Care service inspection report

Clinton House Nursing Home

Care Home Service Adults

Ayr Road
Shawsburn
Larkhall
ML9 3AD
Telephone: 01698 883043

Inspected by: Barbara Montgomery

Type of inspection: Unannounced

Inspection completed on: 27 November 2012

Contents

Service provided by:

Clinton House Strathclyde (Care Homes) Ltd

Service provider number:

SP2003002417

Care service number:

CS2003010566

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Summary

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

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

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

Clinton House had some very good ways of making sure that residents and relatives could participate in the life of the home and comment on the quality of care.

The home had a full and varied activities programme. It had put a lot of work into developing this programme including training care staff to have a better understanding of the importance of activities. Activities were seen as a vital and integral part of the service.

Everyone who lived here had a single room and some bedrooms were big enough to use as a sitting room.

The home had a committed and well motivated staff team who conducted themselves in a way that showed that the residents were their priority.

What the service could do better

The home needs to make sure there are enough staff on duty at busy times. It needs to ensure that when assessing dependency levels and staffing requirements it takes all relevant factors into account.

Staff now need to get everyones care plans transferred into the new format.

Complete the programme of renovation and refurbishment and replace the carpet in the main corridor.

The manager should establish a programme of regular planned one to one supervision meetings with all staff and hold regular staff meetings.

What the service has done since the last inspection

The manager had developed and introduced a new format for residents personal files and care plans. The order in which staff were keeping information was easy to follow and care plans we looked at were much more specific about what staff were expected to do.

The manager had carried out a programme of renovation to address the things about the accommodation that were in need of attention. For example the garden had had a makeover and the dining room had been refurbished and everyone now had some lockable space in their room. Bedrooms door locks were now available on request.

Conclusion

This was a small home with only 26 residents which gave it a homely feel and meant that staff got to know everyone well. The home had made good progress with most of the things that we made requirements and recommendations about the last time. Grades reflect the amount of work that had been done by the manager, staff and families. To retain and further improve the grades the home needs to finish the refurbishment programme and complete the new care plans; the home also needs to make sure there are enough staff on duty particularly at busy times as this was an area of concern.

Who did this inspection

Barbara Montgomery

1 About the service we inspected

Clinton House Nursing Home is owned and managed by a private provider, Clinton House Strathclyde (Care Homes) Ltd. The home is in the small village of Shawsburn, near Larkhall. It is registered to provide a care service to 26 older people including up to 8 younger adults with physical disabilities.

The aims and objectives of the service state that: "All care provided in our homes is delivered in a professional manner, adopting a holistic approach to care, whilst affording dignity and respect to each individual Service User in accordance to our company motto, 'Dignitas Qualitas Caritas' - 'Dignified Quality Care'."

The service had written commitments to:

* offer support to promote maximum independence with minimum restriction
* acknowledge social, emotional and religious needs
* facilitate service user participation and choice in the planning of care as much as possible
* provide care in a relaxed and comfortable environment incorporating choice in the participation of activities.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good
Quality of Environment - Grade 4 - Good
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

The inspection took place over the course of one day and extended into the evening. We had sent the home 24 questionnaires for distribution to residents and relatives. We got a good response with 15 completed questionnaires from residents and relatives. We spoke to 5 visiting friends and relatives and 4 residents We had a meeting with the manager and spoke to the owner, the activities manager for the company, staff on duty and to the handyman. We inspected the premises and grounds. We also looked at some records and literature. (Please see Quality Statements for more information about what these were)

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 relation to healthcare needs, personal plans must: have healthcare risk assessments and care plans that contain sufficient detail to inform staff what care in needed.

Reviews of these needs must be carried out regularly in line with the needs of the individual and where any change to care is made. All reviews must be dated.

The language used to tell staff what care is required must be more specific and easy to understand.

What the service did to meet the requirement

The manager and staff had made good progress wth this requirement and while the work was not completed yet we could see evidence of improvement in the files we sampled and so we have recorded this as met.

