

Drumbrae Care Home Care Home Service

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Edinburgh
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Type of inspection:

Unannounced

Completed on:

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Service provided by:

City of Edinburgh Council

Service provider number:

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Service no:

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About the service

This service has been registered since 25 April 2013.

Drumbrae care home is owned and managed by the City of Edinburgh Council. This purpose-built home is registered to provide care and accommodation for up to 60 older people and is situated in the west of Edinburgh.

The home is divided into four units for 15 people. Each unit has a sitting room, dining room and assisted bathroom. The bedrooms have an en-suite shower and toilet.

There are a number of communal spaces for residents to use. There is also a room provided for residents who smoke.

During this inspection the quality framework for care homes for older people and the Health and Social Care Standards were used to look at the care people received. These standards focus on the experience of people using services and describe what they should expect, these can be found at <http://www.gov.scot/Publications/2017/06/1327/downloads>

What people told us

At this inspection there were 39 people using the service. We spoke with around 15 residents in some detail about their experience and we chatted with, or observed the care of other residents. The residents gave us mixed views about the service. They said that the carers they knew well were kind, but not all staff had the same approach or nature. They told us that lunch was generally good but the evening meal can be difficult to eat or is often something that they would not eat.

We spoke with 10 family members in more detail during the inspection. We also attended a relatives meeting attended by 19 family representatives were present and we received five pre inspection questionnaire responses from family members.

We received mixed views about the service. Some families were very pleased with the care their relative received. Some families were upset by the number of unfamiliar staff who look after their relative and the lack of permanent staff. They told us that the inconsistency of staff had a detrimental impact on the standards of care. Families were also concerned that there was a general lack of staff on the units to care for their relatives and said that they saw other people who needed care waiting for help for too long. They were also concerned about the continual noise from call bell alarms which relatives said cause residents' distress and some to feel fear and panic.

Some families said that permanent staff were good at knowing how to care for their relative but that they were often cared for by staff who did not know them. They told us unfamiliar staff were not good at knowing how their relative needed to be cared for and did not follow the care plan even when prompted by family members. Families felt improvements were needed to ensure better information sharing between staff. There were many examples of families having to ask repeatedly about health concerns without any action being taken or communication being recorded which they found frustrating.

Communication as a whole was raised by residents, relatives and staff as an area that needed to be improved. Better care of clothing and the safe keeping of residents' personal possessions was also highlighted by family's as an area for the service to improve.

To make sure we involved as many people as possible in the inspection we also used the short observational framework for inspection. This observes staff interactions with people and helps us evaluate experiences of people who cannot always verbally tell us what it is like to live in the care home. During our observations we saw that sometimes residents needed help but couldn't attract staff attention and sometimes staff were so focused on a care task that they did not consider the reassurance that residents needed because of their condition.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	2 - Weak
How good is our leadership?	1 - Unsatisfactory
How good is our staffing?	1 - Unsatisfactory
How good is our setting?	3 - Adequate
How well is our care and support planned?	1 - Unsatisfactory

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing? 2 - Weak

Some staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. This meant for some residents they experienced compassionate care and warm nurturing relationships. Not all staff demonstrated compassionate care and some were more fixed on the completion of tasks and routines. Often staff were hurried and this made them rush their contact with residents. When staff were rushed or focusing on the task alone, these interactions could appear cold. Staff found it easier to help the more able residents and those who could communicate more easily and their experience was generally better than those residents who needed most care or reassurance.

People should be able to choose to have an active life and participate in a range of recreational, creative, physical and learning activities every day, both indoors and outdoors. Opportunities for meaningful activity at Drumbrae were mostly centred around group activities, with staff trying their best to provide some opportunities to come together. Residents particularly enjoyed their I.T classes from "Moose in the Hoose". Relatives commented that the activity board on display looked full and varied but most of the activities did not take place. The manager was aware of the lack of meaningful activities for everyone and was looking at ways to make improvements in the provision of activities. We will follow-up progress with these plans during our inspections.

People's care and support should meet their needs and be right for them. We found that residents care and support could be compromised.

Residents did not always receive the right medication or treatment at the right time. For some residents this had a detrimental impact on their symptoms or resulted in unnecessary delays to their treatment. Medication management has been an area of concern in this service since September 2016 and is now subject to an Improvement Notice dated 23 December 2019.

Although residents had access to health care professionals their advice and treatment was not always followed through. This meant residents did not receive timely care and in some cases this prolonged their symptoms.

