

# Claremont Park Nursing Home Care Home Service

6 Claremont Park  
Leith Links  
Edinburgh  
EH6 7PH

Telephone: 0131 554 6868

Type of inspection: Unannounced  
Inspection completed on: 21 September 2017

**Service provided by:**  
Claremont Park Limited

**Service provider number:**  
SP2003002447

**Care service number:**  
CS2003010622

## About the service

The Care Inspectorate regulates service in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

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

Claremont Park Nursing Home is registered to provide care for up to 34 older people and is owned and managed by Claremont Park Ltd.

The home is situated in Leith, an area to the east of Edinburgh city centre. It is located on a bus route and is near local shops and amenities. There are landscaped gardens and a small driveway to the front of the home and a secure garden and patio area to the rear.

Accommodation for residents is provided on the ground, lower ground and first floor of the main building and on the ground floor of an extension to the rear of the property. The first floor can be accessed by stairs or a stair lift.

There are sixteen single bedrooms, seven with en-suite facilities and nine double bedrooms, one with en-suite facilities. There are further shared toilet and bathing facilities throughout the home.

There is a separate lounge and dining room in the main building and an open plan lounge and dining room in the extension.

The service states their mission is 'to ensure that our residents come first under all circumstances. We aim to afford comfort, excellent care, dignity, good food and to ensure that the quality of life at Claremont Park is as high as we can make it'.

## What people told us

Overall, we received good feedback from residents and relatives/carers we met during our time in the home and from completed care standards questionnaires we received prior to the inspection.

We received three completed care standards questionnaires from residents prior to our inspection. Of the responses we received, all agreed with the statement 'overall, I am happy with the quality of care I receive at this home'. One response disagreed with the statement that 'there are frequent social events, entertainment and activities organised that I can join in if I want to' and also with the statement 'the service asks for my opinion on how it can improve'.

Comments received from residents included;

Two residents talked about how they enjoyed spending time in the garden.

One resident told us she liked living in the home and really enjoyed the garden. She wasn't able to do any gardening now due to problems standing but expressed an interest in gardening if she could do it at a table.  
"Not always things to do"

Many residents were unable to give us their views on the home or the care they received.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we observed the experience of two residents in the lounge of the main house. We saw staff interacted pleasantly with residents but that this

was based around practical tasks such as serving hot drinks and snacks, and assisting resident with these. The service may wish to consider how they support staff to make everyday interactions more meaningful.

We did not receive any completed questionnaires from relatives/carers before our inspection, however, one relative completed a resident's questionnaire on behalf of their mother. They included the comment that 'at break times both care workers go for their break together leaving the nurse on her own, her time is normally taken up administering medication'.

Comments and views of the relatives/carers we met included;

"staff are welcoming, all very nice, very caring"

"The home is absolutely fantastic"

"Mum is always clean and tidy, no problems there"

"staff are always friendly, polite, no issues with how they talk to mum or other residents"

"mum enjoys spending time in the extension lounge, it's quieter than the other lounge"

"staff speak and chat to residents, sometimes the odd sing song but no other activities happening. Notices that not much activities going on in past 2 -3 weeks"

"Quite happy with the care, no complaints at all"

One visitor talked about the lounge in the main house and that they were unhappy that residents were sitting in a small room with no conversation.

One visitor told us that their friend says he's happy in the home and always seems nicely dress. They said that there always seemed to be staff around and they know where to find them. The home is clean and tidy.

## Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection.

The service provided us with a development plan for the following 6-12 months. This could be further developed by including actions identified in quality assurance audits. This would help evidence actions taken and the on-going development of the service.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	3 - Adequate
<b>Quality of environment</b>	3 - Adequate
<b>Quality of staffing</b>	3 - Adequate
<b>Quality of management and leadership</b>	3 - Adequate

## Quality of care and support

### Findings from the inspection

The service continues to perform to an adequate level in the areas covered by this quality theme.

During our inspection, we saw that, overall, residents had been given the help they needed with personal care and were supported in a caring manner by staff. From our observations and speaking with people, we found that staff knew resident's needs well and quickly got to know residents who were in the home for short respite stays.

