

Care service inspection report

Tranent Care Home

Care Home Service Adults

1 Coal Neuk Court
Tranent
EH33 1DR

Type of inspection: Unannounced

Inspection completed on: 13 January 2015



HAPPY TO TRANSLATE

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Service provided by:

HC-One Limited

Service provider number:

SP2011011682

Care service number:

CS2011300790

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	3	Adequate
Quality of Management and Leadership	4	Good

What the service does well

Tranent Care Home provides a comfortable environment with a choice of communal rooms for sitting, dining and recreational activities and events.

The management team are visible around the home and people spoke of being able to speak with them if they had concerns.

What the service could do better

Progress on care documentation should continue to evidence the actions that staff take and to support effective communication.

There are some areas of staff practice that need to improve. Strong leadership, improved monitoring of day to day staff practice and regular supervision will help to provide better consistency in the standards of care given.

The service should continue to involve residents and their families in assessing and improving the quality of care provided.

What the service has done since the last inspection

The provision of activities within the service has improved.

The effectiveness of the audits the service uses has improved with better evidence that areas for improvement are being acted on and monitored.

Conclusion

Further work is needed so that standards of care and support can continue to improve. The management team is aware of where the service needs to improve and demonstrate that they are taking action to achieve this.

New staff have joined the home which has resulted in some changes to staff teams and the management of staff. These changes should offer better support for staff and help to promote more consistent levels of care.

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 registered with the Care Inspectorate on 31 October 2011.

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services 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.

Tranent Care Home is situated in a residential area of the town of Tranent, East Lothian. It is close to local transport links and amenities. The service is registered to provide care for up to 60 older people. At this inspection there were 54 residents in the home.

The accommodation is purpose built with 60 single bedrooms with ensuite toilet and wash hand basin facilities. Bedrooms, communal lounge areas and dining facilities are available on each of the two floors which can be accessed by stairs or lifts. Bathing facilities and additional toilets are available throughout the home.

There are separate kitchen, laundry and staff facilities in the home. The home has its own car park and there is a garden area around the home.

The provider, HC-One Limited, state that it's aim is:

"to have the kindest homes in the UK with the kindest and most professional staff.

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 3 - Adequate

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 after we made a series of inspection visits to the service. An inspector made an unannounced inspection visit on Tuesday 6 January 2015, between 10am and 4.30pm. A further unannounced inspection visit was made by the inspector on Thursday 8 January 2015, between 10am and 4.45pm. An announced visit was made by the inspector on the morning of Tuesday 13 January 2015 to gather further evidence and to feedback to the service's management team.

An inspection volunteer supported by an involvement coordinator attended on the first day of our inspection. Inspection volunteers talk to residents and their relatives/carers to find out what they think about the service. The comments and observations of the inspection volunteer have been incorporated into this report.

During the inspection we gathered evidence from a number of sources. We looked at a range of documentation, including the following:

- Certificate of Registration,
- Residents' personal plans,
- Residents' dependency assessments,
- Medication administration records,
- Topical medication administration records,
- Accident and incident records,
- Duty rotas,
- Training records,
- Activity records,
- Minutes of staff meetings,
- Minutes of residents' and relatives' meetings,
- Complaints log,
- Quality assurance records and reports.

We spoke with residents, relatives and carers. We had discussions with a range of staff which included the management team, care staff and housekeeping staff. We looked round the home and observed how staff worked.

We also considered the information in the action plans devised by the service to

address the requirement and recommendations identified at the previous inspection and the requirement made following our findings at a complaint investigation completed since the last inspection. We also looked at information we had received about the service since the last Inspection.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

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

The requirement

In the last inspection report, dated 13 June 2014, we made one requirement. See requirement 1. Another requirement, see requirement 2, was made following the findings of a complaint investigation. The service sent us action plans, within the required timescales, detailing how these requirements were to be met.

1. The provider must ensure that the assessed continence needs of residents are used to guide and direct staff practice. This is to reflect the policy in place to support and promote continence. In order to achieve this the service must ensure that staff follow the relevant support plans that reflect the assessed need, the required care and support to meet the individual resident's needs. The effectiveness of this should be regularly reviewed.

