

Care service inspection report

Rowantree / Rodgerpark Care Home

Care Home Service Adults

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Rutherglen
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Type of inspection: Unannounced

Inspection completed on: 28 January 2015



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Service provided by:

BUPA Care Homes (CFHCare) limited

Service provider number:

SP2003002226

Care service number:

CS2003010420

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Summary

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

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

We gave the service these grades

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

What the service does well

The service continued to work hard at developing ways to analyse accidents and incidents. This helped to analyse specific service user events.

Care plans were in place for all service users and these had complied with legislation in relation to six monthly care reviews being undertaken.

At the time of the inspection work was continuing to improve areas of the accommodation through redecoration and refurbishment.

What the service could do better

The service should improve outcomes for service users by making sure that areas for development identified within this report are addressed. This includes the quality of the care plan documentation which must be sufficient to fully reflect and meet service users' individual care, support and social needs.

Effective participation of service user and carers within the development of the service should be improved upon as should, areas of the environment and the dining experience.

The service could also improve on the quality of staff supervision sessions and staff training.

Elements of auditing of the service could also be improved upon.

What the service has done since the last inspection

Since the last inspection, we saw that two requirements of the six requirements made and one of the fifteen recommendations had been met.

Some of the refurbishment had helped improve living spaces for service users living there.

People continued to generally express that they were happy with the service.

Conclusion

Areas for Development we identified have resulted in some of the quality statement grades being reduced at this inspection.

We acknowledge that there were a number of developments being implemented. We would expect that if these developments are fully implemented and service users benefit from positively by these, grades may increase.

1 About the service we inspected

Rowantree/Rodgerpark Care Home is located in the Rutherglen area of Glasgow in a residential area. The provider of the service is BUPA Care Homes (CFHCare) Limited. The care home has accommodation for 215 older people. The accommodation is divided up into eight units. Beechwood (25), Woodside (28), Melrose (30) and Dryburgh (30) units provide care for older people, most of whom have dementia. Waverly unit (30) has a mixed client group of older people approximately half had dementia and half did not. These five units were contracted by Social Services.

The remaining three units are all contracted by the NHS as "NHS continuing care beds". Stonelaw unit (28) provides care for older people with dementia, Woodburn (20) provides care to older people with enduring mental health issues and Limetree (24) provides palliative care for older people.

Each of the units had communal lounge/dining space, conservatory area and some themed rooms such as "relaxation room" or "pampering room". All had communal bathrooms and toilets as the bedrooms do not have en-suite toilets. All of the bedrooms were single rooms some with a handwash basin.

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 www.careinspectorate.com

At the time of the inspection there were 203 service users using the service.

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 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 medium 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

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

The inspection was carried out on 13 January 2015 between the hours of 9.30am and 5.00pm and 14 January between 9.30am and 4.45pm.

Feedback was given to the Home Manager and Clinical Services Manager on 28 January 2015. between 11 and 1.30pm.

During the inspection evidence was gathered from a number of sources.

We looked at a range of policies, procedures and other documentation including the following:

- * Minutes of service users' / carers' meetings
- * Sample of service users' care plans
- * Accident and incident records
- * Complaints log
- * Medication Administration Records
- * Staff training records
- * Staff supervision records
- * Staff meetings
- * Supporting evidence from the up to date self assessment
- * Public liability insurance certificate
- * Registration certificate

and we spoke with the following people:

- * 10 people using the service (service users)
- * 3 carers (relative)
- * 8 staff members
- * the Areal Manager
- * the Quality Manager

- * the Home Manager
- * the Depute Manager

Observation of care practice and a review of the environment and resources were also undertaken.

All of the above information was taken into account during the inspection process and was reported on.

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 service must ensure care plans contain adequate and accurate information relating to service users' needs in order for staff to be able to fully meet their needs. In doing so, the issues highlighted above must be addressed.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (d) - Welfare of users
Timescale for implementation: To commence within 1 week of receipt of this report and be concluded within 6 months

What the service did to meet the requirement

We continued to express our concerns surrounding the quality of the information contained within some of the care plans we sampled. Examples of specific instances were provided to the Area Manager and Manager during feedback.
(See requirement 1, Quality Statement 1.3)

The requirement is: Not Met

The requirement

The provider must ensure the health and welfare of service users in relation to the administration of medications. To do this they must ensure that:

- * All handwritten entries are signed and/or who prescribed the change. Quantities administered must be recorded where doses of a medication are variable
- * Staff have access to the most up to date British National Formulary,
- * Guidance is given within MARs where there are strict conditions to a medication being administered.

This is in order to comply with:

SSI 2011/210 Regulation 4(1) (a) - a requirement to make proper provision for the health and welfare of people,

The following National Care Standards have been taken into account in making this requirement. NCS Older People, 5.12 and 15.6.

