

Care service inspection report

Preston House

Care Home Service Adults

Alburne Park
Glenrothes
KY7 5RB

Type of inspection: Unannounced

Inspection completed on: 30 April 2015



HAPPY TO TRANSLATE

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Service provided by:

Kingdom Homes Ltd

Service provider number:

SP2003001615

Care service number:

CS2009228249

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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The home provides a comfortable, clean and spacious environment. The home is well decorated and is appropriately furnished to meet the needs of the residents.

What the service could do better

This inspection identified areas for improvement in relation to staff training and development regarding fluid management and prevention and management of falls.

Further progress is necessary in relation to the implementation of the quality assurance systems recently implemented by the manager.

In order to further improve outcomes for residents, the manager and staff team must take forward the requirements and areas for further improvement identified in this report.

What the service has done since the last inspection

The new manager has introduced a range of staff training and development workshops to provide staff with the knowledge and understanding of providing good outcomes for residents.

The manager has also begun planning for the development of the service using the PATH/MAPP tools.

An activities co-ordinator has been appointed and has introduced a range of group and individual activities to meet residents' social and recreational needs.

There continues to be a programme of redecoration and maintenance within the home.

Conclusion

We found Preston House to be comfortable and well maintained.

Good outcomes for residents were evident in relation to the work carried out by the activities co-ordinator.

The new manager has addressed the need for appropriate staffing levels and introduced a programme of staff training to ensure good outcomes for residents. This training should now be embedded in practice and should further enhance the experience of residents living in Preston House.

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 a requirement.

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

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

Preston House care home is a purpose-built property centrally located close to the town of Glenrothes in Fife. The home is close to local amenities. Proximity to the busy main road provides good visual stimuli for people living in the home. The property is on 4 levels and can provide accommodation for a maximum of 64 older adults. The private care home is owned by Kingdom Homes Limited.

The home has been developed to a high standard. There are 59 single rooms and 4 double rooms. This means that couples or people who choose to share can be accommodated. All rooms have en suite facilities, and are fully furnished and tastefully decorated. People can choose to bring in personal belongings, including items of furniture. A ground floor wing had been developed as an enablement unit to support up to 8 people in transition from hospital to home.

There is a large landscaped garden area, designed to provide a relaxing ambiance, with garden furniture, and a water feature enhanced with container plants. The home offers enclosed car parking for staff and visitors located in the lower ground floor. There is also additional security in the form of video surveillance in this area out of hours.

There were 43 people resident in the home at the time of inspection. The people who

live in Preston House prefer to be known as residents, therefore this term has been used throughout this report.

Recommendations

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

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Act, its regulations, or orders made under the Act, or a condition of registration.

Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 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 this report following an unannounced inspection. This was carried out by two inspectors and took place on the 27th and the 30th of April 2015. We gave feedback to the manager and senior staff at the end of the inspection on the 30th April 2015

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 ensure that, at all times, service users have sufficient daily fluid intake to meet their health care needs. In order to achieve this, the provider must :

- (I) Ensure that service users' hydration needs are identified in plans of care.
- (II) Ensure that staff have a clear understanding about effective hydration for service users, and can demonstrate this through monitoring practice.
- (III) Ensure that there is documented evidence within care planning on action taken when service users are not achieving their targeted daily fluid requirements.
- (IV) Ensure that any fluid balance charts are completed correctly and accurately and used to evaluate the effectiveness of care delivery.

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.

Timescale: four weeks from receipt of this report.

What the service did to meet the requirement

Fluid charts had been introduced however evidence we saw did not support that these charts ensured that residents had a sufficient daily fluid intake to meet their health care needs.

The requirement is: Not Met

The requirement

The provider must demonstrate that the service has systems in place to ensure that the health needs of individual service users are adequately assessed and met following a fall. In order to achieve this, the provider must:

- (I) Develop written guidance on immediate essential care when a service user has fallen or has been found on the floor. Detailed guidance should be sourced from:

Managing falls and fractures in care homes for older people - Good practice self assessment resource.

(II) Ensure all staff fully understand their role in managing falls and fractures, and the steps required immediately following a fall.

(III) Where there is evidence that staff do not fully understand the correct procedures, training must be provided to staff. Staff understanding of the training must be fully evaluated and recorded by the manager.

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 15(b) - Staffing.

Timescale:

parts (I) and (II) to be met four weeks from receipt of report;
and part (III) to be completed twelve weeks from receipt of report.