Since the last inspection, the service had continued to find that interest and attendance at resident and relative/ carers meetings had been low. We discussed alternative ways for the service to gather feedback from residents and relatives to ensure they have opportunities to contribute to the development of the service. We will follow this up at the next inspection.

Since the last inspection, the service had worked to implement new care plan documentation. The completion of care plans had improved and there was more detailed information in some sections. However, further progress was needed in order to demonstrate that resident's needs were fully assessed, planned for and evaluated (see requirements 1, 2 and 3 and recommendation 1).

A regular programme of activities and events was offered to residents. The service had links with local resources and groups and arranged entertainers and outings for residents. Whilst acknowledging that one activity worker was on holiday during our inspection, we found there were large periods of time where there was little going on in the home. We felt that there were missed opportunities where care staff could have engaged residents in social opportunities and activities. We recognise that the service had been working to improve the activities and social opportunities for residents. In doing so the service should consider how to offer more physical activity and how activities can be based around residents personal interests. To support this, the service should look at how they assess resident's social needs and use resident's life stories to develop more individualised social and activity plans (see recommendation 2).

We observed mealtimes during our inspection and found that the organisation and delivery of meals varied between the two dining areas of the home. The mealtime in the extension of the home was organised, sociable and had nicely set tables, with residents being offered both verbal and visual choices of menu options. Another mealtime we observed in the main house, had a less relaxed, sociable atmosphere. There appeared less organisation by staff and some residents would have benefited from more engagement and support during their mealtime.

Improvements could be made in the overall dining experience to ensure that these are organised and that residents receive the support they need, both with their meals to get the fluid and nutrition they need, and to benefit from the social opportunity provided at mealtimes.

We saw that staff had very respectful interactions with the residents during mealtimes and throughout the day. However the lack of opportunities to take part in varied physical, cognitive and social activities meant that often residents were left with no meaningful stimulation at times during the day.

We found that some residents' clothing was not always labelled. The service should ensure that residents' clothing is clearly marked to ensure these are properly cared for and cannot be used by anyone else (see recommendation 3).

## Requirements

### Number of requirements: 3

1. The provider must ensure that care reviews evidence that a detailed review of service user's care and support needs has been undertaken. This should include:

- a) Evidence that residents and relatives were involved and, if unable to attend a review meeting, how their views were obtained.
- b) Information on what was discussed and actions needed following the review.
- c) Confirmation that those involved are in agreement to the minutes of reviews and have been informed of any changes to the personal plan.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users. This also takes account of National Care Standards, Care Homes for Older People, standard 6 - support arrangements.

Timescale: for completion by 31 December 2017.

2. The provider must ensure that personal plans/care plans are developed and in place within one month of a service user being admitted to the service. Where a risk assessment has been undertaken this must be formally recorded and the care plan updated to reflect that risk assessment.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; SSI/2011/210 Regulation 5 (a) Personal Plans. When making this requirement National Care Standards Care Homes for Older People Standard 5.1, 5.2, 5.4 Management and staffing arrangements; Standard 6 Support arrangements have been taken into account.

Timescale: for completion by 31 December 2017.

3. The provider must ensure that residents receive the required care and support in order to meet their assessed skin care needs. This must include, but not be limited to:

- a) Care plans must be in place for residents assessed as being at risk of skin damage from pressure.
- b) Care plans contain guidance on settings for pressure relieving equipment, re-positioning needs and topical creams/ointments.
- c) Specialist equipment is set correctly according to assessed needs.

This is to comply with Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a) proper provision for the health, welfare and safety of service users.

This also takes into account National Care Standards, Care Homes for Older People, standard 14, keeping well - health care.

Timescale: for completion by 31 December 2017.

## Recommendations

### Number of recommendations: 3

1. The manager should ensure that care recording is detailed enough to demonstrate how catheter care is being delivered to a resident, especially when it is known that the resident has frequent problems with that aspect of their healthcare.

National Care Standards, Care Homes for Older People - standard 14, Keeping well - healthcare.