Timescale for implementation: To commence within 24 hours of receipt of this report and be concluded within 6 months

What the service did to meet the requirement

We were generally satisfied with the quality of the medication administration records.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that service users are given sufficient opportunities to physically move and relieve skin pressure brought about through sitting for long periods of time. In doing so, care plans must be developed to reflect service user specific needs and preferences in relation to effective pressure relief and the specific actions required by staff to meet these needs.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) (b) (d) - welfare of service users.

Timescale for implementation: To commence within 1 week of receipt of this report and be concluded within 6 months

What the service did to meet the requirement

Given that we observed a general lack of activity and many people sitting or sleeping in chairs with little or no stimulation, we continued to be concerned that service users were given insufficient opportunities to physically move and relieve skin pressure. We noted that some care plans had recorded pressure relieving periods, however we observed that these were not being followed.

(See requirement 3, Quality Statement 1.3)

The requirement is: Not Met

The requirement

The provider must address areas for improvement highlighted above. In doing so the provider must ensure that all areas within the service are cleaned, maintained and equipped to a satisfactory level.

This is in order to comply with SSI 2011/210 Regulation 4(1) (a) (b) (d) - welfare of service users.

Timescale for implementation: To commence within 24 hours of receipt of this report and be concluded within 6 months

What the service did to meet the requirement

We observed a number of areas that had not been cleaned, maintained and/or equipped appropriately.

Examples provided during feedback included:

- * Many of the blue fabric chairs were noted to be heavily stained.
- * Some of the communal floors were sticky and malodorous in areas.
- * There were no boxes of gloves/aprons in some of the bathroom areas.
- * some of the waste bins used were not in keeping with infection control best practice.

(See requirement 1, Quality Statement 2.2)

The requirement is: Not Met

The requirement

The service provider must make proper provision for the welfare and safety of service users by ensuring that all staff adhere to best practice regarding infection control. In order to do this, the service provider must ensure the following:

- that staff manage soiled laundry as per best practice guidance
- equipment for residents use such as hoist slings are stored correctly
- residents have opportunity to clean their hands prior to meals
- staff are made aware of their roles and responsibilities in relation to infection control best practice.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulation 4(1) (a).

Timescale - To commence within 24 hours of receipt of this report and be concluded within 6 months

What the service did to meet the requirement

Although we saw that the infection control issues highlighted last time had mostly been addressed, there were a number of other infection control practices which we

were observed that were unsatisfactory. These were specifically raised during feedback. As a result the requirement has been reworded and repeated to reflect this. (See requirement 1, Quality Statement 2.2)

The requirement is: Not Met

The requirement

The provider must ensure that staff follow appropriate moving and handling techniques when assisting service users. In doing so, action must be taken where deemed appropriate where staff are non-compliant with this.

This is in order to comply with: SSI 2011/210 Regulation 15 (a) - staffing

Timescale for implementation: To be commenced within 24 hours of receipt of this report and completed within 6 months.

What the service did to meet the requirement

We were pleased to see that staff followed appropriate moving and handling procedures and techniques.

The requirement is: Met - Within Timescales

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

1. The service should fully evidence how the comments and suggestions gathered from residents and relatives are utilised to inform the development and improvement of the service.

Standard 5 - Management and staffing arrangements

Standard 11 - Expressing your views

National Care Standards for care homes for older people.

Progress: there was a lack of evidence that suggestions affected change and service users/carers had fully participated in the service development. This is reflected in more detail under Quality Statement 1.1.

(See recommendation 1, Quality Statement 1.1)

NOT MET

2. The service should continue to look at ways they could improve how they gather the comments and suggestion about the service from all residents.

Standard 11 - Expressing your views

National Care Standards for care homes for older people.

Progress: Given the Areas for Development contained within Quality Statement 1.1, this recommendation has been repeated at this inspection.

(See recommendation 2, Quality Statement 1.1)

NOT MET

3. Recorded minutes of meetings should be improved to reflect who attended, full discussions and the outcome and minutes should reflect where there have been developments since the previous meeting.

People should be made aware of dates of relevant meetings which they can attend to express their views. In doing so, clear agendas should be available identifying topics to be discussed with opportunities for attendees to add to this.

Standard 11 - Expressing your views

National Care Standards for care homes for older people.

Progress: Given the lack of evidence of meeting minutes this recommendation is repeated at this inspection.

(See recommendation 3, Quality Statement 1.1)

NOT MET

4. The service should be able to clearly evidence that where appropriate carers have not been able to attend their relative's care review, minutes are sent.

Standard 11 - Expressing your views

National Care Standards for care homes for older people.

Progress: There was no evidence to demonstrate that relevant carers had been issued with minutes when they had been unable to attend their relative's care review meeting in person.

(See recommendation 4, Quality Statement 1.1

NOT MET)

5. There should be clear evidence that appropriate carers' views are regularly reviewed as to their preferred level of involvement within their relative's care plan

Standard 11 - Expressing your views

National Care Standards for care homes for older people.