This is to comply with Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210) Regulation 5 (1) Personal plans.

This also takes into account National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements, Standard 6 Support arrangements and Standard 11 Expressing your views.

Timescale: An action plan indicating how the service was meeting this requirement was to be submitted to us within three weeks of receiving the report.

What the service did to meet the requirement

We have reported on the progress of this requirement under quality statement 1.3, quality of care. This requirement was not fully met. We have amended the requirement to reflect our findings.

The requirement is: Not Met

The requirement

2. The provider must ensure that staffing levels meet the assessed needs of the residents at all times.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011/210 Regulation 15 Staffing.

This also takes account of the National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements.

Timescale: The provider was asked to send us an action plan indicating how it intended to meet this requirement within three weeks of receiving the complaint outcome letter.

What the service did to meet the requirement

We have reported on how the service was meeting this requirement under quality statement 3.3, quality of staffing.

The requirement is: Met - Within Timescales

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

In the last inspection report, dated 13 June 2014, we made five recommendations. The service sent us an action plan detailing how these recommendations were to be met.

Recommendation 1

1. It is recommended that the service reviews its key worker system to provide improved continuity of care.

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

Action taken on recommendation:

We have reported the progress the service have made on this recommendation under quality statement 1.3, quality of care. There was sufficient evidence that this recommendation is met.

Recommendation 2

2. It is recommended that the service reviews how activities for residents are organised and delivered on each of the floors of the home. This will help residents to be better supported to take part in activities.

This takes account of National Care Standards, Care homes for older people, Standards 5 Management and staffing arrangements, Standard 14 Keeping well - healthcare and Standard 17 Daily life.

Action taken on recommendation:

We have reported the progress the service have made on this recommendation under quality statement 1.3, quality of care. There was sufficient evidence that this recommendation is met.

Recommendation 3

3. It is recommended that the service reviews the dining experience for residents. This is to support residents to have a comfortable dining experience which will help them enjoy their meals.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

Action taken on recommendation:

We have reported on this recommendation under quality statement 1.3, quality of care. This recommendation was not fully met and remains.

Recommendation 4

4. Staff should ensure that potentially hazardous areas within the home are kept secure when not in use.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your Environment.

Action taken on recommendation:

We have reported the progress the service have made on this recommendation under quality statement 2.2, quality of environment. There was sufficient evidence that this recommendation is met.

Recommendation 5

It is recommended that the service evidence that agency staff new to the service have completed an appropriate induction by completing a written induction checklist.

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

Action taken on recommendation:

We saw that the staff induction booklets which had started to be used at the last inspection continued to be used for agency staff new to the home. A copy of the completed induction booklet was kept on file to confirm that an induction had been completed. This recommendation is met.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The service submitted a Self Assessment as requested by the Care Inspectorate prior to its inspection visit completed on 9 April 2014. A further Self Assessment was not required for this inspection.

Taking the views of people using the care service into account

There were 54 residents in the home at the time of the inspection. We spoke with residents on both floors in the communal areas of the home and some in their bedrooms. The inspection volunteer spoke with 12 residents. All those spoken with were satisfied with the quality of the service provided.

We have referred further to their views and comments in the main body of the report under the appropriate quality statement.

Taking carers' views into account

We spoke with ten relatives/carers during the course of our inspection visits. Some inconsistency in staff practice was reported to us although a number of the staff were commented on as being very good.

We have referred further to relatives and carers feedback in the main body of the report under the appropriate quality statement.

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

We concluded that the service continued to perform to a good level in the areas covered by this statement.

From the evidence we found we concluded that there continued to be opportunities for residents, relatives, carers and staff to be involved in developing the service. There was some evidence that the service responded to the feedback it received.

The reception area of the home was welcoming with information displayed about the service. Some information was also seen on notice boards located on each floor. This included information about activities and entertainment, photographs of residents taking part in activities, minutes of relatives' meetings, the home's last newsletter, details of how to make suggestions, comments or a complaint and details of the Care Inspectorate.