2. It is recommended that the service continue to develop the residents' personal plans to contain detailed, personalised information that would guide staff in providing care and support in a person centred way. This should include:

- a) Further development of life stories with residents.
- b) Residents' choices and preferences, information on how they like to spend their time and what their day should be like.

This takes account of National Care Standards, Care Homes for Older People, standard 16 – private life.

3. The provider should ensure there are systems in place to make sure that all residents' clothing are properly cared for and cannot be used by other service users. This should ensure that all residents clothing are clearly labelled.

This takes account of National Care Standards, Care Homes for Older People, standard 16 – private life.

**Grade:** 3 – adequate

## Quality of environment

### Findings from the inspection

We found that the service was performing at an adequate level for areas covered in this theme.

The service continues to perform to an adequate level in the areas covered by this quality theme. The home benefited from well-kept gardens to the rear of the building. These could be accessed from the rear of the main building or from the lounge area of the extension. Bedrooms in the extension had views and direct access on to the gardens. During our inspection, we saw a number of residents enjoying spending time in the garden. The provider advised they had plans to improve the gardens to the front of the building which would help to create a nicer first impression for visitors.

Some areas of the home had been refurbished or redecorated since the last inspection and the overall cleanliness of the home had improved.

We saw that some resident's had personalised their rooms with items of their own furniture, cherished possessions and soft furnishings. Some of the residents living in the extension told us they enjoyed being able to access the garden directly from their bedrooms.

A system of maintenance checks was in place and overall completed. This had improved since the last inspection but further improvements were need to ensure that these were all completed regularly and as planned. Moving and handling equipment had not been inspected in line with Lifting Operations and Lifting Equipment Regulations (LOLER), which is important in helping ensure equipment is safe for use. Whilst this occurred as a result of a delay in the contractor visiting, this had not been identified by the service. Once highlighted by inspectors, this was dealt with promptly and equipment inspected shortly thereafter. The service should ensure that all maintenance checks, including those completed by external agencies, are overseen by management to ensure that all checks are completed as planned or in line with relevant legislation or good practice guidance. We will follow this up at future inspections.

The service should ensure that all perishable food and drink kept in the unit kitchens is dated when opened. This helps staff store them in line with best practice in food hygiene and manufacturers guidelines. We will follow this up at the next inspection.

Cooked meals were placed in heated trolleys for a period of time before being served. Food was not consistently checked to ensure it was at the recommended temperature before serving. Food temperature records showed that food had not been at the recommended temperature for two dishes at one mealtime, but we were unable to see what actions had been taken to deal with this (see requirement 1).

There were extended periods of time where we observed that residents were in lounges unoccupied or without a member of staff located in the room. The service should ensure that there are staff present in lounge areas, in order to support residents at risk of falls or who may experience episodes of stress or distress.

There had been an increase in the number of residents spending time in the lounge located in the main building. This had resulted in the room feeling crowded at times. We have asked the service to review the lounge facilities, including the physical environment, layout and overall experience of the lounges, to ensure these provide pleasant, relaxing and engaging places for residents to spend time in.

The care home has a number of shared bedrooms. The options for choosing a single or shared room must be fully discussed with residents and relatives, prior to residents moving in to the home, to ensure that this is a positive decision and that all parties are in agreement (see requirement 2).

## Requirements

### Number of requirements: 2

1. The provider must review the management and procedure for serving food and ensure food is served at a safe temperature and in line with good food hygiene practices.

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

This also takes account of the National Care Standards, Care Homes for Older People, Standard 13 - eating well.

Timescale: to be completed by 31 December 2017.

2. The provider must ensure that their own processes to record and evidence the support offered to residents and their families when choosing to share a room, are fully implemented in order to demonstrate clearly that the decision is a positive choice which enhances the life of each of the residents who are sharing.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4 (1) (b) - provide services in a manner which respects the privacy and dignity of service users.

This also takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, Building Better Care Homes (Care Inspectorate, 2014), University of Stirling Dementia Services Development Centre "Dementia Design Audit Tool Literature Review" 2011.

Timescale: to be completed by 31 March 2018.