Progress: Although we saw a record from 2013 which asked if relatives wished to be part of the care plan, people had not been asked again since then. This meant that it could not be determined if the carers still held these views.

(See recommendation 5, Quality Statement 1.1)

NOT MET

6. Independence and choice of service users should be maintained at all times. In doing so, the dining experience should be improved to identify the issues highlighted above.

National Care Standards: Care Homes for Older People Standard 6.1 Support arrangements

Progress: We noted that the dining experience was variable between units/staff. More information can be found under Quality Statement 1.3

(See recommendation 1, Quality Statement 1.3)

NOT MET

7. The current practice of hourly checks of service users should be reviewed to ensure that this is person centred practice and has been assessed based on individual service user needs and preferences.

Standard 6.1 Support arrangements and Standard 16.10: Private life.

Progress: At the last inspection we made a recommendation that the current practice of hourly checks of service users should be reviewed to ensure that this was person centred practice and had been assessed based on individual service user needs and preferences. The Manager told us that staff had been advised via the heads of department meetings and asked to inform unit staff of this. However, we could see no evidence of this being discussed at the meeting or at unit level. Some staff we spoke with also told us that this was practice with all the service users in their unit.

(See recommendation 2, Quality Statement 1.3)

NOT MET

8. Minimum and maximum temperatures should be recorded for the medication fridge in keeping with best practice guidance. .

Standard 4 - Your environment

National Care Standards for care homes for older people.

Progress: The fridge temperatures for medications were not consistently recorded or actioned where identified as below normal limits.

(See recommendation 1, Quality Statement 2.2)

NOT MET

9. The maintenance log book should be dated and signed to reflect when repairs have been made to reflect where works have been completed or any further action required.

Standard 4 - Your environment

National Care Standards for care homes for older people.

Progress: We saw that the maintenance log book had been signed and dated appropriately.

MET

10. The service should fully implement the system of audits and spot-checks to ensure that cleanliness of the home is monitored and any issues identified are fully actioned.

Standard 4 - Your environment

Standard 5 - Management and staffing arrangements

National Care Standards for care homes for older people.

Progress: We were provided with some information which showed that environmental spot check audits and daily checks had been completed. However, this information was limited and dates last undertaken were some months previous. Additionally we did not receive evidence from all of the eight units.

(See recommendation 2, Quality Statement 2.2)

NOT MET

11. In order to enhance and develop staff awareness of service users' dignity and respect, training should be sourced, undertaken and fully implemented in order to address the issues highlighted above.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people.

National Care Standards: Care Homes for Older People Standard 12 Lifestyle - social, cultural and religious belief or faith.

Progress: We were told that this had been passed to the Home Based Trainer and had not yet been actioned.

(See recommendation 1, Quality Statement 3.3)

NOT MET

12. The service should continue to implement the formal process to evaluate the impact of training on staff practice.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people.

Progress: This had not been fully implemented

(See recommendation 2, Quality Statement 3.3).

NOT MET

13. Staff meetings should be fully developed to ensure they are effective two-way exchange opportunities for staff. Minutes should clearly reflect discussions and actions which have taken place or require to be carried out. In doing so, these should indicate a timescale for implementation and responsible person for carrying them out.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people

Progress: There was a lack of evidence of regular staff meetings having taken place recently, therefore a recommendation previous made in relation to the development of these has been repeated.

(See recommendation 3, Quality Statement 3.3)

NOT MET

14. The review of the supervision and appraisals systems should take account of the overall effectiveness of the sessions and the issues we have identified above.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people

Progress: At this inspection we did not see records of staff supervision sessions, therefore this recommendation will be repeated.

(See recommendation 4, Quality Statement 3.3)

NOT MET

15. Audit processes should be developed to reflect a more qualitative process. In doing so there should be clear records which reflect actions required to rectify discrepancies with appropriate timescales for completion highlighted. Reference should be made as to when these actions have been completed and the issue re-audited to ensure compliance.

The frequency with which audits are undertaken should be based upon a thorough and considered risk assessment.

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

Progress: We were provided with a lack of records which demonstrated where actions had been taken to address issues raised through audit and consultation exercises. (See recommendation 1, Quality Statement 4.4)

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.

A fully completed self assessment document was submitted on 24 March 2014. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements. The service identified its strengths and some areas for future development.

Taking the views of people using the care service into account

We spoke with 10 service users during the inspection and their responses have been included throughout this report. Generally people told us that they were satisfied with the service.

Taking carers' views into account

We spoke with 3 carers during the inspection. Comments included:

'All the domestics and laundry friendly and excellent. Staff and managerial staff supportive with the difficult decision for mum coming in. Read the Care Inspectorate report before mum came in and lucky that got place".

"Has a lovely atmosphere"

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

On grading this Quality Statement, we took into consideration some of the areas of strength identified at the previous inspection

We saw a range of pictures which showed service users involved in events and activities which had been arranged. We saw some pictures which showed service users in the summer months enjoying events outdoors.