What the service did to meet the requirement

Written guidance has been developed on immediate essential care when a service user has a fall and some staff have been provided with training regarding this guidance.

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 achieve this, the provider must ensure:

- Foodstuffs are labelled and stored appropriately and safely to make sure it is safe to eat.
- Plated meals and foodstuffs which are stored in the fridge must be covered and dated to inform staff when it was prepared and when it must be used by.

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) - Welfare of Users.

Timescale: this requirement was addressed and met in the course of the inspection.

What the service did to meet the requirement

all action taken as necessary

The requirement is: Met - Within Timescales

The requirement

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

- The environment is clean and well maintained.
- Chemicals, cleaning fluids and other potentially hazardous articles are stored safely and securely. Practice must reflect best practice guidelines and Care of Substances Hazardous to Health (COSHH) regulations.

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) - Welfare of Users; and Regulation 10(2)(a) - Fitness of Premises.

Timescale: this requirement was addressed and met in the course of the inspection.

What the service did to meet the requirement

The environment is clean and well maintained and all potentially hazardous articles are stored safely and securely.

The requirement is: Met - Within Timescales

The requirement

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

That all staff working in the care service receive regular supervision. This process should provide opportunity for the management and employee to discuss any matters of concern, review work performance against agreed objectives and review the employee's personal learning and development plan.

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 15(a)(b) - Staffing.

Timescale: three months from receipt of this report.

What the service did to meet the requirement

We found that regular supervision was in place for staff.

The requirement is: Met - Within Timescales

The requirement

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

Meal times should be an enjoyable, sociable experience. Service users should be supplied with the correct information to enable them to make the correct choices. When service users are unable to express their preferences and require assistance to eat, staff should be able to offer explanations/descriptions of what is being served.

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 3 - Principles; and Regulation 4(b) - Welfare of Users.

Timescale: one week from receipt of this report.

What the service did to meet the requirement

We noted that improvements had been made and residents were supplied with information to enable them to make choices and were offered explanations of what was being served if required.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that sufficient numbers of adequately qualified and competent staff are on duty at all times to meet the identified care needs of residents. The service must use and take account of a formal dependency assessment tool to assess and monitor residents' changing levels of need. The dependency scores will be used to inform staffing provision. Staffing deployment should be clearly recorded on the staff rota when identifying staff requirements.

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)(b) -Welfare of Users; and Regulation 15(a) -Staffing - a requirement to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users.

Timescale: one week from receipt of this report.

What the service did to meet the requirement

We observed that sufficient numbers of adequately qualified and competent staff were on duty.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that staff are appropriately trained in the work they are to perform and have been assessed as competent. This includes training in: fire safety including emergency procedures and safe evacuation; moving and handling; oral healthcare; nutrition and hydration; dementia; and person centred care.

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 15(a)(b) - Staffing.

Timescale: to be introduced within two weeks from receipt of this report and completed by 28 February 2015.

What the service did to meet the requirement

We saw that training for staff was in place.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that there are effective quality assurance processes in place to identify and address any deficits in the care and support provided to service users and make sustainable continuous improvements.

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.

Timescale: one week of receipt of this report.

What the service did to meet the requirement

Quality assurance processes have now been implemented in the service.

The requirement is: Met - Within Timescales

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 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.

Taking the views of people using the care service into account

Comments from people using the service are detailed throughout this report.

Taking carers' views into account

Comments from relatives of people using the service are detailed throughout this report.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 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

From the evidence sampled we found the performance of the service to be good.

The service continues to have a range of policies, procedures and work practices which enables residents and their relatives to be involved in all aspects of assessment and improvement of the service

The service participation strategy combines various methods of communicating with residents and relatives. Regular newsletters ensure that information about the home and the service provided are readily available. There are regular questionnaires issued to relatives and residents which allow the home to make improvements, including areas such as menu planning and improving the environment.

The manager meets regularly with residents on an individual basis to discuss their relatives. There are plans to hold relatives' meetings and looking at innovative ways to attract relatives to attend these meetings. We saw evidence of meetings with residents which have led to changes, for example in activities and menus.

We had good evidence of improvement in the range of activities available to residents through the activities coordinator who came into post in November 2014. This has allowed a wider range of individual and group activities to be available within the home and in the wider community.

The manager described a PATH/MAPP event which took place earlier this year involving staff from the home, and she plans to hold further events to allow involvement of residents and relatives in the development and future planning of the

service.