## Recommendations

**Number of recommendations:** 0

**Grade:** 3 - adequate

## Quality of staffing

### Findings from the inspection

The service continues to perform to an adequate level in the areas covered by this quality theme.

Staff were welcoming and helpful during our visit. We found that staff knew residents needs well and made efforts to get to know new residents quickly.

Residents and relatives gave us positive comments about staff. We heard that staff were welcoming and friendly and were caring towards residents.

Safe recruitment checks and procedures had been completed when employing new staff starting work in the service.

People working in social services are required to register with the Scottish Social Services Council (SSSC) or another regulatory body, such as the Nursing and Midwifery Council (NMC) according to their role. Regular checks on these were completed to ensure that all staff remained registered appropriately.

An induction and training programme was in place for staff and an overview was kept of all training completed. This showed that most staff had completed the mandatory training set out by the provider. Further training, in key topics such as moving and handling and food hygiene, was scheduled for those staff who had yet to complete their mandatory training. On-going training should be provided to ensure that staff have the necessary skills and knowledge in order to meet the needs of residents (see recommendation 1).

We discussed with the manager and provider about reviewing the content and delivery method of some of the training to ensure that this continues to meet the level needed by staff in all roles. They advised that they were in the process of securing an external agency to deliver staff training. Whilst we observed there were some good skills and abilities within the staff team, the provider should progress a review of their training in order to ensure that this supports staff to meet the needs of residents. We will follow this up at the next inspection.

The service should develop a system to assess how staff apply training and knowledge in to their practice. This would help ensure that staff continue to be competent in their practice.

A system of one-to-one supervision meetings was in place for staff to give them opportunities to discuss their work, development and give views on aspects of the service. At this inspection, we found that not all staff were receiving this on a regular, planned basis. This can support staff with their own personal development but also helps management to support staff to engage with the improvements needed within the home (see recommendation 2).

We saw evidence of good care and improvements in some record keeping, along with the wish of staff to provide good care for residents. We discussed with the management team about the value of developing the potential of



staff, at all levels, and the leadership potential of nursing staff within the home. This would support all staff to remain motivated to improve the standard of care provided by the service.

Strengths and areas for improvement in Theme 1, Quality of Care and Support are also relevant to the quality of staffing and have been considered when awarding the grade for this theme.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The provider should ensure that all staff employed to work in the service, both on regular and casual work patterns, receive training appropriate to the work they are to perform and are competent in their practice. This should include but not be exclusive of:

- adult support and protection.
- stress and distress
- dementia (to an appropriate level in relation to their role)

This takes account of National Care Standards, Care Homes for Older People, standard 5 - management and staffing arrangements.

2. The provider should ensure that all staff receive regular planned supervision to allow for discussion on staff practice, training needs and future development.

This takes account of National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

We found that the service was performing at an adequate level for the areas covered by this theme.

The home had a system of quality assurance checks and audits in place. These were completed by senior staff and identified issues or areas where improvements were needed. We discussed with the management team some developments that could be made to improve their quality assurance system. These included;

- reviewing some of their audit tools to ensure that these are comprehensive and fully review each audit topic
- ensuring that structured action plans are consistently implemented to plan and evidence actions taken in response to issues identified by audits (see recommendation 1).

The provider should review their policies and procedures to ensure that these are current and provide clear, robust guidance for staff. We will follow this up at the next inspection.

The service recorded accidents and incidents, which, overall, were completed well and showed that actions were taken to help prevent reoccurrence. There was management oversight of these which helped ensure that all appropriate actions were taken. We found that relevant events had been recorded on the Care Inspectorate e-form notification system but had not been fully submitted. The service must ensure that all relevant events are fully submitted to the Care Inspectorate in line with the guidance on reporting of specific events. We will look at this again at the next inspection.

We looked at the records of residents' personal monies that the service held for safe keeping. Overall, these were managed well, however, the service should ensure that records for all money/cheques received and going out are signed by two staff (see recommendation 3).

The service has had a period of time where there has been a more stable staff group which helps promote continuity of care and good outcomes for residents. However, the staff team would benefit from clear leadership, guidance and oversight of practice to ensure that areas for improvement highlighted in this report are addressed and outcomes for residents improve as a result.