Pain management had been an area of concern raised with the provider at the previous inspection. At this inspection we found that staff did not demonstrate an understanding of how and when pain should be assessed. This area of care is now subject to an Improvement Notice dated 23 December 2019.

The use of risk assessments for prevention of skin damage was confused and led to lack of clear care planning and delivery. Care planning is subject to an Improvement Notice dated 23 December 2019. Staff did not all know how to use the pressure relieving mattresses or how to know if these were working properly and we found a malfunctioning mechanism used to inflate a residents mattress.

If people need help with eating and drinking, this should be carried out in a dignified way and their personal preferences should be respected. Residents and relatives gave us mixed views about the meals. Some told us the food was good, some said the food was not something they could eat. They said the lunch was usually good but the evening meals were unsuitable for them. We found that many people needed support at mealtimes. In one unit six people needed complete assistance from staff when only three staff were available. Being able to eat and drink well is important to keeping well. Sometimes people in the dining room had to wait a long time before they received their meal or staff were called away to help other residents mid meal. This left residents unattended, unsure of what was to happen and at risk of choking. Improving the management of mealtimes would improve people's dining experience. The menus on the table did not match the meals sent from the kitchen. Better management oversight of the mealtime experience could correct these issues to make life easier for people with memory problems or cognitive impairment and improve all residents mealtime experience.

Staff said that residents weight and risk of under nutrition were regularly monitored and residents benefited by a dietician employed by the provider to guide staff in nutritional care. Records of care had contradictory or different information about nutritional and dietary needs and staff had different understanding of individuals needs which meant that the care was inconsistent.

When a residents risk of falling was identified there was not always a plan of care setting out how staff should promote independence while mitigating the risks of falls.

Although the service had a system for the recording accidents and incidents, we found there was no management overview. Consequently the opportunity to analyse and identify patterns which could be used to reduce risk were missed.

We found that there were a number of injuries while using wheelchairs and equipment. We also observed a resident being helped to move in a way which did not follow a recognised technique or promote their independence and dignity. Moving people is subject to an Improvement Notice issued to the provider dated 23 December 2019.

We concluded that despite the effort of some staff that some residents care and support was compromised. The lack of permanent staff, reliance on agency staff for a high proportion of the direct care alongside poor

communication, lack of guidance and oversight for staff and poor record keeping was preventing the service's ability to deliver high quality care in a consistent way. This has led to us issuing an Improvement Notice dated 23 December 2019 which states improvements must be made by the 28 February 2020.

How good is our leadership?

1 - Unsatisfactory

A series of managers had been appointed on a permanent or short-term basis over the last 3 years. Despite their efforts, changes and improvements made by the managers had not been sustained or were not effective in improving the quality of care consistently.

The service needed to be adequately staffed. The provider and manager need to make sure that there are enough staff to meet the needs of the residents and that they are deployed in a way that meets the needs of residents when they need help. We found that many staff worked hard but there were not enough of them to meet the high needs of the people they were caring for.

The service relied on a high proportion of temporary staff from agencies to help them and employed the same agency staff when they were available to try to help residents feel that they were cared for by familiar staff. The number of temporary staff needed was high and did not achieve the intended continuity of care. Poor record keeping contributed to this and temporary staff could not rely on the contradictory or out of date information in residents care records.

Both the permanent staff and agency staff needed support and direction to help them care for residents. There was a lack of visible leadership to guide, direct and oversee practice in each of the four units of the home. Relatives, residents, staff and visitors felt that team leaders were not visible or accessible nor close enough to the delivery of care to effectively lead the team. There was a lack of clarity about the intended role of the team leader and there were expectations from families and staff about their role that were unfulfilled. As a result messages about care were not passed on, practice was not corrected and residents care was delayed or instructions from health care professionals were not carried out.

A range of audits and checking procedures had been put in place by the manager and provider to try to ensure the quality of the service. Staff were focused on the task of the audit but did not use the information from the audits to its full potential to effectively address deficits in care. There was some valuable data which could be better used to guide, direct and correct practice and ensure care improved. Despite a range of audits for medicines management, for example, errors continued to be made which affected residents health and well-being.

The employee and employer are responsible for ensuring that staff are appropriately registered with the Scottish Social Services Council (SSSC), the body responsible for regulating care workers. The provider did not have an effective system to ensure staff maintained their professional registration.

The system in place to ensure the safe management of residents' finances needed improvement.