The service's newsletter informed people of forthcoming activities, entertainment and meetings, staff changes and improvements made to the environment.

The minutes of relatives/carers' meetings indicated that the people attending were given updates on changes within the service and encouraged to discuss and give feedback on the quality of service provided.

On each floor was a notice board advising of the staff on duty that day. This was useful in helping people to identify staff and to know who to report concerns and/or make suggestions to.

On the ground floor, as well as a written programme of activities, there was a pictorial chart indicating the activities that were scheduled.

Areas for improvement

The manager informed us that a pictorial activities chart had been ordered for the first floor.

On the first day of our visit we did not see a copy of the service's last Care Inspectorate inspection report displayed on any of the noticeboards. The management team advised us that a copy is usually displayed in the reception area and the copy may have been removed. They would therefore make further copies available. Copies were seen displayed at our subsequent visits.

Recently completed reviews of care were generally better completed than at the last inspection. However two we saw indicated that some staff needed further training and support in completing this documentation. We have reported further on the completion of care documentation under quality statement 1.3.

Within residents' bedrooms we saw that there was information about their allocated key worker. However from the feedback we received in the care standard questionnaires and from feedback from residents, relatives and carers with whom we spoke with during our inspection, many people were not sure who their or their relatives/friends allocated key worker was and their role. The manager agreed to look into ways in which the use of the key worker system could be promoted.

We did not see information about the current menus displayed or made available for people to view. We were informed by the management team that the current programme of menus had recently changed. They were looking at the best way to display these as residents had requested that they did not want printed menus placed on their dining tables.

The manager informed us that they were hoping to establish a Participation Group that could help the service to assess and improving the quality of service that the service provided. We saw a poster in the reception area inviting people to attend this group.

The service should consider using an independent person to act as a facilitator of residents and relatives'/carers' meetings.

We will follow up progress of these areas for development at future inspection visits.

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

From the evidence we found we concluded that the service was working to an adequate level in the areas covered by this statement. The service should work toward improving this grade.

In reviewing this statement we focused on looking at the progress the service had made toward meeting the requirement and three recommendations made under this statement in the last inspection. The requirement was not met and has been amended to reflect our findings. Two of the recommendations were met. We observed staff practice and gathered feedback from residents and relatives/carers about the care given.

We had previously recommended that the service reviewed its key worker system to provide improved continuity of care. The service had reviewed the allocation of key workers to take into account the new staff they had recruited. Details of the key worker were seen displayed in residents' bedrooms and staff were able to tell us which resident they were key worker for. There was sufficient evidence to indicate that this recommendation was met however it was recognised that residents and relatives/carer needed to be given additional information about the role of their key worker.

At the previous inspection the service was in the process of recruiting an activities coordinator as this post was vacant. We had seen that some activities were being facilitated by staff on each floor although due to the care needs of the residents the amount of time staff had for this was limited. We therefore recommended that the service reviewed how activities for residents were organised and delivered on each of the floors of the home.

At this inspection there were now two activities coordinators in post and a programme of activities which include entertainment, group activities and one to one time. We saw in the notes of the daily heads of department meetings that the day activities were discussed. This helped staff to share this information with residents. Whilst it was recognised that both activities staff were new to this role with further training for them planned, there was sufficient evidence to indicate that this recommendation was met.

At the previous inspection we had observed that many of the residents experienced a long wait for their meal and the menu did not reflect the meal served. At this inspection we observed lunch being served. Dining audits had been carried out and this had led to some improvements in the organisation of meal times. The menu had recently been changed to take into account residents' feedback about the type of meals they preferred. We received many positive comments about the quality of the food. This recommendation was not fully met and remains. See areas for improvement below and recommendation 1.

At each of our visits we looked at the monitoring charts being used. A variety of monitoring charts were in use, including position charts and fluid charts. These were seen to be generally well completed.

