeously in future. At this inspection there again were incidents which we were not informed about.

These included accidents to residents, staff personnel issues and instances when the service was unable to provide the minimum staffing needed to meet residents direct care needs. As a result the provider was not complying with legislation (see Requirement 1).

While we acknowledge that a Quality Assurance system was in place this was not effective in identifying areas for improvement. An effective Quality Assurance system would have identified many of the issues highlighted in this report and allowed given the service the opportunity to rectify this. For example the management of medication, wound management, staff practice in relation to a safe environment, not enough protective clothing. These are discussed under Quality Theme 1, 2 and 3 where requirements were made (see Recommendation 1)

The manager was on call should an emergency arise at the service, out of hours and on days off. The new manager did not regard this as problematic although with the appointment of a deputy manager to share the workload the restriction on the manager's leisure time should be reduced. We will monitor progress at future inspections.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must comply with legislation and Care Inspectorate guidance on notification reporting and ensure that notifications are made timeously.

This is in order to comply with Regulations 21-24 of the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) and section 53(6) of the Public Services Reform (Scotland) Act 2010.

Timescale: To commence within 24 hours of receipt of this report for completion by the 28 February 2015.

Recommendations

1. It is recommended that the provider fully implement the quality assurance systems to assess and monitor the quality of all aspects of the service.

This is in accordance with the National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

4 Other information

Complaints

In the month of November 2014, the Care Inspectorate received an anonymous complaint that there were occasions when not enough staff were on duty at the service. This complaint was investigated through the inspection process. During this inspection there was evidence that the service did not always comply with its conditions of registration regarding the minimum number of staff who must be on duty to meet residents direct care needs.

This is discussed further under Quality Theme 2 - Statement 2 where requirements are made.

Enforcements

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

Additional Information

In the month of November 2014, the Care Inspectorate received an anonymous complaint that there were occasions when not enough staff were on duty at the service. This complaint was investigated through the inspection process. During this inspection there was evidence that the service did not always comply with its conditions of registration regarding the minimum number of staff who must be on duty to meet residents direct care needs.

This is discussed further under Quality Theme 2 - Statement 2 where requirements are made.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings
3 Jul 2014	Unannounced	Care and support 3 - Adequate Environment 2 - Weak Staffing 2 - Weak Management and Leadership 3 - Adequate
25 Oct 2013	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
22 May 2013	Unannounced	Care and support 2 - Weak Environment 1 - Unsatisfactory Staffing 2 - Weak Management and Leadership 2 - Weak

Inspection report continued

8 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory 1 - Unsatisfactory 2 - Weak 1 - Unsatisfactory
17 Dec 2012	Re-grade	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed 2 - Weak Not Assessed
17 Sep 2012	Unannounced	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory 3 - Adequate 3 - Adequate 1 - Unsatisfactory
1 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 3 - Adequate
22 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
29 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
23 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good Not Assessed Not Assessed
18 May 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

Inspection report continued

20 Nov 2008	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
26 Jun 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate

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 0345 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 or by telephoning 0345 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 ونابز 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 الا 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: 0345 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com