Management & Leadership is subject to an improvement notice issued on 23 December 2019.

How good is our staff team?

1 - Unsatisfactory

It is important that there are enough trained, skilled and competent staff in the right numbers to meet residents needs. Staff also need to be deployed appropriately to make sure residents get help when they need it, at mealtimes for example.

Calculation of staffing levels in care homes are assisted by using recognised tools to estimate time for fundamental care as well as a range of other information. When we checked the staffing hours that the home had calculated that it needed alongside the staff available we found a shortfall. When we observed care we saw that there was not enough staff to help residents with their meals, and residents had to wait too long when they asked to be assisted to the toilet.

Staff allocation sheets did not reflect correctly the staff who had reported for duty and it was unclear how many staff were on each unit. When staff were known to be absent their names appeared on daily allocation sheets. This meant that the home did not always organise replacement staff ahead of time then spent time trying to find replacements on the day.

The deployment of staff across the home was not effectively thought through or well organised so that it considered the needs of residents across the day.

The service continued to rely heavily on agency staff on a daily basis to cover vacancies and long-term and emergency sickness absence. Lack of a full complement of permanent staff who knew the residents well was constraining the performance of the service. Alongside poor communication and poor record keeping this had resulted in poor care for some residents and frustrations for other residents and relatives because they had to continually remind different staff about information which was not passed on nor reliably recorded.

Care home staff are required to be registered and maintain their registration with the Scottish Social Services Council, the body who regulate workers in Social Care in Scotland. Not all staff had maintained their registration as they are required to. The employer and employee both have responsibilities to ensure employees are appropriately registered and maintain their registration.

We identified that some staff lacked the knowledge and skills that they needed to meet residents' needs in a range of areas such as skin care, use of pressure relieving mattresses, medicines management and record-keeping. We looked at the staff training records and found that some training in medicines management, moving & handling and other core areas was overdue. Work on the training needs analysis and training plan discussed at previous inspections had not been followed through.

Our observation of staff practice concluded that some staff, including agency staff needed training in how to interact and care for people with dementia. The Scottish Government and NHS have provided a training framework and materials to ensure that all staff working in social care are trained to an appropriate level in dementia care. This needs to be progressed with permanent and temporary staff to improve the quality of care for residents.

We have made a requirement about staffing at the last two inspections which have not been met. Staffing is subject to an Improvement Notice which we have issued to the provider dated 23 December 2019.

How good is our setting?

3 - Adequate

The home is a bright modern purpose-built care home with a range of communal spaces. It is set within a community and housing development.

The environment was kept clean and tidy by domestic staff, who were regular and well-known to the residents. Maintenance checks were carried out and there was a system to report repairs which worked well. The business

support manager had good oversight of cleaning and maintenance in the home which ensured any repairs and maintenance were carried out in good time.

The garden was easily visible and accessed from the ground floor of the home. Residents said the garden was used in better weather.

Relatives and staff told us that there had been issues with the checks for slings which resulted in their relative having to stay in bed because the equipment could not be used. This was now resolved.

There had also been issues with a bedroom door lock failing and problems with the windows in the home which were being addressed by the provider.

We continued to find that indiscriminate use of assistive technology by way of sensors had the unintended consequences of restricting movement and social interaction for residents. Assistive technology was being used by staff to alert them when residents moved around. Staff told us they needed to use this as there were not enough staff to supervise residents at risk of falling but this was not effectively reducing falls. There were many false alarms and staff had to leave residents they were caring for to find they were answering false calls. Residents and residents were distressed by the continual call bell noise and raised this during the inspection. We have asked the service to review how risks are assessed and managed as part of an Improvement Notice issued to the provider on 23 December 2019.

How well is our care and support planned?

1 - Unsatisfactory

Residents should expect their care plans to reflect all aspects of their wishes and care needs and give clear direction to staff about how to deliver their care. They should also expect these plans to contain accurate information that is updated when their care needs change. This is important in helping staff give consistent and safe care in the way residents wish to be cared for.

Each resident at Drumbrae had four large folders and additional records. Both the volume of information and how it was held meant that it was difficult for staff to use the care plans to get to the crux of the day-to-day care in a timely fashion. We have raised this at previous inspections and there had been attempts to create a mini care plan to help guide staff on the essential information to help them to care for residents. However the mini-care plans did not contain all of the areas identified as high risk for each individual and missed essential care information such as how to prevent falls and skin damage. This means staff could not rely on the mini care plans to direct individuals care.