Comments from the inspection volunteer included:

I observed during lunch that staff were very helpful and attentive to residents needing assistance. However, one lady requiring help to eat, had to wait almost 20 minutes before anyone was free to assist. Staff were encouraging a resident to try sandwiches which had a thick cut of meat in it. This was not the best choice as other choices were on offer. The tuna or egg might have been a better option.

Residents did not know what was for lunch. I suggested a picture menu outside dining areas may help.

Many of the residents appeared to have no hearing aids, this was discussed during our conversations. A few residents said that the batteries were causing problems with the hearing aids. This was discussed at feedback with the manager and she agreed to follow this up.

The activities coordinator appeared to be very enthusiastic and helpful. The residents in the lounge had just completed an exercise class and I also noticed whilst most ladies had their nails painted they all had the same colour.

Names on some doors were not consistent with residents' preferred name and some were non-existent.

All the residents appear to like living in Tranent Care Home and were happy to give very nice comments on the care and support they receive. Comments included:

- " I like getting my hair done regularly",
- " I'm well looked after",
- " The buzzer is answered quickly",
- " I enjoy the pamper day",
- " Food very good, sometimes far too much to eat",
- " I enjoy the entertainment",
- " The hairdresser comes on a Monday",

" I would like a cushion for my back during lunch as I have to lean too far back".

Relative's comments were on the whole good. Comments included:

" Too much food, puts her off eating",

" Very well looked after",

" Great to be able to visit at any time and we are offered a cup of tea".

Areas for improvement

On the second day of our inspection we saw from the notes of the heads of departments daily meeting that the activities coordinators were to review the names on the residents' bedrooms and discuss with the residents and/or their families the details that they would like displayed.

The manager also advised us that a review of all residents with hearing aids had been started and additional batteries for the hearing aids would be ordered. The care summaries in the residents' bedrooms were to be updated to remind staff of the residents who needed to wear a hearing aid.

At the previous inspection we had asked that the service ensure that the assessed continence needs of residents were used to guide and direct staff practice. In order to achieve this the service must ensure that staff follow the relevant support plans that reflect the assessed need, the required care and support to meet the individual resident's needs. The effectiveness of this should be regularly reviewed. This requirement was not met and has been amended to reflect our findings.

In reviewing this requirement we looked at how continence care was assessed. We saw that this aspect of care was part of the key areas of care that are assessed on admission and then were to be assessed monthly or sooner if there was any significant change. We saw that initial assessments were completed and the review sheets signed monthly.

However the contents of the plans of care following the assessment did not always cover the expected areas, such as usual bladder or bowel habits, type of continence aids and frequency of changes of these. We looked at another key area of care, nutritional care. We saw that some of these care plans were not always promptly updated when there was a significant change in the residents needs.

We did however see that the care summaries in residents' bedrooms provided an up to date outline of continence and nutritional care that each resident required and staff we spoke with were aware of this information. Evaluations of the care plans were not seen effectively used. The service should ensure that personal plans are kept up to date and are an effective working document for staff delivering care. See requirement 1.

Management checks on the completion of care documentation demonstrated that some staff required further support and indicated that the service was aware of where it needed to improve and was taking action to achieve this. This is therefore reflected in the grading of this statement.

Although the meal times were more organised than at the previous inspection we found that some of the residents who needed assistance still had a long wait before assistance was given. We did not see condiments available for residents to use or offered. We did not see that residents taking meals in their rooms were offered the use of hand washing facilities prior to their meal. These residents did not appear to be offered the food choices that people in the dining areas received. Further improvements should be made to improve the dining experience for all the residents. See recommendation 1.

We will follow up progress of these areas for development at the next inspection.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that personal plans are kept up to date and are an effective working document for staff delivering care.

This is in order to comply with Social Care and Social Work Improvement Scotland requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) requiring proper provision for the health, welfare and safety of service users and Regulation 5 Personal Plans.

This also takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 6 Support arrangements.

Timescale: An action plan indicating how the service will meet this requirement should be submitted to us within three weeks of receiving this report.

Recommendations

1. It is recommended that the service reviews the dining experience for residents. This is to support residents to have a comfortable dining experience which will help them enjoy their meals.

