Care service inspection report

Clinton House Nursing Home

Care Home Service Adults

Ayr Road
Shawsburn
Larkhall
ML9 3AD

Type of inspection: Unannounced

Inspection completed on: 2 September 2014

HAPPY TO TRANSLATE

Contents

Service provided by:

Clinton House Strathclyde (Care Homes) Ltd

Service provider number:

SP2003002417

Care service number:

CS2003010566

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	2	Weak
Quality of Environment	2	Weak
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

What the service does well

The manager had recognised there were improvements required to improve standards in the home. She, along with the staff aimed to achieve good quality care and support by working as a team and implementing new processes and procedures in order to improve standards within the home.

What the service could do better

As detailed throughout this report the provider is required to make improvements under each of the quality themes we inspected.

The provider needs to ensure each of the staff employed in the home understand their own and each other's roles and responsibilities. The provider must ensure there are sufficient quantities of staff that are competent in what they do and have received suitable training in order to effectively care and provide support for each of the residents who live in the home.

What the service has done since the last inspection

Since the last inspection the service provider has failed to progress as we would have expected. However, the management team have recognised this and are working hard in order to improve the standards for the residents living in the home.

Conclusion

Overall there has not been the progress we would have expected to see. However, during our feedback the manager and administrator/activities person did not disagree with our findings and have provided assurances and were confident that improvements will be made in order to provide a high standard of care and support in an environment which is suitable to meet the care and support needs of each resident living in the home.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.com.

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

Clinton House nursing Home is owned and managed by a private provider, Clinton House Strathclyde (Care Homes) Ltd and provides a care service for 26 older people including up to 8 younger adults with physical disabilities. During the inspection there were 24 residents living there four who were younger adults.

The service is situated in a rural setting in Shawsburn with local transport links near to the home. The home has 24 bedrooms, and has a ground floor level and upper floor which is accessible by a passenger lift or stairs. There is an enclosed garden space and a large car parking facility for visitors.

The home aims were:
''To deliver care in a professional manner and adopt a holistic approach to care, while affording dignity and respect to each individual resident''.

''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 and 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 2 - Weak
Quality of Environment - Grade 2 - Weak
Quality of Staffing - Grade 3 - Adequate
Quality of Management and Leadership - Grade 3 - Adequate

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by two inspectors. The inspection took place on 1 September 2014 between 10:20 and 17:50. It continued the following day, 2 September between 09:20 to 18:50. We gave feedback to the manager and senior administrator/activity coordinator on this date.

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent 30 care standard questionnaires to the manager to distribute to residents and relatives/carers. Only eight resident questionnaires were received. We received no relative questionnaires prior to writing this report.

We sent 10 staff questionnaires, only one questionnaire was returned.

During the inspection process, we gathered evidence from various sources including the following:
We spoke with:

- 12 residents
- The manager
- 2 nurses
- 6 care workers
- 2 domestic and laundry staff
- 2 relatives

We looked at:

- minutes of meetings
- a sample of five personal care plans
- accident and incident records
- maintenance records
- training records
- audits

- and observed staff practice
- the environment and equipment

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

Garden and Access (i) The provider must carry out whatever work is necessary to allow residents to be able to use the conservatory style door to the garden safely and independently. (ii) The provider must ensure that the garden surface is safe for people to use

What the service did to meet the requirement

Please see quality statement 2.2 for further information.

The requirement is: Met - Within Timescales

The requirement

Equipment, Furniture and Furnishings (i) The provider must ensure that the home has adequate supplies of towels and bed linen suitable for the style of beds in uses and replace these as necessary. (ii) Furniture, furnishings and equipment such as eg cutlery must be suitable for the needs of frail older people and the provider should consult with nursing staff about suitability before purchase.

What the service did to meet the requirement

Please see quality statement 2.2 for further information.