We saw a reading corner and some service users enjoying reading their newspapers which the service had arranged to be delivered. We received some positive comments from people about how they were supported with maintaining their spiritual preferences such as attending church/chapel.

We were accompanied at the inspection by an Inspection Volunteer who spoke with a number of service users and carers. Comments included:

"They have meetings but I don't attend. We are thoroughly happy with all aspects of care and the family are made welcome. My mother's room is personalised.

"The activities co-ordinator is excellent - mum doesn't like much noise - She is a regular visitor to the hairdresser and gets her nails done"

"The Christmas party was great, enjoyable

We saw that all Care Reviews had been undertaken six monthly in line with legislation. Some of the records of the care review meetings had been completed to a good standard and had involved the service user and their relevant carers.

Carers told us that they were involved in and attended their relative's care reviews

and were kept informed of relevant day-to-day information.

Generally, people had not taken up the opportunity to put forward comments or suggestions through the suggestions boxes within the units. A Project had started within the Stonelaw unit to help with this and in doing so, question sheets had been developed inviting more specific comments such as "What do we do well in Stonelaw?" and "Is there anything we could do better?". We aim to review the full implementation and progress of this at the next inspection.

Areas for improvement

Care plans lacked service users/carers signatures. This meant that there was a lack of evidence that they had been involved and were in agreement to the contents.

Although care reviews were signed, the records did not specifically reflect that the signatory agreed with the contents of the care plan.

'Relatives' communication sheets' were completed and most carers told us that they were generally kept well-informed about changes to their relative's health. However there was no clear record of the circumstances when the person wanted contacted except day or night time. We would advise that there is more clarity surrounding when the relative/carer wishes to be contacted.

(See requirement 1)

There was a lack of clear evidence available during the inspection to demonstrate that recent service user and carer meetings had taken place. Information we received from the service was also unclear as to how frequent the meetings had taken place.

The Manager acknowledged that due to some senior management changes, there was some backlog with the minute and action plan typing following meetings and that some meetings were behind schedule.

Subsequently this meant that there was a lack of evidence that suggestions affected change and service users/carers had fully participated in the service development.

(See recommendations 1 and 2)

Given the lack of minutes we saw, a recommendation relating to the recording of the minutes is repeated at this inspection.

(See recommendation 3)

Additionally we noted that the minutes of those meetings which had taken place were not all standardised and the unit where the meeting had taken place was not always recorded.

We saw no minutes of meetings on noticeboards within units, although we acknowledged that Dryburgh Unit had just been painted. There was also no evidence that those people who had been unable to attend meetings had received minutes.

We also took into account areas for development surrounding staff engagement and

activities which are highlighted under Quality Statement 3.3 on grading this Quality Statement.

There was no evidence to demonstrate that relevant carers had been issued with minutes when they had been unable to attend their relative's care review meeting in person.

(See recommendation 4)

We noted that the quality of the records of the care review meetings was variable and although some were completed well, others lacked information and clarity. The service should review this.

Although we saw a record from 2013 which asked if relatives wished to be part of the care plan, people had not been asked again since then. This meant that it could not be determined if the carers still held these views.

(See recommendation 5)

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 5

Requirements

1. The provider must ensure that where deemed appropriate; they are able to demonstrate that service users/carers have been fully consulted and are in agreement with contents of the service users' care plans. .
This is in order to comply with: SSI 2011/210 Regulation 5(2) (b) - Personal Plans.
Timescale for implementation: within 6 months of receipt of this report.

Recommendations

1. The service should fully evidence how the comments and suggestions gathered from residents and relatives are utilised to inform the development and improvement of the service.

Standard 5 - Management and staffing arrangements

Standard 11 - Expressing your views

National Care Standards for care homes for older people

2. The service should continue to look at ways they could improve how they gather the comments and suggestion about the service from all residents.

Standard 11 - Expressing your views

National Care Standards for care homes for older people

3. Recorded minutes of meetings should be improved to reflect who attended; full discussions and the outcome and minutes should reflect where there have been developments since the previous meeting.
People should be made aware of dates of relevant meetings which they can attend to express their views. In doing so, clear agendas should be available identifying topics to be discussed with opportunities for attendees to add to this.
Standard 11 - Expressing your views
National Care Standards for care homes for older people

4. The service should be able to clearly evidence that where appropriate carers have not been able to attend their relative's care review, minutes are sent.
Standard 11 - Expressing your views
National Care Standards for care homes for older people

5. There should be clear evidence that appropriate carers' views are regularly reviewed as to their preferred level of involvement within their relative's care plan
Standard 11 - Expressing your views
National Care Standards for care homes for older people

Statement 3

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

Service strengths

We reviewed a sample of service user Medication Administration Records (MAR) and were generally satisfied that:

- * Staff signatures were identified
- * Hand written entries had been appropriately referenced
- * Pictures and allergies had been identified.
- * Where medications had been discontinued, these had been appropriately referenced with a date, signature and who gave the instruction recorded.
- * Any analgesia prescribed indicated the number of tablets given.