This takes account of National Care Standards, Care homes for older people, Standard 4 Your environment.

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 concluded that the service continued to perform to a good level in the areas covered by this statement.

The strengths identified in quality statement 1.1 also support residents and relatives/ carers to participate in assessing and improving the quality of the environment within the service. This includes written information about the service, as well as how they could make suggestions or raise concerns.

The minutes of relatives' / carers' meetings indicated that improvements to the environment were discussed at these meetings.

Areas for improvement

Areas for improvement as identified in quality statement 1.1 when applied to this statement would further develop how the service meets this statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We concluded that the service was performing to a good level in the areas covered by this statement. This is an overall improvement from the previous inspection.

In reviewing this statement we looked at the progress the service had made toward meeting the recommendation made under this statement in the last inspection report. This was met. We looked round the home to see if there were any safety issues and gathered feedback from people who used the service.

During our visits, we walked round the home to see all the communal rooms and some of the bedrooms. The home was seen to be clean and generally tidy.

Housekeeping staff were available until the early evening which helped to ensure that the home was kept clean during busy times. This also allowed care staff more time to focus on caring for residents.

We saw that odours problems were promptly dealt with.

A "Pass" food hygiene certificate dated December 2014 was displayed outside the entrance of the kitchen. This confirmed that the service had been inspected and met the required legal standards for food hygiene.

The provider has comprehensive maintenance checklists. These support staff to carry out appropriate checks on equipment used in the home. We saw that the management team regularly checked to see that these were completed correctly.

We saw from the notes of the manager's daily walk round that areas for attention were promptly responded to. This included removing inappropriate storage, litter and fixing a broken soap dispenser.

Comments from the inspection volunteer included:

Everywhere appeared to be clean and tidy, Rooms were personalised nicely and if agreed a memory box was outside the room with pictures etc.

In my opinion I felt that some bathrooms could do with repainting and taps adjusted as the visitors toilet on the ground floor did not appear to have hot water.

I noticed the whole ground-floor of the care home appeared clean and tidy. It was a bit clinical and could do with making it a little more homely with some pictures of the past etc. on the wall maybe in the sitting or dining rooms.

There was a juice dispenser in the lounge area and residents knew to ask if they wanted anything to drink.

Whilst the home did not appear to have any unacceptable smells, a member of staff was very liberally spraying air freshener around the passage ways, which at times was very overpowering. This was fed back to the manager.

A new list of residents and relatives meeting dates was posted in all bedrooms we visited and the rooms were nicely personalised. Most had nice views outside but I did observe rubbish piled up outside.

Televisions were on in nearly all rooms whether there was anyone in or not and some

very loud echoing into the corridor. Residents were unable to find their remote controls when we entered their rooms and this made conversation very difficult. These issues were fed back to the manager.

Comments given by residents and relatives/carers included:

- " Memory boxes good, possibly a little high (for wheelchair users),
- " Community room too noisy",
- " I like my room",
- " I've got my telly and I'm quite happy",
- " I can sit outside in the garden in the warmer weather",
- " It's nice and warm in here, sometimes too warm but I have a fan".

Areas for improvement

At our second visit we did not see the liberal spraying of air freshener witnessed at our first visit. We also saw in the notes from the daily heads of department meetings that the maintenance man was looking into suitable store boxes/stands for the television remote controls.

The walls and surfaces in some of the bathrooms were very worn and shabby in appearance. The manager advised us of further plans to improve the environment that were planned for the forth coming year. This included:

- * Completing the refurbishment of the bathrooms,
- * Installing additional storage shelves in some of the ensuites where it was identified as needed,
- * Further development of the garden areas.

We saw that environmental audits completed by the management team at the beginning of December identified some areas of the home that were untidy. Their findings matched with some of the feedback given in the care standard questionnaires that were returned to us at that time. We saw that action was taken to make improvements.

The service should continue to use environmental audits and checks to ensure high standards of tidiness and cleanliness are maintained.

We will follow up progress of these areas for development at the next inspection visit.