We spoke with the cook who informed us that a four week menu is in place at present. However, the cook described regular consultations with residents on each floor to get their views about the menu. The cook is then able to make minor changes to the menu. More significant changes to the menu are discussed through the residents' meetings and the cook plans that food which is not popular with residents, will be removed from the menu, for example pizza and pasta.

Areas for improvement

The management team could continue with questionnaires and residents' and relative meetings to allow suggestions to be used to improve the environment and service provided.

The manager could follow up on the PATH/MAPPING work carried out in February 2015 to involve relatives and residents.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The service has well established contacts with local health care professionals including the GP, dietician, dentist and podiatrist. We spoke with the podiatrist who visits the care home regularly and she described good practice within the care home with regard to pressure sore management. The podiatrist feels confident that staff practice in this area is good and that staff keep good communication with the podiatrist in relation to changing circumstances of residents.

We were able to spend time with the Activities Co-ordinator who described how she consulted with residents and relatives to identify suitable group and individual activities to meet their social and recreational needs. The co-ordinator has established a weekly timetable based on recognised tools (PAL tool) which includes a range of activities and is kept under review based on feedback received from the residents, relatives and care staff. It was evident throughout the inspection that residents were engaged with a range of activities and were enjoying the opportunities presented through the coordinator.

We observed lunch time in one of the dining rooms which had 12 residents having lunch, with 7 residents requiring assistance. Meals were served from a heated trolley in the room allowing choice and portion size to be tailored to individual requirements. 5 staff were available to assist over lunch time, however due to support needs of residents, there was a wait for assistance for 3 residents. This meant that the mealtime experience was not always positive for the residents who required support. However, staff served meals, offered choice and were warm and supportive towards the residents. We observed that staff were motivated within their role and observant about which residents required assistance. One resident commented that "The food is rare here" .

We spoke with relatives who told us that their relative was well looked after and that the manager was good at keeping contact with relatives about what was going on in the home. Another relative said that the home had "A good feel about it, good sized rooms and her relative loves living in the home and is really fond of the carers". This relative also commented on the good communication between the home and relatives.

Five Care standard questionnaires were returned prior to the inspection and there was strong agreement that the home provided a good service and one relative said that "It is a well managed home".

A personal care plan based on assessment of needs was in place for all residents and appropriate information about medical history, health conditions and social care needs was recorded. We examined 3 personal care plans and found these to be person centred with information about how resident's needs should be met. A small number of residents require the care home to manage their finances and we examined the records kept for 3 residents and found these to be appropriately documented. The manager demonstrated awareness of the Adults with Incapacity Act and the need to assess and agree how finances will be managed on admission to the service and arrangements reviewed as part of the care plan review.

The manager has ensured that a range of appropriate social and health care policies are in place, through review of existing policies and development of new policies. Staff training and workshops have also been held in specific areas which were highlighted in the previous inspection and a recent complaint, such as, management of falls and hydration (fluid intake) management.

The manager has introduced fluid balance charts to check daily on the fluid intake of residents where this is identified as an area of need. This was required following the previous inspection and the development of a complaints action plan in January 2015.

Areas for improvement

During the inspection, we checked the fluid charts of 7 residents outlining daily fluid intake and daily target. In all cases, recording was not complete, and there was no recording by night staff, therefore we were unable to determine if adequate fluids had been taken over the 24 hour period. We spoke to care staff who did not demonstrate a clear understanding about effective hydration and how they should monitor this in practice.

We spoke with the manager who told us that the service has adopted the use of the Falls Guidance from the Care Inspectorate toolkit and informed us that this had been implemented within the home supported by staff training. On inspection of the care plan for one resident, we found they had a number of falls and then a fall causing a fracture. We read the relevant care plan developed to address the risk of falls and we found that no actions were evident to address the environment. This did not match what the manager told us. We asked the service to prioritise assessments and strategies to minimise falls in the home.

Requirements made at the last inspection and an upheld complaint (December 14) in relation to Hydration and Falls have not been met.

In relation to Hydration Management further training should be arranged to ensure all staff attend this training and to ensure that the training is embedded in practice and all staff are aware of how to monitor this in practice (see requirement 1).