This meant that a requirement made at the previous inspection had been met.

We also noted that a running balance of each medication was being recorded at the end of each medication round but raised concerns that it may be a lengthy task and not perhaps be an effective use of staff time.

We saw records which reflected that the service had been proactive in monitoring specific clinical needs daily where required for service users. We acknowledged that Blood Sugar Monitoring practices had improved in that records indicated 'normal' range and follow up monitoring where required.

Most people who spoke with us told us that staff were 'very attentive'. Some people told us that it was a 'Very good home' where the 'person is treated as a person, an individual'. One person told us that 'staff make sure we are safe, especially at night'.

The service continued to use records and care plans which we saw at times had helped to demonstrate how health and wellbeing needs had been met.

We reviewed the accident/incident records and were satisfied that these fully reflected all the relevant information.

Some care plans we saw recorded how specific service users' clinical and social needs had been assessed and planned for. This meant that staff had some clear direction in how to care for these service users. We also saw some instances where monthly updates of care needs and their plans had taken place.

Consultants continued to attend the service each week for clinical rounds and reviews of relevant service users.

There was Community Psychiatric Nurse support for service users as well as Care Home Liaison Nurse support. This helped to make sure clinical needs were being addressed appropriately. The service continued to work closely with other local health clinicians where required to meet service users' needs including Dietitians and Podiatry

Areas for improvement

We continued to express our concerns surrounding the quality of the information contained within some of the care plans we sampled. Examples of specific instances were provided to the Area Manager and Manager during feedback.

During the inspection, the service continued to acknowledge the failings of the current care plans and discussed the new electronic care plans which were being introduced. This topic was discussed during the previous inspection.

Additionally, we noted that there was not always a copy of the appropriate records where carers had indicated they held specific powers relating to their relative. (See requirement 1)

There was a lack of evidence as to how service users' hobbies/preferences were supported. We observed examples where service user's locale and activity preference which had been identified within care plans were not always accommodated. Records within the care plans also did not reflect that activities which service users expressed as enjoying were being supported.

A 'Resident Participation Sheet' was completed for service users to help demonstrate the activities they had participated in. However from the sample we looked at, we

saw that there was a lack of evidence of meaningful engagement for many service users.

None of the information had recorded any description of how the service user had enjoyed those activities that were recorded.

(See requirement 2)

Given that we observed a general lack of activity and many people sitting or sleeping in chairs with little or no stimulation, we continued to be concerned that service users were given insufficient opportunities to physically move and relieve skin pressure. We noted that some care plans had recorded pressure relieving periods, however we observed that these were not being followed.

(See requirement 3)

We were concerned about some of the staff practice we observed in relation to infection control practices during mealtimes. We provided the Manager with specific examples of this during feedback.

(See requirement 2, Quality Statement 3.3)

A corporate review of menus throughout the organisation resulted in their being limited scope for accommodation of service users' views.

We were concerned to see that menus were not individualised and did not take into account the preferences of service users, except on limited occasions. We also noted that there was a lack of choice for soft diets. We would encourage the service to explore and review the possibilities of developing the menu options further to take into account service users' choices/preferences.

We noted that the dining experience was variable between units/staff. Not all service users were given a choice of meals and were placed a plate in front of them, at times with little or no dialogue from staff. We also observed that meals were not shown to service users with communication problems in order for them to help them choose. Condiments and napkins were not available on every table during meals and at times we saw that there was no choice in the type of sandwich offered to service users by staff. Bread was not always offered despite it being part of the meal menu.

(See recommendation 1)

At the last inspection we made a recommendation that the current practice of hourly checks of service users should be reviewed to ensure that this was person centred practice and had been assessed based on individual service user needs and preferences. The Manager told us that staff had been advised via the heads of department meetings and asked to inform unit staff of this. However we could see no evidence of this being discussed at the meeting or at unit level. Some staff we spoke with also told us that this was practice with all the service users in their unit.

(See recommendation 2)

Grade awarded for this statement: 2 - Weak

Number of requirements: 3

Number of recommendations: 2

Requirements

1. The service must ensure care plans contain adequate and accurate information relating to service users' needs in order for staff to be able to fully meet their needs. In doing so, the issues highlighted above must be addressed. Additionally, there must be evidence that where indicated, carers hold specific powers relating to their relative
This is in order to comply with SSI 2011/210 Regulation 4 (1) (d) - Welfare of users
Timescale for implementation: To commence within 1 week of receipt of this report and be concluded within 6 months
2. The provider must be able to show that the quality of life for service users, including their interests, needs and beliefs and the support of service users to fulfil their potential and aspirations, have been taken into account when planning and delivering support.
This is in order to comply with SSI 2011/210 Regulation 4(1) (a) (b) (d) - welfare of service users.
Timescale for implementation: Within 12 weeks of receipt of this report
3. The provider must ensure that service users are given sufficient opportunities to physically move and relieve skin pressure brought about through sitting for long periods of time. In doing so, care plans must be developed to reflect service user specific needs and preferences in relation to effective pressure relief and the specific actions required by staff to meet these needs.
This is in order to comply with SSI 2011/210 Regulation 4(1) (a) (b) (d) - welfare of service users.
Timescale for implementation: To commence within 1 week of receipt of this report and be concluded within 6 months