For individual residents the information held across their records was in some cases contradictory, out of date and did not reflect the current status, needs and abilities of residents. This led to poor outcomes or potential poor outcomes for residents because all staff did not have a clear plan of how to help them mobilise, eat and drink, relieve pain or prevent skin damage.

Promoting independence and supporting risk taking decision-making was not well recorded. We expect that people are helped by the service to get the most out of life and reach their potential and that wishes, choices and any agreed restrictions are clearly recorded. We found that staff had an over reliance on the use of assistive technology. A call bell sounded when a resident moved in their bed or chair or entered or left a room. This resulted in frequent false alarms when residents adjusted their positions. The disadvantages of the blanket use of technology includes discouraging residents to frequently move which is needed for good health. It also acted as a barrier for casual social interactions as a key was needed to switch off alarms prior to entering bedrooms.

Although some consents had been obtained from relatives for the use of this technology there was no indication that the potential detrimental effects had been discussed and understood.

When staff sought the advice of medical and health professionals to help them care for residents this was not always recorded and as a result information was not communicated effectively. As a result treatment and medication was delayed or missed for some residents. Clear information needs to be provided for staff when residents need changes to their care or medicines. This allows staff to administer medicine safely. Inaccurate records resulted in inconsistent care which was potentially harmful. It is especially important to have accurate and up to date records when the service relies on a large number of agency staff.

We were concerned about the number of unexplained bruises or skin damage caused when using equipment. Where equipment is in place the care plan should state which piece of equipment is being used and how this should be used for each resident. While we saw up to date moving plans on residents bedroom walls this did not always match the care plans or how we saw one resident being assisted.

Residents and their families should be recognised as experts in their own experiences, needs and wishes. They should benefit from care plans which are regularly reviewed, evaluated and updated involving relevant professionals. There should be a range of ways to ensure that residents and/or their legal representatives are able to be involved in a meaningful review of care.

The care planned for residents was not evaluated and it was therefore difficult to be clear if the planned care was working or the rationale for any changes which had been made to the planned care. The quality of recording of the reviews that had taken place did not demonstrate that residents and their families had a comprehensive discussion about their needs, preferences and were able to give their views on the quality of care they received.

Relatives told us that the wrong family member was being contacted about care decisions. We found that legal proxy documents were held separately from the care plans and the information about legal proxies, next of kin and interested parties was not as clear as it could be in the care records. This caused frustration for relatives and did not respect the residents wishes in relation to decisions about their care.

There was no financial assessment of residents ability to manage their money. We have given the provider information and guidance to support them to implement a suitable system which ensures that residents finances are managed within the legal frameworks.

Care planning, risk assessments and record keeping is part of the Improvement Notice we have issued dated 23 December 2019.

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

Requirements

Requirement 1

The provider must ensure that residents are assisted to be comfortable and safe, and that care is provided appropriately to make sure that all of their identified needs are met. In order to achieve this the provider must:

- (i) make an assessment of each residents needs,
- (ii) formulate an individualised care plan which will direct and guide staff as to how to meet the identified needs in accordance with the needs and preferences of each resident.
- (iii) ensure staff receive the skills, knowledge and training to be able to follow the care plan.
- (iv) ensure there is sufficient oversight of practice to monitor and evaluate the effectiveness of the care.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 3 - a regulation regarding the principles of the Act, and regulation 4(1)(a) - a regulation regarding the welfare of users. It also takes into account the National Care Standards Care Homes for Older People Standard 8.1 - Making Choices and the Scottish Government's Standards for Dementia Care in Scotland 2011.

This requirement was made on 13 February 2018.

Action taken on previous requirement

Some work had taken place to improve the care plans but this work had not been completed. Staff training was needed and oversight of staff practice to monitor and evaluate the effectiveness of care. This requirement is now subject to an Improvement Notice issued to the provider on 23 December 2019.

Not met

Requirement 2

The provider must make sure that residents receive their medication including topical and "as required" medicines as the prescriber intended, and in a way that is safe and in line with current best practice and professional guidelines.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a) - a regulation regarding the welfare of users, and regulation 5(1) and 2(b)(ii) and (iii) - regulations regarding care planning. It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, Standard 6 - Support Arrangements, Standard 9 - Feeling Safe and Secure, Standard 15 - Keeping Well, Medication, the NMC Code: Standards of conduct, performance and ethics for nurses and midwives 2008.