The Falls guidance also requires to be embedded in practice and all staff should attend training regarding the guidance and how to assess and manage risk of falls. (see requirement 2)

The Manager should consider additional support for the activities co-ordinator as the care home numbers increase so that the social and recreational needs of residents continue to be met to a good standard.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that at all times service users have sufficient daily fluid intake to meet their health care needs. In order to achieve this the provider must:

(I) Ensure that service user's hydration needs are identified in plans of care.

(II) Ensure that staff have a clear understanding about effective hydration for service users and can demonstrate this through monitoring practice.

(III) Ensure that there is documented evidence within care planning on action taken when service users are not achieving their targeted daily fluid requirements.

(IV) Ensure that any fluid balance charts are completed correctly and accurately and used to evaluate the effectiveness of care delivery.

This is 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.

Timescale - four weeks from receipt of this report.

2. The provider must demonstrate that the service has systems in place to ensure that the health needs of individual service users are adequately assessed and meet their needs following a fall. In order to achieve this the provider must ensure that:

(I) all staff fully understand their role in managing falls and fractures and the steps required immediately following a fall.

(II) Where there is evidence that staff do not fully understand the correct procedure, training must be provided to staff. Staff understanding of the training must be fully evaluated and recorded by the manager.

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 15(b) - Staffing
Timescale - four weeks from receipt of this report.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We found that the service demonstrated good practice in regard to this Quality Statement. Quality Theme 1, statement 1 is also relevant in this quality statement.

Areas for improvement

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

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

We observed that a daily staffing planner is in place which identifies staffing levels across all floors in the home. The planner showed an appropriate skills mix of nurses and carers. The planner also identified the needs of specific residents in relation to fluid intake, assistance with medication and handover arrangements. This is good practice and should be used to ensure that staff available are best used across the 3 floors in the home.

The service continues to have a range of measures in place to promote safety and reduce risk of harm to people who use or visit the care home. The manager has introduced a daily environmental check which is carried out by senior staff. The intended outcome for residents is that environmental issues are identified and dealt with immediately with the checks being overseen by the manager.

We observed that the home was clean and well maintained. We saw evidence that a deep clean had been carried out following a recent outbreak of infection in the home and were advised through the local public health nurse that the home had kept public health informed. Public health told us that they were confident that the home had taken appropriate action to manage the outbreak and minimise the further spread of infection within the home.

We saw evidence that fridges in the pantry areas on each floor were clean and that perishable foodstuffs were appropriately dated on opening.

Cleaning products were safely stored in a lockable cupboard and whilst being used were observed to be supervised by the domestic staff.

We observed the lounges within the home to be spacious areas and decorated to a good standard. Bedrooms were a good size and customised to meet the taste of the resident and contained items of furniture from their former home. One relative commented that the home has a good feel and good sized rooms. Another relative commented in the Care Inspectorate questionnaire that the home was not always clean, hygienic and free from smells. Some areas, including bedrooms, have recently been re-carpeted so this is likely to have had an impact on any malodours present in the home.

We checked that the equipment used by residents was maintained, repaired and in good order. We observed that LOLER checks were up to date for a range of lifting

equipment. The lifts in the home were also seen to be regularly maintained and were in full working order.

Areas for improvement

The management team could continue to use the daily planner to ensure that an appropriate level of staff is available to meet the needs of residents and that staffing levels are based on the dependency level tools used.

Environmental checks should continue and ensure a proactive approach to dealing with any aspects of the environment which requires attention or improvement. The manager should continue to oversee these audits on a regular basis.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

We found the service demonstrated good practice in regard to this Quality Statement.

There had been no recent recruitment within the home however the manager was keen to continue to involve residents in the recruitment process in future. In the self assessment, the manager outlined a range of ways that residents could be involved in this process. One example given was residents having informal meetings with candidates over coffee prior to the interview process.

Feedback from residents and relatives during the inspection highlighted their satisfaction with staff for example

"Mum loves it here and is really fond of the carers". (This relative also stated that mum had the opportunity to have carers that she relates well to and this has helped her settle into the home).

Areas for improvement

The Manager could continue to consider appropriate ways to involve residents / relatives in future recruitment of staff.

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 provider organisation has its own training department which provided a range of statutory and additional training events. The manager informed us that 85% of the care staff are qualified or are currently undertaking training.

The organisation runs induction training for new recruits and this has a focus on:
National Care Standards,
health and safety legislation,
adult protection,
palliative care,
infection control and
other relevant legislative and good practice training requirements.