The requirement is: Met

The requirement

- The concrete ramp for disabled access and the overhead porch at the entrance to the building must be repaired and maintained.
- The windows throughout the home should be cleaned regularly.
- The carpet in the main corridor must be of a good standard and not put service users at risk of tripping or falls due to being worn or bobbled.
- There must be a suitable garden area outside for use by all service users.
- Service users must be able to move round easily in the house and garden area and where necessary supported by staff to do this.
- There must be a rolling programme of renovation, refurbishment and repair put in place to make sure that the environment is suitable to meet the needs of all service users and the aims and objectives of the service.

What the service did to meet the requirement

The home had complied with most, but not all, of the things this requirement was about. Because of the huge amount of work that has been done or was planned we have recorded the requirement as met and have made a new requirement about the carpet and the renovation programme. Please see Quality Statement 2.2 for detailed comment about progress made.

The requirement is: Met

The requirement

The provider must make sure that all of the laundry environment, laundering procedures and laundry equipment complies with current Health and Safety legislation and Infection Control Standards. The provider must check that the domestic washing machine currently in use is appropriate for use in a care home setting and for washing soiled/sluiced laundry. If it is not fit for this purpose it should not be used.

A system of carrying out appropriate checks on bedrails must be put in place to make sure that service users are not put at risk by their use.

What the service did to meet the requirement

The home had taken appropriate action to comply with this requirement. Please see Quality Statement 2.2 for detailed comment about progress made.

The requirement is: Met

The requirement

Bedrooms doors must be able to be secured by service users from the inside, with a facility for staff to open the doors in an emergency.

All bedroomsmust have lockable space for service users to keep their private and personal belongings.

What the service did to meet the requirement

Sufficient action had been taken to comply and so the requirement is recorded as met. Please see Quality Statement 2.2 for detailed comment about progress made and a further recommendation.

The requirement is: Met

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

We made eight recommendations in the last report. We followed up on progress with six of these and found that they were being satisfactorily progressed. Please see Quality Statements 1.3 and 2.2 for more detail.

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.

Last Self Assessment completed in October 2011.

Taking the views of people using the care service into account

All ten residents who completed or were supported to complete a Care Inspectorate questionnaire agreed that overall they were happy with the quality of care they received in the home. We have talked about people's answers to specific questions in more detail in the Quality Statements.

Taking carers' views into account

Taking relatives views into account:

The six relatives and friends who returned a Care Inspectorate questionnaire agreed or strongly agreed that overall they were happy with the quality of care their relative received in the home. We have talked about people's answers to specific questions in more detail in the Quality Statements. General comments included: ''overall happy with the care / I only have praise for the standard of care proivided.''

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: 4 - Good

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 found that the home's performance was very good in the areas covered by this statement. We concluded this after we:
* heard from residents and relatives
* spoke to the manager
* looked at the homes own survey format and literature
* looked at a sample of residents personal plans.

Participation Strategy
As noted in previous reports Clinton House had a well established participation strategy with some very good ways of making sure that residents and relatives could participate in the life of the home and comment on the quality of care. Most people who sent back a Care Inspectorate questionnaire agreed that residents were encouraged to discuss their concerns or views about the home; agreed that they were asked for feedback and ideas, and were taken seriously by management.

Surveys and Meetings
The home had recently carried out its annual satisfaction survey. We think the involvement of an independent befriender service to ensure impartiality in the survey was an example of excellent practice. The survey was comprehensive and asked some good searching questions; the results of this latest survey were not available yet. Meetings have included a food forum and an information evening for families.

Communication and Information
As noted in the last report the home had some effective ways of keeping people well informed including a newsletter to which relatives can contribute; noticeboards in the

reception area with information about independent advocacy services, minutes of recent meetings with staff and residents; satisfaction survey results using the ''you said we did format;' information about planned activities and the last inspection report and action plan. The home also provided an email address for carers and families to write to their relatives and friends who lived at Clinton House.

Complaints Procedure
Most relatives who sent back a Care Inspectorate questionnaire said they knew about the homes complaints procedures and knew they could complain to the Care Inspectorate.