The requirement is: Not Met

The requirement

Bathrooms (i) The provider must find a solution to the problem of accessibility in the downstairs bathroom. (ii) All residents whose rooms are on the first floor should have access to shower facilities on that floor. (iii) Replace the badly chipped wash hand basin in the upstairs bathroom. (iv) The ground floor bathroom should be a pleasant and inviting room in which to bathe.

What the service did to meet the requirement

Please see quality statement 2.2 for further information.

The requirement is: Met - Within Timescales

The requirement

Staffing Levels (i) When assessing dependency levels and calculating staffing requirements, the provider needs 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. (ii) The provider should ensure that there are enough carers on duty to allow the home to provide a constant staff presence in the lounge and to assist residents first thing in the morning. (ii) Furnish the Care Inspectorate with copies of staff rotas for the next six weeks to include planned rotas and actual numbers on duty as well as the total number of residents. 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.

What the service did to meet the requirement

Please see quality statement 3.3 for further information.

The requirement is: Not Met

The requirement

Public Rooms Bring forward the timescales for updating the decor and furnishings in the main sitting room and ensure that in future any repairs are carried out without delay. (Timescale for decoration and refurbishment: within 6 months of receipt of this report Timescale for repairs: Immediate) 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;
(c) have adequate and suitable ventilation, heating and lighting; and
(d) are decorated and maintained to a standard appropriate for the care service.

What the service did to meet the requirement

Please see quality statement 2.2 for further information.

The requirement is: Not Met

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

Please see the body of this report for more information relating to standards met and not 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 Care Inspectorate received a completed self-assessment document from the manager/provider prior to the last inspection. We were satisfied with the way the provider completed this.

However, for future self-assessments the manager/provider should focus on the outcomes they have achieved for the residents in the home and grade accordingly.

Taking the views of people using the care service into account

For the inspection, we received views from 20 of the 24 people using the service'. The views were gathered from the care standard questionnaires returned to us and the people we spoke with. Some relatives' had completed service user questionnaires on behalf of their relative.

The views were mainly positive about the service and the staff who cared for them and included:

- ''Happy with all care given''
- My relative '' is very well looked after and despite their age, still goes out and about twice a week but needs looking after''
- ''I am delighted with the quality of care my relative receives. Staff are very considerate and extremely helpful''.
- ''I like where I live''.

Please see the body of this report for further information and comments from the people we spoke with.

Taking carers' views into account

No relatives/carers returned completed care standards questionnaires.

We spoke with two relatives who had nothing but praise for the care staff and the care they provided.

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: 2 - Weak

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

At this inspection, we found that the performance of the service was good for this statement. The service involved the residents and or their families', carers in aspects of the service delivery.

We received the following evidence in support of this quality statement. Minutes of meetings; nine returned in house questionnaire surveys; the eight care standard questionnaires returned to us, activities and we spoke to twelve residents and two relatives.

We saw evidence and spoke with residents about how they were encouraged to participate in the home. The people we spoke with and the evidence we received provided some examples of residents participating in meetings, and in house surveys.

The most recent minutes of the residents meeting in August of this year provided details about the activities and events which had taken place as well as details of the upcoming events in Clinton House.
A resident we spoke with spoke of their involvement in the service and had participated in the last meeting for residents, their view of this meeting was ''it was sometimes a bit of a rabble'', they were not entirely sure what outcomes were achieved as a result of resident participation.

A previous meeting in May which was for both resident and relatives, but only appeared to be relatives in attendance introduced the new manager with discussion topics including gardening maintenance and environmental improvements, such as the upgrading of bedrooms and so on. During this meeting the people attending were

reminded to raise any concerns they may have or offer suggestions concerning 'home life in Clinton'.
As well as this there were details of training events for staff which relatives were encouraged to get involved in, this was also displayed as a reminder on the notice board under the heading 'You said. We did'.