Whilst we saw some good examples of care and completion of documentation in the service, these need to be more consistent in order for residents to experience the same quality of care throughout the home.

The service must take action to make the improvements identified in this report, and in requirements and recommendations. This will support the service's on-going development and ensure improved outcomes for people using the service.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. Following the completion of quality assurance audits and checks, the provider should ensure that an action plan approach is used to identify actions required, by whom, in what timescale and evidence that this has been actioned. This will help the service to more clearly evidence the response and development of the service.

This takes account of National Care Standards, Care Homes for Older People, standard 5 - management and staffing arrangements.

2. The provider should review the staffing levels and deployment of staff to ensure that the numbers of staff are appropriate to meet the care, support and supervision needs of residents.

This takes account of National Care Standards, Care Homes for Older People, standard 6 - support arrangements and standard 5 - management and staffing arrangements.

3. The provider should ensure that adequate records are maintained in respect of residents' personal monies held for safe keeping. This must include evidence that all money/cheques received and going out are witnessed and signed by two people.

This takes account of National Care Standards, Care Homes for Older People, standard 5 - management and staffing arrangements.

**Grade:** 3 - adequate

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 1

The provider must ensure that care reviews evidence that a detailed review of service user's care and support needs has been undertaken. This should include:

- a) Evidence that residents and relatives were involved and, if unable to attend a review meeting, how their views were obtained.
- b) Information on what was discussed and actions needed following the review.
- c) Confirmation that those involved are in agreement to the minutes of reviews and have been informed of any changes to the personal plan.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users. This also takes account of National Care Standards, Care Homes for Older People, standard 6 - support arrangements.

Timescale: for completion by 28 February 2017.

**This requirement was made on 31 October 2016.**

#### Action taken on previous requirement

The sample of care plans we looked at showed that resident's care had been reviewed regularly and a record of this was in each care plan.

The standard of completion had improved but the level of detail was inconsistent. The record of reviews did not always show residents or relatives/carers involvement or evidence their agreement to the contents.

We discussed with the manager that reviewing the document template may support the completion of a more comprehensive record of the review.

Whilst improvements had been made, some further progress is needed.

**Not met**

## Requirement 2

The provider must ensure that residents receive the required care and support in order to meet their assessed skin care needs. This must include, but not be limited to:

- a) Care plans must be in place for residents assessed as being at risk of skin damage from pressure.
- b) Care plans contain guidance on settings for pressure relieving equipment, re-positioning needs and topical creams/ointments.
- c) Specialist equipment is set correctly according to assessed needs.

This is to comply with Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a) proper provision for the health, welfare and safety of service users.

This also takes into account National Care Standards, Care Homes for Older People, standard 14, keeping well - health care.

Timescale: for completion by 28 February 2017.

**This requirement was made on 31 October 2016.**

### Action taken on previous requirement

The service had introduced new care plan documentation since the last inspection. Whilst this had helped improve the standard of completion, this remained inconsistent.

We saw that some care plans stated the frequency that residents needed help to move position but re-positioning charts were not always in place to evidence that this had been carried out. There were two residents who had re-positioning charts in place but there was no guidance in their care plans on how often they should be helped to change position and this was not clear on the re-positioning charts.

**Not met**

## Requirement 3

The provider must make proper provision for the health and welfare of service users by ensuring that all medicines are administered as they are prescribed.

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) make provision for the health, welfare and safety of service users and Regulation.

This takes account of National Care Standards, Care Homes for Older People, standard 15, keeping well - medication.

Timescale: for completion by the 28 February 2017.

**This requirement was made on 31 October 2016.**

### Action taken on previous requirement

Overall, the completion of medication records had improved since the last inspection. Guidance was in place for residents who needed medication on an as required basis or who needed to have their medication placed in food or drink as they did not understand the importance for taking regular medication.

Medication records were completed well, overall. We highlighted some further areas that could be developed with the manager such as ensuring that areas where medication is stored, have regular temperature checks completed.

We discussed changing the location or type cupboard used to store controlled drugs. The manager has since liaised with their pharmacy provider who advised that the type and location of the cupboard meet the necessary requirements for safe storage.