Areas for improvement

Care Plans and Reviews
Families and residents were involved in care planning and reviews; the Activities manager was working on a new social history section for families to complete or contribute to. Once the new care plan paperwork is in use the home should discuss with residents and relatives what sections, if any, people would find it helpful to have copies of in their rooms. The home should make sure that the new paperwork has a section for recording discussions with family members about their relatives care, recording who the resident wishes to attend reviews and signing agreement to plans. (see recommendation1)

Complaints Procedure
A few residents and relatives who sent back a Care Inspectorate questionnaire said they didn't know about the homes complaints procedures and didn't know they could complain to the Care Inspectorate or weren't sure about this. This is something the home should continue to reinforce with people.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Discuss with residents and relatives what sections of the new care plans people would like copies of in their rooms. The home should make sure that the new paperwork has a section for recording discussions with family members about their relatives care, recording who the resident wishes to attend reviews and signing agreement to plans. (National Care Standards Care Home for Older People Standard 11 Expressing Your Views)

Statement 3

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

Service strengths

We did not look at every part of this Quality Statement. We followed up on progress with some of the recommendations from the last inspection relating to eating and drinking, continence care and written careplans.We found that the home's performance was adequate in the areas covered by this statement. While we recognise that the home has done extensive work in the last 8 months the grade reflects the fact that work on written care plans need to be completed and the way in which staffing levels are calculated needs to be reviewed. We concluded this after we:

* heard from residents and relatives
* spoke to the manager and staff on duty
* looked at a sample of care plans
* spoke to the activities manager; looked at resources and training materials
* looked at staff rotas and staffing agreement
* looked at complaints log
* looked at dependency tool.

Access to Health Services
Everyone who sent back a Care Inspectorate questionnaire, said they were confident that staff met residents health care needs including arranging to see health care professionals if needed.

Personal Care and Continence Care
Residents we saw appeared well cared for and neat and clean and tidy in their appearance. We noted that since the last inspection separate care plans had been introduced for different continence issues ie where a resident had problems related to both urinary and bowel continence.

Tissue Viability
Care Plans we looked at indicated that staff took the correct actions to reduce the risk of pressure wounds and treat any that occurred. The home had access to appropriate pressure relieving equipment and involved tissue viability nurses. Records indicated that staff calculated Waterlow scores, followed wound treatment plans and used turning charts.

Eating and Drinking & Mealtimes
The home paid good attention to nutrition and making sure people got the support they needed to eat safely and well. Care plans, weight charts and food and fluid intake charts were started for anyone whose intake staff were concerned about. We noted that the pictorial menu board in the dining room was now positioned more centrally where residents could see it. Most residents we heard from agreed that the home provided the type of food they liked, catered for special diets and said they got help to eat if they needed it. Most relatives we heard from agreed that meals were

nutritious and took account of any special dietary needs; that people were able to eat and enjoy their food getting help from staff where required and that there were always snacks and hot drinks available. Residents we spoke to said that staff had paid attention to their comments about the food and made changes.

Written care plans and Reviews
The home had done a lot on work on the requirement we made about this at the last inspection; the manager had developed and introduced a new format for residents personal files and care plans. Presentation had been improved with everyones care plan in a new folder. In the sample of new care plans we looked at we noted that the order in which staff were keeping information was much more straightforward and easy to follow with, for example everything about nutrition all in the same section; plans were also clearer and much more specific about what staff were expected to do.

Legal Arrangements
Files seen had a place to record legal arrangements such as appointee arrangements, Power of Attorney or Guardianship and DNR orders and the home had started to use the Mental Welfare Commission (MWC) checklist for these.

Activities
The home ran a full and varied activities programme. The companies Activities Manager had put a lot of work into developing this programme including training care staff to have a better understanding of the importance of activities. We were impressed with what we heard and the way in which activities was seen as a vital and integral part of the service. The home had an activities worker four days a week and we were told that care staff participated fully in the programme as well. Most people who completed a Care Inspectorate questionnaire agreed that frequent social events, entertainments and activities were organised that residents can join in if they want to. Comments from relatives included :''I was impressed that they asked me to provide CDs of my relatives favourite music.''