We saw resident participation in activities during the two days we inspected, such as outings, one to one pampering, choice of a film. The residents involved in the one to one activity said they had enjoyed this.
Both of the staff responsible for activities were very enthusiastic and promoted and offered a variety of activities both in and out with the home to meet the resident's needs. Staff were encouraged to promote activities as part of their roles and responsibilities'.

The wish tree displayed in the dining room was a clever creation to ensure each resident could make a wish and once the wish was achieved the leaf fell like an autumn leave until a new wish was created. There was a record of the wish and how this was achieved in the documentation we received from the activities coordinator. This was a very personal and meaningful piece of work which achieved a special outcome and lasting memory for the residents who were involved.

Areas for improvement

One out of the eight care standard questionnaires we received disagreed they were asked their opinion about how the service could improve. Some of the residents we spoke with during the inspection could not recall being asked their opinions about aspects of the home. One or two did state they may have been asked but forgotten.

From the evidence we received and the people we spoke with there was little evidence how the service involved residents who choose not to participate in meetings, and questionnaires how their views were sought and put forward or how they were consulted especially where action was agreed during meetings. The service should record this as evidence which will also help as a reminder to residents of their involvement and when this was. (See recommendation 1)

We have not repeated the recommendation concerning surveys form the last inspection as the service were still waiting on the most recent survey results to be returned. The manager aimed to collate the information and feedback the findings to the people using the service. We will review this at the next inspection.

We continue to repeat the recommendations from the last inspection, the care plans we sampled many were out of date and did not contain the information about people's wishes to participate in reviews or were any of the care plans recently reviewed and signed, as evidence of their participation. (See recommendation 2)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. The service should provide regular opportunities for residents who do not participate in meetings and surveys a chance to contribute to decisions made in the home by seeking their views and opinions, prior to making decisions or changes which may affect them.
   As evidence of this a record should be kept including the outcomes achieved.

   National Care standards Care Homes for Older, People, Standard 8 - Making choices and standard 11 - Expressing your views.

2. The service should ensure that all residents' personal care plans contain information about people's wishes to participate in reviews and in their care plans.
   As evidence of this the service should obtain a date and signature.
   Where residents do not wish to participate this should be clearly recorded and reviewed regularly.

   National Care standards Care Homes for Older, People, Standard 8 - Making choices and standard 11 - Expressing your views.

Statement 3

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

Service strengths

At this inspection, we found that the performance of the service was weak for this statement. We spoke with residents and staff, we looked at and sampled five care plans, medication records, nutrition, continence care and pressure area care and observed the lounges and meal times to assess this statement. We also followed up the one requirement and two recommendations from the last inspection.

On both days of our visit we observed the communal lounges and dining room and visited some residents in their bedrooms.

There was no expectation that residents had to be up early in the morning instead residents had a choice of when they got up from bed. Some of the residents we spoke with, the observations we made and the staff we spoke with confirmed this.

We saw staff were always busy throughout the day attending to the care needs of residents who required varying levels of care and support. Although they were busy we saw some staff interact very positively with residents, speaking to them as they passed them or talking to them as they entered a room.

The activities person was very good at interacting with residents and did not rush residents into doing activities or getting ready to go out. As a result residents complimented them and the work they did.

The activity coordinators provided opportunities for residents to go out and about and assisted them to attend art classes in Glasgow, some of the art work was displayed around the home and residents were very proud of this with some winning competitions.
Both coordinators were very enthusiastic about their roles and had good ideas which they planned to take forward.

Day one of our inspection residents had approximately an hour's activity of pampering in the lounge or staff played a game with them or read a book.

The residents and relatives we spoke with and the questionnaires returned to us all thought they and or their relative were cared for by staff and that staff were aware of their healthcare needs.

Residents said:

- 'they look after me here''
- ''they are ok''

- ''I like going out''

Nutrition

Meal times were calm and relaxed; residents had a choice of where they sat for their meal, some chose to have their meals in their bedrooms. Food forum meetings took place providing opportunities for some residents to discuss meal times and menus with kitchen staff.