This requirement was made on 13 February 2018.

Action taken on previous requirement

Whilst changes had been made and audits introduced, these had not been effective in ensuring residents received their medication as prescribed. This requirement is subject to an Improvement Notice issued to the provider on 23 December 2019.

Not met

Requirement 3

The provider must be able to demonstrate that where a resident is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded. The systems must include provision for the training of staff to ensure that where residents are unable to communicate the fact that they are in pain, staff nevertheless have the skills and knowledge to be able to respond appropriately.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulations 4(1)(a), 9(2)(b) and 15(b)(i).

This requirement was made on 13 February 2018.

Action taken on previous requirement

Practice had not demonstrably improved. This requirement is subject to an Improvement Notice dated 23 December 2019.

Not met

Requirement 4

The provider must ensure that each resident is assessed for the risk of developing a pressure ulcer. Every resident must have a skin care plan which takes into account regular skin examination. For each resident who has been assessed as at risk of developing a pressure ulcer the care plan must contain evidence of on-going assessment, treatment rationale and interventions taken.

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

This requirement was made on 13 February 2018.

Action taken on previous requirement

Risk assessments were not completed accurately. Care plans did not provide clear guidance to staff to minimise the risks of damage to residents skin. Risk assessments and care planning is subject to an Improvement Notice dated 23 December 2019.

Not met

Requirement 5

The provider must ensure that residents at risk of not eating or drinking enough receive sufficient help to reduce the risk of poor nutrition and dehydration. In order to achieve this the provider must:

- (i) ensure drinks are readily and regularly available for all residents
- (ii) ensure residents are supported to get drinks
- (iii) ensure staff understand the risks of under nutrition and how to support residents to eat well to prevent under nutrition
- (iv) ensure residents receive nutritional supplements as prescribed and consult the prescriber when these are not available or not taken.
- (iv) ensure that food and fluid charts are accurately completed and evaluated
- (v) implement a system to monitor the quality and accuracy of information recorded in the food and fluid charts.

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. In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well - Healthcare.

This requirement was made on 13 February 2018.

Action taken on previous requirement

Work continued to progress nutritional care. More work was needed to ensure care plans were accurate. Work was also needed to make sure residents needs, choices and preferences were taken into account to help them want to eat the meals.

Communication between staff and recording needed to be improved to ensure staff knew who was losing weight and how to help them maintain or gain weight.

Not met**Requirement 6**

The provider must ensure that residents receive a good quality service including receiving consistent and effective care. In order to do so the provider must ensure that accurate records are kept, which must include the following:

- (i) ensure resident's care plans are person-centred and accurate and any other supporting documents are kept up to date.
- (ii) ensure care plans include risk assessment and risk enablement.
- (iii) demonstrate from records that staff adhere to care plans and they are regularly reviewed, evaluated and updated.
- (iv) ensure that all records are recorded clearly in a manner that can be easily accessed and understood by others.
- (v) ensure that the home manager regularly monitors the standard of record-keeping.
- (vi) that all records are accessible to those that need them while appropriate levels of confidentiality are maintained.
- (vii) put in place a way for health professionals' advice, instructions and recommendations to be recorded.

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. In making this requirement National Care Standards Care Homes for Older People Standard 14 Keeping Well - Healthcare.

This requirement was made on 13 February 2018.

Action taken on previous requirement

Work was needed to improve the accuracy of care documentation, communication, risk assessment and risk enablement. Lack of progress was having a detrimental impact on residents quality of care and quality of life. This is subject to an Improvement Notice dated 23 December 2019.

Not met**Requirement 7**

The provider must provide a good quality of service. In order to go so the provider must review the use of assistive technology and systems of alert to ensure residents needs are risk assessed on an individual basis and have an individualised plan of care which is recorded. Plans must be agreed with the resident or those who have authority to do so. The systems used must be assessed for the impact they have and must not cause disturbance, upset or isolation to residents by their intrusive noise or mode of use. This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a) - a regulation regarding the welfare of users It also takes into account the

National Care Standards Care Homes for Older People Standard 4 - Your Environment, Standard 5 - Management and Staffing Arrangements.

This requirement was made on 13 February 2018.

Action taken on previous requirement

As an unintended consequences of the use of assistive technology residents were restricting their movements and feeling isolated. The audible alerts caused when residents moved in bed, in their chair or walked in their rooms disturbed and caused distress to them and other residents. Ensuring appropriate assessment, planning and evaluation of assistive technology is subject to an Improvement Notice dated 23 December 2019.