There was sufficient progress to meet this requirement.

## Met - within timescales

### Requirement 4

The provider must ensure that personal plans/care plans are developed and in place within one month of a service user being admitted to the service. Where a risk assessment has been undertaken this must be formally recorded and the care plan updated to reflect that risk assessment.

Timescale: Within 24 hours of receipt of this letter to update the documentation and record outlined and on an ongoing basis.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users; SSI/ 2011/210 Regulation 5 (a) Personal Plans. When making this requirement National Care Standards Care Homes for Older People Standard 5.1, 5.2, 5.4 Management and staffing arrangements; Standard 6 Support arrangements have been taken into account.

**This requirement was made on 28 November 2016.**

### Action taken on previous requirement

This requirement was made following the completion of a complaint investigation.

We looked at a sample of care plans and found that some care plans and risk assessments were completed within one month of a resident being admitted to the service, however, this was not the case for all the care plans sampled.

There had been an improvement in the completion of risk assessments following admission but some key risk assessments had not been completed promptly following a resident being admitted to the home.

Whilst progress has been made, further improvements are needed to fully meet this requirement.

### Not met

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

It is recommended that the service continue to develop the residents' personal plans to contain detailed, personalised information that would guide staff in providing care and support in a person centred way. This should include:

- a) Further development of life stories with residents.
- b) Residents' choices and preferences, information on how they like to spend their time and what their day should be like.

This takes account of National Care Standards, Care Homes for Older People, standard 6 - support arrangements, standard 12 - lifestyle.

**This recommendation was made on 31 October 2016.**

#### Action taken on previous recommendation

Most care plans included a document entitled 'Getting to Know Me' which contained information on how they would want to be supported with daily tasks and their care needs. It also included some information on the resident's life so far and things that are important to them.

Some care plans contained more personalised information on resident's personal preferences and choices for their care but this could be improved further.

We felt that care plans did not fully reflect the knowledge that staff had about residents care needs and their individual preferences.

Whilst acknowledging the progress made, the recommendation is not fully met.

#### Recommendation 2

The provider should ensure there are systems in place to make sure that all residents' clothing are properly cared for and cannot be used by other service users. This should include, but not be limited to:

- a) Clothing should be clearly labelled.
- b) There is a system for storing, recording and monitoring lost property or unnamed items.

This takes account of National Care Standards, Care Homes for Older People, standard 16 - private life.

**This recommendation was made on 31 October 2016.**

#### Action taken on previous recommendation

The service has a clear system in place for storing, monitoring and disposing of lost property. This appeared to work well as there was only a few items of unclaimed clothing.

Clothing in resident's rooms were not consistently labelled and we found a few items in rooms that belonged to other residents.

As part b) of this recommendation has been met at this and the last inspection, this recommendation has been met and a new recommendation made on the labelling of residents clothing. This is to support the service to focus on making the improvements needed.

This recommendation is met.

### Recommendation 3

Action plans should be developed following completion of quality assurance checks to ensure that actions in response to identified issues and areas for improvement are planned and completed. This should include a record of issues identified, action required, by whom, in what timescale and evidence that this has been actioned.

This takes account of the National Care Standards, Care Homes for Older People, standard 11 - expressing your views.

**This recommendation was made on 31 October 2016.**

#### Action taken on previous recommendation

A planner was in place that outlined what audits and quality assurance checks should be completed on a monthly basis. These had been completed as planned.

Completed audits had identified any issues or areas where improvements were needed. Actions had been identified but, overall, these had not been recorded as being completed or followed up at subsequent audit checks.

The quality assurance system could be improved by;

- reviewing some of their audit tools to ensure that these are comprehensive fully review each audit topic
- ensuring that structured action plans are consistently implemented to plan and evidence actions taken in response to issues identified by audits.

This recommendation is not met.

### Recommendation 4

The provider should review the staffing levels and deployment of staff to ensure that the numbers of staff are appropriate to meet the care, support and supervision needs of residents.

This takes account of National Care Standards, Care Homes for Older People, standard 6 - support arrangements and standard 5 - management and staffing arrangements.