The tables were well presented with cutlery and condiments available; menus were displayed on the tables and on the wall in the dining area.
The dining room was a bright and cheerful place to have a meal.

The cook served the meals from the kitchen and staff attended the dining room and served the meals; staff supervised to ensure residents received their meals and enjoyed them.

Staff assisted the residents who required help with their meals and we saw some nice interaction and encouragement from staff in order to ensure the resident received adequate nutrition.

Medication

Medication records were available. Each medication was prescribed by the GP who reviewed the resident and their medication on a regular basis.

Medication was stored securely and at the correct temperature. Temperatures were recorded twice daily for fridge medication storage and daily for the room storage. All were within the recommended guidelines for safe storage of medications and according to the manufactures guidelines.
Any discrepancies were rectified when identified.

We spoke with one of the nursing staff responsible for medications and they talked us through the ordering and return of medicines to and from the pharmacy, which appeared to be satisfactory at the time of this inspection.

Areas for improvement

OBSERVATIONS

We sat with residents in the lounge, during this time we spoke with a number of residents and some staff.

What we observed was evidence the care provision was not entirely person centred to the needs of the residents, but more the routine of staff. There was a lack of choice

for each resident.

Some examples were:

- Residents lined in wheelchairs when transferring from dining room to lounge or from lounge to toilet and vice versa. Some residents sitting for periods of time waiting to be transferred. Residents sitting 'in line' on wheelchairs waiting to use the communal toilets or to be transferred to the dining room.

- We observed staff go round each resident asking their preference for lunch and dinner, not everyone was offered the two choices which were available.

For one resident who did not have verbal communication they were not given an opportunity to respond and instead their meal choice was decided by the carer, despite them shaking their head in disagreement of the choices.
Prior to this we had spoken with the resident who indicated they did not enjoy all of the meals they received. This was concerning to us and we fed this back to the manager and administrator during feedback.

- No fluids were available for residents or offered while they were sitting in the lounge. Only fluids they received were when the tea trolley came round at approximately 11:15. There was no choice offered, the carer handed residents biscuits from a plastic container, no tongs or gloves were used or did the resident get to choose their preference of biscuit. No plates were available to put the biscuit on.

During day one of our inspection one of the inspectors was witness to a reportable incident under Adult, Support and Protection (ASP) procedures and advised the manager of the same. It was not till later the following day the manager took appropriate procedures to report this under ASP procedures. The manager has since advised this investigation has been concluded with no further action required. We have continued to make the requirment as not all staff were aware of their responsabilities to report such incidents. (See requirement 1)

During our observations we saw some (not all) inappropriate moving and assisting practices, such as an underarm lift and one carer held the waistband of the resident while transferring. Wheelchairs were not positioned appropriately to reduce the turning space for the resident. (See requirement 2)

Nutrition

We observed nutrition of residents and looked at records to monitor nutrition.

The nutrition audit we received as an overview of residents who were at risk of malnutrition and dehydration failed to provide sufficient information of the achieved

outcomes as result of such monitoring: for example why someone on food supplements and increased calorie intake was continuing to lose weight. There was no explanation to why this would be or any indication that daily records for fluid and nutrition were accurately recorded or was there an appropriate plan of care to monitor their nutrition effectively. Examples were provided during feedback to the manager.

We were concerned about the accuracy of food monitoring charts. We observed and overheard two carers discuss a resident and what they had taken for breakfast, neither carer had observed what the resident had consumed for breakfast but recorded in the monitoring chart they had received all their breakfast and fluids. No clarity was sought from the carer in the dining room.