Not met

Requirement 8

The provider must make sure that residents receive all of the care they need, in a timely manner. In order to do so, the provider must:

- a) use the information from individual dependency assessments, observations of care to inform staffing levels and also take into account deployment of staff in different areas of the home, and at different times of day, with factors such as the geography and layout of the building, and the number of staff on duty who are unfamiliar with the environment, the routines and the needs of individual residents;
- b) be able to evidence how all of this information informs and influences the planning of staffing levels and deployment.
- c) at no time fall below the staffing minimum levels as agreed in the staffing schedule dated 6 September 2016.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 15(a) - a regulation regarding staffing. It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, the SSSC Code of Practice for Employers Section 1.5 and 2.3.

This requirement was made on 13 February 2018.

Action taken on previous requirement

8.c) is no longer applicable. The Care Inspectorate have removed staffing schedules in care homes. This is because it is the providers responsibility to ensure at all time there are sufficient staff in sufficient numbers to meet the needs of service users at all times.

Staff numbers fell below the assessed needs of residents regularly. The management of staffing did not ensure adequate and timely cover to meet staff sickness absence nor did it deploy staff resources appropriately to meet residents needs. Staffing is subject to an Improvement Notice dated 23 December 2019.

Not met

Requirement 9

Residents should be able to be confident that staff who provide their care are suitably trained and skilled to meet their needs, and as such are fit to be employed in a care service. In order to achieve this, the provider must make sure that systems to ensure the fitness of staff are fully and effectively implemented, and that the manager is aware of their responsibility to monitor the implementation of these systems.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care

Services) Regulations 2011 (SSI 2011/210), regulation 9(2)(c) - a regulation regarding fitness of employees. It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, and the SSSC Code of Practice for Employers Section 1.2.

This requirement was made on 13 February 2018.

Action taken on previous requirement

The systems to ensure staff maintained their registration with their professional body were ineffective. The employer and employee both have responsibilities to ensure employees are fit by making sure that professional registration is maintained. Employers systems should alert them if an employee is no longer registered. This helps protect people who use services. This area of care is subject to an Improvement Notice dated 23 December 2019.

Not met

Requirement 10

The provider must ensure that residents receive a good quality of service which helps them to enjoy the best possible quality of life. In order to do so, the provider must put into place effective systems for assessing and monitoring the quality of all aspects of the service, and ensure that:

- a) a range of audits and checks, whether carried out by staff in the service or external contractors, is used to gather information about the performance of the service, and this information is made easily available to the manager;
- b) where these audits or checks are delegated, the manager has systems in place to monitor the quality of the work to ensure that it is of an expected standard;
- c) following all audits and checks, there is a clear record of what areas for improvement were identified, what actions are to be taken to address those areas for improvement identified, timescales for the actions to be completed, and the person with overall responsibility for ensuring the necessary improvements are achieved;
- d) where actions are completed this is clearly recorded;
- e) information from individual checks or audits is analysed to identify patterns or trends which might indicate that further action is necessary to improve the service.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 3 - a regulation regarding the principles of the Act. It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, and the SSSC Code of Practice for Employers Section 1.5.

This requirement was made on 13 February 2018.

Action taken on previous requirement

Methods used to monitor, analyse and improve the quality of the service were not effective at making the service safer for residents. This is subject to an Improvement Notice dated 23 December 2019.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should carry out an audit of medication processes within the care service. This is to ensure that medication administered to service users is safe and meets their needs. This should include an audit of all direct care staffs' understanding of medication processes. Where there are gaps in understanding of the process, additional support and training should be provided.

This area for improvement was made on 9 October 2019.

Action taken since then

An action plan was devised by the service, highlighting a number of actions which they planned to take to improve staff understanding, support and training in order to administer medicines safely. Our findings were that this has not resulted in a significant reduction in the number and severity of medication errors. Medicines management is part of the Improvement Notice issued 23 December 2019.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak
How good is our leadership?	1 - Unsatisfactory
2.2 Quality assurance and improvement is led well	1 - Unsatisfactory

How good is our staff team?	1 - Unsatisfactory
3.3 Staffing levels and mix meet people's needs, with staff working well together	1 - Unsatisfactory
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	1 - Unsatisfactory
5.1 Assessment and care planning reflects people's planning needs and wishes	1 - Unsatisfactory

To find out more

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