**This recommendation was made on 31 October 2016.**

#### Action taken on previous recommendation

We looked at the monthly dependency calculations and found that these were not always accurate as some residents had not been included in the overall monthly total dependency level, for example if there were short-stay respite residents in the home. As these calculations may not be consistently accurate, then the numbers and deployment of staff may not be appropriate to meet residents needs.

During our inspection we saw periods of time where there were no staff in communal areas with residents. There were times where there was only one member of staff in an area of the home, particularly over staff break times. Some residents needed two members of staff to support them with their care needs, were at risk of falling

or may experience episodes of stress or distress. This mean that staff were less able to supervise residents or help with a particular care need, if they were the only member of staff in the unit.

The recommendation is not met.

## Recommendation 5

The manager should ensure that when a decision has been made to change the hygiene routine of a resident, which has previously been agreed with a relative and has been assessed as being required, that the relative is fully informed of the reason for the change and has some say in the matter.

National Care Standards Standard 6 - support arrangements.

**This recommendation was made on 15 August 2016.**

### Action taken on previous recommendation

This recommendation was made following a complaint investigation.

There were no instances where this situation had arisen since the recommendation was made. The staff were able to advise the steps and actions they would take in a similar situation to ensure that changes were discussed with the relatives/carers or other significant people.

A communication record was kept to show that relatives had been contacted regarding their loved one's care or changes in their health and care needs.

There was sufficient evidence to meet this recommendation.

## Recommendation 6

The manager should ensure that care recording is detailed enough to demonstrate how catheter care is being delivered to a resident, especially when it is known that the resident has frequent problems with that aspect of their healthcare.

National Care Standards, Care Homes for Older People - standard 14, Keeping well - healthcare.

**This recommendation was made on 15 August 2016.**

### Action taken on previous recommendation

This recommendation was made following a complaint investigation.

Personal hygiene charts were in place for staff to sign to indicate the type of care they supported residents with, which included catheter care. We saw that these charts had been signed to show that catheter care had been given.

We looked at the care plans for residents who had indwelling urinary catheters at the time of our inspection. These did not give consistent information on the care delivered or in guidance for the care of catheters. For example, one care plan indicated that the residents catheter had not been changed at the frequency stated in their hospital catheter passport or for the type of catheter being used.

The recommendation is not met.



## Recommendation 7

The manager should ensure that care recording contains enough detail to demonstrate how and when oral care to residents is carried out. As part of this, current best practice in caring for the oral health in dependant older people should be considered.

National Care Standards, Care Homes for Older People - standard 6, support arrangements and standard 14, keeping well - healthcare.

Caring for Smiles - better oral health for dependent older people, NHS Scotland 2013.

**This recommendation was made on 15 August 2016.**

### Action taken on previous recommendation

This recommendation was made following a complaint investigation.

The service had sought input from the 'Caring for Smiles' NHS initiative, who had provided staff training on oral care and hygiene and documentation that included an oral hygiene risk assessment and the support residents needed with their oral hygiene.

Documentation to record the delivery of oral care was completed well, overall.

The recommendation is met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings								
10 Mar 2017	Unannounced	<table border="0"> <tr> <td>Care and support</td> <td>Not assessed</td> </tr> <tr> <td>Environment</td> <td>Not assessed</td> </tr> <tr> <td>Staffing</td> <td>Not assessed</td> </tr> <tr> <td>Management and leadership</td> <td>Not assessed</td> </tr> </table>	Care and support	Not assessed	Environment	Not assessed	Staffing	Not assessed	Management and leadership	Not assessed
Care and support	Not assessed									
Environment	Not assessed									
Staffing	Not assessed									
Management and leadership	Not assessed									

Date	Type	Gradings	
31 Oct 2016	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
16 Jul 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
4 Mar 2015	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
5 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	4 - Good
8 Nov 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
21 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
12 Jul 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 Dec 2011	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	Not assessed

Date	Type	Gradings	
27 Jun 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
13 Jan 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate Not assessed
1 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate Not assessed
29 Jan 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
14 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
11 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
12 Jun 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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