Areas for improvement

Eating and Drinking & Mealtimes
Fluid intake charts seen did not record daily totals. Some people who ate their meals in their rooms said that the food and drink wasn't always hot when it arrived. (see recommendation 1)

Mobility and falls
The home still used some of the older traditional bedrails; we noted that there had been at least one incidence of a resident's leg being caught between the rails. Staff carried out falls risk assessments and assessments of the risk attached to use of bedrails and the home had provided some residents with profiling beds. The home should now phase out the use of bedrails altogether and the owner should replace

them with high low beds and crash mats. (see Quality Statement 2.2 recommendation 2)

Written care plans and Reviews
Staff were working on transferring everyones information into the new care plan format and files seen still needed indexes and dividers. While the home had made good progresss staff now need to get everyones care plans in the new format. We will look at this again at the next inspection. To help staff keep better track of six monthly reviews and make it easier to audit, the home should have a 'see at a glance' record of the review history at the front of section for review paperwork.with the date of all previous reviews and the planned date for the next review. (see recommendation 1)

Staffing Levels
At the time of the inspection visit the home had 23 residents. During the visit there were several indicators that there were times when there weren't enough staff available, particularly in the morning and at meal times. Some staff we heard from said that residents were becoming frailer and more dependent and described how it takes longer to help residents to get up and dressed. Since people get up when they choose to this means that it can take until very late in the morning to get everyone ready. Some families had also complained about delays when waiting for staff to attend to their relatives personal care needs, particularly when their relative needed washed or changed urgently. The owner said that these instances had been exceptional and were not the norm. Some residents we heard from also described delays in staff responding to buzzers, particularly at meal times when staff were busy in the dining room. While most people who completed a Care Inspectorate questionnaire agreed that there were enough staff on duty at any point to care for them two residents and one relative disagreed or strongly disagreed about this.

The home used a recognised tool to regularly assess dependency levels and calculate staffing requirements. We noted that the home currently had five staff on throughout the day from 7.30am until 8.pm, and the owner advised that this exceeded the number of hours the dependency assessment indicated were currently needed. The manager and owner recognised that the dependency tool took account of basic care needs only and did not take account of things like social interaction or activities or the layout of home. The owner told us she was looking to introduce a new tool called IORN (Indicator of Relative Need)

When the home's capacity decreased from 30 to 26 in 2010 the Care Commission left its original 2004 staffing agreement unchanging with a minimum of six staff on from 7am to 3pm and a mimimum of five on from 3pm until 10pm thereafter reducing to three waking night staff. This staffing agreement also stated that *''the mimimum number of direct care hours may be reduced by 3.6 hours for every unoccupied place, subject to the average level of dependency remaining the same and there being no detriment to the level of service received by service users'' Because this type of

statement is no longer used in staffing agreements we are going to update the homes staffing agreement. (see requirement 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. Staffing Levels

   When assessing dependency levels and calculating staffing requirements managers and nursing staff need to make sure that they are taking, not only basic care needs, but all other relevant factors into account as well as listening to the views of staff, residents and relatives.

   This is to comply with SSI 2011/210 Regulation 15(a) Staffing

   15. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users-

   (a)ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
   Timescale: Immediate.

Recommendations

1. Written Care Plans and Recording

   (i) Everyones care plan should be in the new format with indexes and dividers in place to make it easy to access information.

   (ii) Have an at a glance' record of each residents review history at the front of the section for review paperwork with the date of all previous reviews and the planned date for the next review.

   (iii) Daily Fluid Intakes should be totalled and clearly recorded on fluid intake charts.

   (National Care Standards Care Homes for OlderPeople Standard 6 Support Arrangements)

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

Please see Quality Statement 1.1

Areas for improvement

Please see Quality Statement 1.1

Grade awarded for this statement: 5 - Very 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 found that this services performance was good in the areas covered by this statement. The grade reflects the huge amount of work that the home has done. To retain this grade the owner needs to complete the refurbishment programme. We concluded this after we:

* heard from relatives and residents
* spoke to the manager and handyman
* looked at maintenance records
* saw round the home and its grounds.