Recommendations

1. Independence and choice of service users should be maintained at all times. In doing so, the dining experience should be improved to identify the issues highlighted above.
National Care Standards: Care Homes for Older People Standard 6.1 Support arrangements
2. The current practice of hourly checks of service users should be reviewed to ensure that this is person centred practice and has been assessed based on individual service user needs and preferences.
Standard 6.1 Support arrangements and Standard 16.10: Private life

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

On grading this Quality Statement, we took into consideration areas of strength identified at the previous inspection.

Some people told how they had been involved in choosing colour schemes and furnishings within their bedrooms and communal areas.

We also took into consideration other ways in which people could have their say about the service in general and which are reflected under Quality Statement 1.1

Areas for improvement

We saw that some issues/suggestions had been made within the Stonelaw unit relating to helping improve the environment, however there was no evidence of these being actioned or that people had been informed of the outcome of the suggestions. (See recommendation 1, Quality Statement 1.1)

We were concerned that the level of noise made by the phone ringing within the units may be intrusive to service users sitting within the lounge areas. The Manager should review this.

Views were variable about the level of consultation about the environment from service users and carers we spoke with. Although some carers/service users told us that they were consulted in their bedroom refurbishment, others told us they hadn't. Some people told us that they had been told about the refurbishment but had not chosen the colours or fabric used.

We were told that 'mood boards' were used to help people choose their own redecoration however there was no evidence that these had been used.

We saw an 'Improvement Project' which identified ways in which the environment was to be upgraded and timescales in which to do so. It also reflected how service users /carers would be involved in this.

We aim to review how well this has been implemented at the next inspection.

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 took into consideration annual checks which we saw had been undertaken at the previous inspection and were still valid at this one

Each unit had controlled door entry systems within each of the units which ensured staff were aware if anyone were to enter or leave. Visitors were required to sign the visitors' book.

We noticed that some areas within the units had been refurbished. This included communal and personal areas being redecorated and new furnishings put in place. This work was still on-going at the time of the inspection within the units visited.

The service had complied with best practice food handling guidelines in that food

temperatures had been recorded.

A range of environmental checks continued to be undertaken periodically. This had helped make sure that the environment was maintained and repairs undertaken where required. Maintenance records were in place to demonstrate this.

There were a range of environmental audits to help keep the environment safe. These are recorded under Quality Statement 4.4

Areas for improvement

Again at this inspection, we identified a number of concerns about the quality of the environment within areas of the units. Some of which were previously and specifically identified. Examples of these included:

- * Blue fabric chairs which were heavily stained.
- * Floors which were sticky and malodorous in areas
- * Toilets within the corridor next to the lounge areas which were foul smelling
(See requirement 1)

We saw some areas of infection control practice which were unacceptable, namely the practices followed by some staff during food handling and methods used to cool hot foods down prior to service users eating. We also spoke with a member of staff who did not identify that what they were explaining to us was a particularly poor example of their knowledge of infection control procedures.

This means that a requirement previously made will be repeated at this inspection.
(See requirement 2)

The fridge temperatures for medications were not consistently recorded or actioned where identified as below normal limits.
(See recommendation 1)

We were provided with some information which showed that environmental spot check audits and daily checks had been completed. However, this information was limited and dates last undertaken were some months previous. Additionally we did not receive evidence from all of the eight units.

The records we saw did not reflect any actions taken, timescales in which issues would be rectified or the identity of who had responsibility to take the action.
(See recommendation 2)

Other areas of concern relating to the environment were passed on during feedback for consideration, namely:

- * Some bathrooms were being used to store hoists and walking aids
- * Within Dryburgh Unit, some chairs were missing cushions

-
- * The sluice in the Dryburgh Unit had a key pad entry but was lying open.
 - * The 'Care assistant record of room tidying and mattress turning' had not been completed in some instances within the last 4 months.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 2

Requirements

1. The provider must address areas for improvement highlighted above. In doing so the provider must ensure that all areas within the service are cleaned, maintained and equipped to a satisfactory level.
This is in order to comply with SSI 2011/210 Regulation 4(1) (a) (b) (d) - welfare of service users.
Timescale for implementation: To commence within 24 hours of receipt of this report and be concluded within 6 months
2. The service provider must make proper provision for the welfare and safety of service users by ensuring that all staff adhere to best practice regarding infection control. In order to do this, the service provider must ensure that staff have the appropriate level of knowledge and skills particularly but not exclusive to food handling and that best practice is adhered to. Where staff fail to demonstrate an appropriate knowledge and/or skills this must be clearly rectified.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), Regulation 4(1) (a)
Timescale - To commence within 24 hours of receipt of this report and be concluded within 6 months

Recommendations

1. Minimum and maximum temperatures should be recorded for the medication fridge in keeping with best practice guidance. .
Standard 4 - Your environment
National Care Standards for care homes for older people
2. The service should fully implement the system of audits and spot-checks to ensure that cleanliness of the home is monitored and any issues identified are fully actioned.