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: 3 - Adequate

Statement 1

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

Service Strengths

We concluded that the service continued to perform to a good level in the areas covered by this statement.

The strengths identified in the quality statement 1.1 also support residents, relatives and carers to participate in assessing and improving the quality of staffing in the service.

On each floor was a notice board advising of the staff on duty that day. This is useful in helping people to identify staff and to know who to report concerns and/or make suggestions to.

The majority of staff wore name badges which also helped to identify who staff were. New staff were seen wearing tabards whilst waiting for their uniforms to arrive. This helped to indicate who they were.

Areas for improvement

As some inconsistency in staff practice was reported to us the service should develop the way in which it engages with residents and their relatives/carers in seeking views on staff on an ongoing basis. See recommendation 1. this could also be used to develop the service's key worker system.

The areas for improvement as identified in quality statement 1.1 when applied to this statement would also develop how the service meets this statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the service should develop a range of ways in which they can gain the views of residents and their carers in relation to staffing.

This takes account of National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements and Standard 11 Expressing your views.

Statement 3

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

Service strengths

We concluded from the examination of the evidence seen that the service continued to perform to an adequate level in the areas covered by this statement.

In reviewing this statement we looked at the progress the service had made toward meeting a requirement that applied to this statement. This was made following our findings at a complaint investigation that was completed since the last inspection report. There was sufficient evidence to indicate the requirement was met.

We observed staff in the course of their work and gathered feedback from people who use the service. We also looked to see how the service ensured that the care staff who were not nurses were appropriately registered with Scottish Social Services Council (SSSC).

We had asked the service to ensure that staffing levels meet the assessed needs of the residents at all times. At this inspection we saw that residents' individual dependency levels were assessed and recorded in their personal plan and seen to be regularly updated. This information was collated to give an indication of the total number of care staff hours needed for each floor.

Duty rotas and the staffing levels at each of our visits confirmed that staffing numbers were provided above these numbers. When staff went off sick we saw from the rotas that additional cover was found or we had been notified of the contingency arrangements put into place where due to short notice of the absence an additional member of staff could not be sourced.

We saw that lounge areas were monitored and requests for assistance were responded to. Staff were also seen to regularly check on residents who were less able to summon assistance.

The reporting methods for accidents and incidents allowed management to keep an overview of events in the home. The daily heads of department meetings, which included the nurse in charge of each floor, gave the opportunity to discuss any changes in residents' wellbeing and to assist in coordinating the care and support staff were to provide.

The service now had two activities coordinators who could help to support care staff, particularly at busy times. There was sufficient evidence to indicate that this requirement was being met.

From our observations and from the feedback we received from relatives and carers many of the staff were experienced and showed commitment to trying to provide good care.

The Scottish Social Services Council (SSSC) is responsible for registering people who work in social services and regulating their education and training. This helps to make sure that people receive effective services from a safe and skilled workforce.

The manager demonstrated that the provider had a system in place to identify which staff were registered and the date that staff who were not registered had to register by. This allowed the manager to ensure the home's staff were appropriately registered.

Comments from the inspection volunteer included:

I observed very attentive, kind behaviour from staff.

Few residents knew their key worker but the key workers names were posted on doors in different places in different rooms.

One family member told me, that their relative's false teeth were broken due to laundry staff not checking pockets before washing but added the situation had been dealt with quickly by the manager.

Comments received from residents and relatives/carers included:

" I love all the staff",

" Staff brilliant",

" The chef is great, he's just been to see me",

" Wonderful activities coordinator",

" Quick on buzzer",

" X (names the manager) absolutely brilliant".

Areas for improvement

We would support the service to continue to monitor staffing levels through continued use of a dependency tool, reviews of accidents and incidents and regular observation of practice.

The service had recruited some new staff who demonstrated enthusiasm in the job they were doing. They will need time and appropriate support to complete their full induction and to get to know the residents well.

Although we saw and heard some very good examples of staff practice we also heard some staff communicating loudly in the corridors. This meant that this exchange of information, which sometimes related to the personal care of a resident and/or was not reflective of the ethos of service, could be heard further along the corridor.