All staff are registered with the NMC/SSSC as necessary.

We spoke to two new recruits who were undergoing induction training with the provider organisation and following their twelve week induction, they will be able to apply for jobs with the organisation and apply for SSSC registration at that time.

We saw evidence of staff training and regular supervision of staff.

We observed that the staff on duty were warm, caring and lively in their interactions with residents. We spoke to staff who said they were motivated by their job and the support provided by the management team. One carer is currently undertaking management training as part of career development. Another carer who has been in post for six months spoke very positively about their experience as a carer and the support received from the managers and other staff members.

We observed the meal time experience on each floor and on one floor we observed five residents for a 40 minute period. Meals were served from a heated trolley on each floor which is good practice as it allows choice and portion size to be tailored to individual requirements. Residents who were able to eat independently were observed to have a positive experience over lunch time and staff offered a choice of food and drink. Staff all served meals using a supportive and warm approach to the residents. Some residents who required support, were not part of the lunch time experience as they had to wait for support whilst staff assisted other residents.

Areas for improvement

Although the meal time experience has been improved for residents, the manager should consider ways of ensuring that all residents share a positive experience over meal times and are enabled to eat along with other residents irrespective of the support they require.

Staff training records should be further developed to include details of which staff still require to attend training. The manager should also consider the best approach to ensuring that staff training is embedded in practice, linking this to supervision and individual learning logs.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We found that the service demonstrated good practice in regard to this Quality Statement. Information in Quality Theme 1, statement 1 is also relevant in this Quality Statement.

Most relatives when asked were very positive about how the new manager was improving the service and one relative who completed the care standard questionnaire stated that there has been a marked improvement in the service and it was a well managed home.

Relatives also told us that they were aware of how to raise a complaint and when they have raised matters with the manager, they have felt listened to. One relative commented in a questionnaire that "The service has involved me in developing ideas about the service and that "My relative is able to feedback any views to their carers".

Areas for improvement

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

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

During the inspection we saw evidence that the new manager has taken time to strengthen and further develop existing quality assurance systems and has also identified audit tools to support the provision of a good service.

We saw evidence that the manager seeks the views of residents and relatives using a variety of methods. This provides feedback about their experience of using the service and how the service could improve. Examples of this are detailed in Quality Theme 1, statement 1.

We saw that the manager had introduced a daily environment check to ensure the home is safe, comfortable and a pleasant environment for residents and a welcoming environment for relatives and other visitors.

The manager has introduced the use of the Isaac and Neville dependency tool to ensure sufficient and appropriate grades of staff are on duty and deployed as required across the home. We saw daily staff rotas for a number of weeks before and during the inspection which confirmed that appropriate level and grade of staff were on duty to cover all floors within the home.

The manager has introduced an audit to check that personal care plans are relevant to meet residents needs, are up to date and reviewed on a regular basis and we saw evidence that these audits were taking place.

The manager has also introduced a number of changes to improve the meal time experience for residents along with a meal time audit. Some audits highlighted that no choice was available for people who have a pureed diet and a lack of desserts for people who are diabetic. We spoke with the cook who identified that following discussion with the manager, action was taken to address these issues.

Areas for improvement

The manager should continue to progress the daily environmental check to include evidence of the manager's oversight of these checks and action taken regarding any findings from the checks.

The personal care plan audits should continue to be undertaken and clear evidence of management oversight should be recorded in the resident's care plan.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

There has been one upheld complaint about the service since the last inspection.

An appropriate action plan was produced by the service at the conclusion of the complaint investigation. The inspection allowed progress with this action plan to be considered.

You can find information about complaints that we have upheld on our website www.careinspectorate.com.

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

6 Inspection and grading history

Date	Type	Gradings	
12 Jan 2015	Re-grade	Care and support	Not Assessed
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
25 Aug 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	2 - Weak
19 Nov 2013	Unannounced	Care and support	Not Assessed
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	5 - Very Good

Inspection report continued

30 Apr 2013	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
5 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 3 - Adequate Not Assessed
14 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak Not Assessed Not Assessed 3 - Adequate
14 Sep 2012	Re-grade	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 2 - Weak Not Assessed
29 Jun 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 4 - Good
19 Jan 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good Not Assessed
6 Sep 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 3 - Adequate Not Assessed
8 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good

Inspection report continued

27 Apr 2010	Announced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good
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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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می م وونابز رگی د روا ولکش رگی د 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.

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