Standard 4 - Your environment
Standard 5 - Management and staffing arrangements
National Care Standards for care homes for older people

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

Ways in which service users and carers could express their views about the quality of the staffing, are highlighted under Quality Statement 1.1 of this report

Areas for improvement

There was a lack of evidence available to demonstrate how service users and carers had participated in the quality of staffing in the service.

See Areas for Development under Quality Statement 1.1

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We were told how the provider was looking to develop their training package for staff in that it would consist solely of face to face training. In this way, the provider aimed to assess the competences of staff more effectively.

We spoke with the home based trainer, who told us how the training package had been developed and how these developments would ensure staff would attend refresher mandatory training.

Each unit had a record of staff supervision with an overview held in the office.

The staff supervisions which we saw showed that they had taken place in line with the service policy, and had been submitted for logging onto the home system.

The Manger told us how they had discussed the previous inspection with staff and reminded them of their responsibilities

Feedback from service users and carers was mostly positive about the staff and comments included:

"Girls are good to me"

"Could be doing with more staff, staff are more or less ok."

"Thoroughly happy with all aspects of care - staff are consistent and family are made to feel welcome"

"Girls are on the run all the time"

"people are all nice - couple a bit off"

Training continued to be provided for staff to support them in their roles.

A training matrix was used and as it was colour coded; it gave a clear overview of staff training and indicated when staff were due their next training session in specific topics and also training updates.

We were pleased to see that staff followed appropriate moving and handling procedures and techniques.

Areas for improvement

We observed a general lack of communication and staff engagement with service users at times during day-to-day events/activities, such as during moving and handling manoeuvres, during transferring/repositioning of service users and during assisting service users with eating.

We also saw incidences where there was limited interaction overall by some staff with the service users who were sitting in lounge areas.

We observed up to three service users displaying distressed reactions and noted a lack of engagement/intervention by staff walking by during these incidents.

We also observed that care plans about how to engage effectively during distressed reactions were not always followed by staff. This meant that the ways identified in which to effectively engage were not employed

The Home Based Trainer (HBT) told us that they carried out observed practice of staff, and that they would attend the unit to do supervised practice if requested by the Unit Manager. The HBT also told us how current practice was that observed practices of staff were not formally recorded, and that the paperwork had just been finalised and was being implemented.

The training matrix reflected a number of staff had expired in some of the training,

such as moving and handling and basic food hygiene. We were concerned about some of the staff practices we observed in relation to infection control practices during mealtimes. We provided the Manager with specific examples of this during feedback.

Given our concerns highlighted above, a requirement has been made to address not only training deficit identified, but also in ensuring the competency of staff in employing the training and ensuring that service users' needs are met. This also means that a previous recommendation in relation to the full implementation of a formal evaluation on the impact of training on staff practice has been repeated. (See requirement 1 and recommendation 2)

A previous recommendation relating to training specifically in relation to dignity and respect had not yet been actioned. (See recommendation 1)

There was a lack of evidence of regular staff meetings having taken place recently. One staff meeting minute which we were provided with was unnamed, therefore we could not determine which unit it was for or who chaired it. A recommendation previous made in relation to the development of these has been repeated. (See recommendation 3)

At this inspection we did not see records of staff supervision sessions, therefore a recommendation in relation to the quality of these will be repeated. (See recommendation 4)

They also told us that although there were no "champions" as such, where there were previously, there were some moving and assisting trainers still certificated in the units. We aim to review this at the next inspection.

At times we saw staff asking service users if they would like their hands washed prior to meals; however this practice was not always followed consistently. We would advise that all staff be encouraged to follow this good practice.

We noted that a number of eLearning topics had been covered on the same day by individual staff and were concerned about the effectiveness of this. However, we acknowledge that the training package was changing soon and aim to review the implementation and outcome of this at the next inspection.

We noted that a policy didn't indicate who the signatures were of people who had signed it, as there were no titles and no printed names/ or the date they read the policy. We would suggest that the service ensures signed records reflect clearly who the signatories are and is dated to evidence when it was read.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 4

Requirements

1. The service provider must ensure each staff member is skilled, competent, and knowledgeable in the work that they do to enable them to carry out safe and effective care practice. In doing so the provider must:
 - (i) formally assess and record each staff member's competency levels as part of a regular on-going formal assessment of their practice.
 - (ii) identify where staff may need further training or assistance and make arrangements for staff to receive any such further training or assistance identified.