Health and Safety & Maintenance
Health and safety checks on premises and equipment, risks assessments, repairs and maintenance were done either in house by the homes handyman or by outside companies. These included fire safety measures, hot water temperature and water quality checks and now included checking and maintaining bedrails. Procedures made it clear what individual or company was responsible and

what the timescales were. Formats for recording checks were comprehensive and records seen were kept up to date.

Renovation and Refurbishment
The manager had carried out a programme of renovation and refurbishment to address the things that were identified as in need of attention at the last inspection. A lot of the work had been done 'in house' by staff and in the case of the garden with the help of residents' families. The concrete ramp for wheelchair use at the entrance to the home had been made safe and there were plans to rebuild it altogether; the porch window frame at the entrance to the building had been replaced; the garden had had a makeover; dining tables had been replaced and chairs recovered; the laundry had been upgraded with improved storage and the position regarding the domestic washing machine clarified.

Housekeeping and Infection Control
Most residents and relatives who filled in a Care Inspectorate questionnaire agreed that the home was clean hygienic and free from smells and we were not aware of any odours on the day we visited. Comments from relatives incldued: ''clean and tidy environment''. Housekeeping staff now kept written records of cleaning that had been carried out.

Safety, Freedom of Movement & Safekeeping of Property
The building had a controlled entry system and a signing in procedure for all visitors to the home. We were also told that all bedrooms had been provided with lockable storage.
Views of Residents and Relatives
Most relatives who sent back a Care Inspectorate survey were confident that their relative was safe and secure in the home.

Areas for improvement

Renovation and Refurbishment
The carpet in the main corridor which was very worn, despite being relatively new, had not yet been replaced due to an ongoing dispute with the supplier/ manufacturer. The appearance of this carpet spoiled the look of most public part of the building and as well as being a hazard was not a good advert for the home. The owner has agreed to a timescale of one month to pursue this with the supplier/ manufacturer one more time and if that fails to buy a replacement carpet. (see requirement 1) In addition to the current programme of renovation and refurbishment the home should have a rolling programme so that once a good standard is achieved in public areas it can be maintained. (see requirement 1)

Freedom of Movement
We noted that access to the secure garden from the dining room was through a conservatory door which had a step; this meant that in good weather residents would

only be able to use it under supervision.
Housekeeping and Infection Control
Housekeeping staff did not work beyond 3pm. The home would benefit from having some housekeeping staff available in the evening. (see recommendation 1)
Bedrails
As noted at Quality Statement 1.3 the home still used some of the older traditional bedrails. Staff carried out assessments of the risks attached to the use of bedrails and the handyman did routine checks and maintainence. However the home should now phase out the use of bedails altogether and the owner should replace them with high low beds and crash mats. (see recommendation 2)

Bedroom doors
We were told that since the last inspection all residents/ their representatives had been asked if they wanted to be able to lock their bedroom doors from inside their rooms or from outside. A system had now been introduced which allowed staff access from the outside in an emergency but it had only been installed for those who said they wanted it. Our expectation was that all the bedroom doors in the home should be fitted with a locking mechanism whether or not the current occupant chose to use it. The manager has said that the mechanism which can be fitted quickly by the handyman will be offered to all new residents; she has agreed to make it a standard part of the homes admission procedure to ask new residents if they want this. (see recommendation 3)

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 3

Requirements

1. To complete the current programme of renovation and refurbishment:

   (i) replace the carpet in the main corridor.

   (ii) establish a rolling programme of renovation and refurbishment so that once a good standard of accommodation is achieved it can be maintained.

   This is to comply with SSI 2011/210 Regulation 10 Fitness of premises

   10.- (1) A provider must not use premises for the provision of a care service unless they are fit to be so used.