From the feedback we received from three of the relatives/carers we spoke with and feedback in two of the returned care standards questionnaires a few staff were identified as needing more training and support in the way they communicated with people. We discussed this with the management team and agreed that on going monitoring and support along with regular formal supervision could be used to address this. The additional support of the new deputy manager should support the manager to action this.

Actioning the requirement and areas for development made under quality statement 1.3 would also help the service to meet this statement.

The service continue to regularly carry out checks on the administration of medication and the recording of this. We saw that there were a number of medication administration records (MARs) that did not have an identification photograph. We were informed that new photographs had recently been taken. Further improvements to the recording on the MARs had been identified by the deputy manager.

These included making better use of the carer's notes on the reverse of the MARs and ensuring that where topical medication is administered by carers then the link to the use of a Topical medication record is recorded on the MAR.

We will follow up progress of these areas for development at the next inspection visit.

Grade awarded for this statement: 3 - Adequate

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 concluded that the service continued to perform to a good level in the areas covered by this statement.

When we reviewed this statement we found that the strengths identified in the quality statement 1.1 also supported residents, relatives and carers to participate in assessing and improving the quality of the management and leadership of the service.

When we spoke to people who used the service, they all told us that they felt they could speak to the manager if they had any concerns.

Areas for improvement

The areas for improvement as identified in the previous participation statements when applied to this statement would further develop how the service meets this statement.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

We concluded that the service was performing to a good level in the areas covered by this statement. This is an overall improvement from the previous inspection.

Accident and incident records were maintained in the home. We had received notification of any accidents or incidents that required to be reported to us. These included any actions taken as a result of the accident or incident.

The strengths identified in the previous participation statements help to support residents, relatives and carers to participate in assessing and improving the quality of the service.

The management team demonstrated they were motivated to improve the quality of the service by promptly responding to areas of improvement reported in the feedback we gave at the end of each of our visits.

We saw that audits and systems were used to measure aspects of the service with the view to ensuring consistence and improvement where needed. These included:

- * Checks on the home environment,
- * Observation of staff practice, including spot checks during the day and at night,
- * Comprehensive policies and procedures,
- * Care planning audits,
- * Medication audits.

We saw that the outcomes of audits helped to show that the service was aware of where the service needed to improve.

Staff meetings and staff supervision were seen used to follow up any actions and interventions required of staff as a result of the findings of audits.

Our inspection findings and the findings from the service's audits indicated that the management team had a realistic view of how the service was performing and where it needed to improve. This is therefore reflected in the grading of this statement.

Comments from the inspection volunteer included:

The manager was very enthusiastic about her team and how well they worked together and during my visit it appeared to be the case.

Family comments included:

" X (names the manager) sorts out problems quickly",

"Staff are quick to phone the relative if there has been a problem",

" X (names the manager) walks around the home every day and says hello to everyone.

Areas for improvement

At this inspection we followed up one requirement and five recommendations made at the previous inspection. The requirement and one of the recommendations were not met.

The management team recognise that the oversight of some aspects of care and support needs to be improved to make sure that the quality of care and support is consistent throughout the home. The recent addition of a deputy manager should support the manager to implement this.

Actioning the requirement, recommendations and areas for improvement made in this report and the areas identified in the service's audits will support the service to meet this statement and ensure improved outcomes for people using this service.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

There has been one complaint investigation completed since the last inspection. There were two elements to this complaint. One element was upheld.

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

Enforcements

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

Additional Information

The service's current Certificate of Registration and staffing schedule were seen displayed in the entrance area of the home.

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

6 Inspection and grading history

Date	Type	Gradings
13 Jun 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
9 Apr 2014	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 2 - Weak
10 Oct 2013	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 4 - Good

Inspection report continued

17 May 2013	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 2 - Weak
26 Sep 2012	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate
19 Jun 2012	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing Not Assessed Management and Leadership 2 - Weak
29 Feb 2012	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and Leadership 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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