This is in order to comply with:

The Social Care and Social work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210) regulation 9(2)(b) - Fitness of employees and regulation 15(a) - Staffing.

Timescale for implementation: Within 16 weeks of receipt of this report

Recommendations

1. In order to enhance and develop staff awareness of service users' dignity and respect, training should be sourced, undertaken and fully implemented in order to address the issues highlighted above.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people.

National Care Standards: Care Homes for Older People Standard 12 Lifestyle - social, cultural and religious belief or faith

2. The service should continue to implement the formal process to evaluate the impact of training on staff practice.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people.

3. Staff meetings should be fully developed to ensure they are effective two-way exchange opportunities for staff. Minutes should clearly reflect discussions and actions which have taken place or require to be carried out. In doing so, these should indicate a timescale for implementation and responsible person for carrying them out.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people

4. The review of the supervision and appraisals systems should take account of the overall effectiveness of the sessions and the issues we have identified above.
Standard 5 - Management and staffing arrangements
National Care Standard for care homes for older people

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

We saw that there was a copy of the most recent Care Inspectorate report within the units.

Other ways in which service users and carers could express their views about the quality of the management and leadership, are highlighted under Quality Statement 1.1 of this report.

Areas for improvement

The evidence of ways in which service users/carers could participate in the quality of the management and leadership were limited.

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

Regular quality assurance checks were carried out. This included the completion of audits which helped the service check how well records had been completed and how well procedures worked. These covered a wide range of areas to help make sure outcomes were positive for people.

A Unit manager checklist was completed each month and helped make sure environmental and equipment checks were undertaken. The checklist also covered records and clinical statistics.

The Clinical Services Manager(CSM) continued to have an overview of relevant data submitted by the units in order to monitor and action any areas of concern if required.

A Quality Matrix Report continued to be developed through statistics. The Quality Consultant then carried out a general overview of relevant information. If required, they could seek further information, provide advice or arrange focus audits to be undertaken.

Medication administration records continued to be audited through peer reviews between units. This helped to make sure that any issues were raised and discussed and helped promote best practice. MARs which we reviewed were noted to be completed to a satisfactory standard. Additionally, the CSM also audited the MARs every month.

Infection control audits were completed to help make sure the environment complied with best practice infection control guidance.

Weekly food and fluid audits and weight monitoring continued to be undertaken to make sure people's nutritional and fluid intake was sufficient.

Care plans Audits continued to be completed to ensure person specific documentation was completed appropriately and the service aimed to complete a percentage of all care plans each month.

The service continued to work hard at developing ways to analyse accidents and incidents. This helped to analyse specific service user events.

Daily ten minute meetings covered any related service delivery/service user specific topics and ensure there was a good communication link between different departments. This included staff from housekeeping, catering, care, maintenance, gardening, administration and activities.

There were also ways in which service users/carers could become part of the service quality assurance systems. These are reflected under Quality Statements 1.1, 2.1, 3.1 and 4.1

Areas for improvement

On grading this Quality Statement, we took into account other Areas for Development highlighted within this report.

We were provided with a lack of records, which demonstrated where actions had been taken to address issues raised through audit and consultation exercises. This meant that, despite a number of ways developed to monitor the service, there was a lack of

evidence available to us which demonstrated actions taken in response to areas of deficit identified.

We were also advised that the Managers weekly checklist was not always being completed. As a result, a recommendation previously made in relation to this has been repeated.

(See recommendation 1)

One of the trained staff we spoke with told us that they did not have an overview of service user weights and the information could only be found in individualised care plans. We would encourage there to be a clearer overview of service users clinical needs and support available to staff at a unit level

A discussion took place with the Manager about ensuring potential Adult Support and Protection concerns are notified to us as such on the appropriate notification form. Since this discussion we have been satisfied that we are being notified appropriately.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Audit processes should be developed to reflect a more qualitative process. In doing so there should be clear records which reflect actions required to rectify discrepancies with appropriate timescales for completion highlighted. Reference should be made as to when these actions have been completed and the issue re-audited to ensure compliance.

The frequency with which audits are undertaken should be based upon a thorough and considered risk assessment.

Standard 5 - Management and staffing arrangements

National Care Standard for care homes for older people

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

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

6 Inspection and grading history

Date	Type	Gradings
12 Jun 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
27 Feb 2014	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and Leadership 4 - Good
23 Aug 2013	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed

Inspection report continued

1 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed 4 - Good 4 - Good
20 Apr 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
16 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good Not Assessed
1 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
19 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
4 Nov 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
30 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 5 - Very Good
2 Dec 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good 5 - Very Good

Inspection report continued

17 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
28 Aug 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 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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