   (2) Premises are not fit to be used for the provision of a care service unless they-

   (a) are suitable for the purpose of achieving the aims and objectives of the care

service as set out in the aims and objectives of the care service;
(b) are of sound construction and kept in a good state of repair externally and internally;
(d) are decorated and maintained to a standard appropriate for the care service.
Timescale: One month

Recommendations

1. Phase out the use of older type bedails altogether and replace them with high low beds and crash mats. (National Care Standards Care Homes for Older People Standard 4 Your Environment)
2. Employ some housekeeping staff in the evenings. (National Care Standards Care Homes for OlderPeople Standard 4 Your Environment)
3. Asking all new residents if they want to lock their bedroom doors and fitting the mechanism if they do should be a standard part of the homes admission procedure(National Care Standards Care Homes for OlderPeople Standard 4 Your Environment)

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

Please see Quality Statement 1.1

Areas for improvement

Please see Quality Statement 1.1

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found that the home's performance was good in the areas covered by this statement. We concluded this after we:

* heard from residents and relatives
* spoke to managers
* looked at the homes training plan.

Staff Training and Development
The home had an annual training plan and offered good training to its staff on both mandatory and other relevant topics. When the home last completed a self assessment all care staff were qualified to the SVQ 2/3 level required for registration with the SSSC. Everyone who sent back a Care Inspectorate questionnaire agreed that staff had the knowledge and training to care for their relative. The home had a number of incentive and reward schemes for its workers.

Conduct
Everyone who returned a Care Inspectorate questionnaire agreed that staff treated residents politely at all times; respected their privacy and were sensitive and supportive. Comments included ''I am very happy with how my relative has been treated' / I am very pleased with the level of communication between staff and residents / all are treated with respect'' and relatives we talked to spoke of how staff conducted themselves in a way that showed that the residents were their priority.

Areas for improvement

Staff Training and Development
The home would benefit from the introduction of computerised training records.
Staff Support,Supervision and Appraisal
Minuted staff meetings had taken place but had been infrequent with the last one in May 2012. Staff received annual appraisals but the home did not have a formal programme of staff supervision with regular planned one to one meetings with all staff throughout the year; we have recommended that they start one. (see recommendation 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Staff Support and Supervision

   (i) Hold regular staffing meetings for all grades of staff.

   (ii) Introduce and establish a formal programme of staff supervision with regular planned one to one meetings with all staff throughout the year. (National Care Standrads Care homes for Older People Standard 5 Management and Staffing Arrangements)

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

Please see Quality Statement 1.1

Areas for improvement

Please see Quality Statement 1.1

Grade awarded for this statement: 5 - Very 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 found that the home's performance was good in the areas covered by this statement. We concluded this after we:

* looked at in house audits and complaints log
* spoke to the manager and owner
* heard from residents and relatives.

The home had a number of ways of checking that it was offering a quality service. These included:

- consultation with relatives, residents, staff and stakeholders such as Health, Social Work and other professionals via surveys, meetings and reviews.
- a range of regular checks and audits of written care plans, health and safety, cleaning/housekeeping and medication.
- a complaints log

- recording and monitoring monthly statistics about critical care needs such as the incidence of infections; pressure wounds, significant weight loss and accidents.

Areas for improvement

The homes had not been using its satisfaction surveys for relatives and stakeholder and should make sure that these get reintroduced. (see recommendation1)

The manager routinely contacted the owner about any significant concerns. Monthly statistics about critical care needs weren't recorded electronically; doing this would enable the company to monitor these more closely. (see recommendation1)

We were told that the manager routinely did night time spot check visits to the home but that these were not recorded anywhere. We have made a recommendation about having a format to record findings from these checks and any action required by staff. (see recommendation1)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Quality Assurance
   (i) Make sure that satisfaction surveys for relatives and stakeholder get reintroduced analysed and reported on.

   (ii) To further improve quality assurance measures in the home, electronically record monthly statistics relating to critical care needs with a format to record any follow up action needed.

   (iii) Record findings from night time spot check visits and any action required by staff
   (National Care Standards Care homes for Older People Standard 5 Management and Staffing Arrangements)

4 Other information

Complaints

An investigation into a recent complaint about staffing levels had just been concluded. We will follow up progress with the homes action plan at next inspection.

Enforcements

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

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	3 - Adequate
Quality of Environment - 4 - Good	
Statement 1	5 - Very Good
Statement 2	4 - Good
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings	
30 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate Not Assessed Not Assessed
12 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
18 Oct 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed

10 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 5 - Very Good Not Assessed
28 Oct 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
30 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
20 Mar 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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