We spoke with the cook on the second day; we were later informed this was not the normal chef. They lacked sufficient knowledge on nutrition and failed to understand specific monitoring and dietary preferences for residents. They also had not received training in a number of areas which was important for them especially understanding dementia and nutrition. (See requirement 3)

Activities

In the morning the activities coordinator asked some residents their choice of movie, not everyone responded, before they proceeded to put the movie on.
One resident commented ''don't know how many times they're going to bring that old film out''. Carers responded with laughter. The majority of residents apart from 1 watched the movie, everyone else had no interest some fell asleep there was no interaction with staff taking place during this time.
Another resident responded ''Oh dear, I'm fed up''. We asked what they would like to be doing the response was ''make cakes'', which was something they enjoyed. We spoke to the activity coordinator who advised this is available and the resident had previously participated.

One resident who enjoys looking at books could not access the book shelf from where they were sitting; we assisted as there was no one in the lounge to fetch the books from the bookcase. This was on more than one occasion the lounge was without any staff presence.

Overall there was a lack of meaningful staff interaction. Staff were busy at times. The staff and residents we spoke with felt there could be improved staffing levels due to the high dependency needs of residents.
The service provider was not meeting the minimum staffing levels for the home or were they working to the times specified in the staffing schedule. (See requirement 1 under quality statement 3.3)

Apart from the activities coordinators staff spent very limited time with residents

doing meaningful activity, as a result residents were fed up and sleepy. We observed one staff member sit on the arm of a chair bedside a resident and at no time did they speak to the resident. (see requirement 4)

Pressure relieving and continence care

Many residents sat for long periods in the same position, with no pressure relief or movement, the only time they were assisted to move was prior to meal times or when going to the toilet.
We observed a resident who was at risk of pressure ulcers; the mattress on their bed was not appropriate and should have been discarded some time ago. We highlighted this to both the manager and administrator, who planned to take action to rectify this immediately.

As we highlighted above staff routinely took residents to the toilet before meals, lining them in a row this was not dignified or individualised as part of a continence assessment and plan. The care plans failed to provide sufficient information of how an individual's continence was managed using a person centred approach or how this linked to their risk of skin damage and the appropriate care they required.

As part of our observations we saw continence pads stored in toilets which can affect the efficiency of their absorption due to the moisture in these environments. (See requirement 5)

Personal Care Plans

During the introduction to the service the manager highlighted to us she planned to ''update and consolidate'' the care plans as they were not as they should be. Training for staff was planned to support staff in completing the care plan documentation effectively.

We agreed, the care plans we sampled were not wholly person centred, or were the contents descriptive and accurate of the care and support needs of the resident, much of the content was out of date. Overall the care plans needed to be reviewed and updated in order to describe in a person centred way the care and support needs for each individual.

Under 1.1 we highlighted the 'wish tree'. The care plans we sampled described the date the wish was fulfilled and what they did, however as an area for improvement, the service need to record more description of the residents experience, what it meant to them and how they felt, this needs to occur for all documentation concerning a resident.

We did speak to staff despite the lack of detail in the care plans, they were able to describe to us the medical conditions of some of the residents and how they cared for

them. This provided us with some reassurance. Because of this and what the manager informed us we have not made a requirement, however we have recommended the service prioritise this area of development in order to ensure the contents of the care plans are up to date and reviewed regularly with a full description of the care and support needs of the resident describing the achieved outcomes. (See recommendation 1).

Grade awarded for this statement: 2 - Weak

Number of requirements: 5

Number of recommendations: 1

Requirements

1. No resident must be subjected to any form of abuse of any kind. All staff must adhere to their professional codes of conduct and or practice and report any such incidents in line with the local authority and homes policy and procedures in order to safeguard residents.
   Training for all staff in Adult Support and Protection must take place to ensure each staff member is aware of their responsabilities in protecting people.

   This is in order to comply with
   The Social Care and Social Work Improvement Scotland (requirements for Care services) regulations 2011 (SSI 2011/210), Regulations 4(1) (a) - Welfare of users and 15(b)(i) - Staffing.
   Timescale : To commence 24 hours and training to be completed in 6 weeks from receipt of this report.
2. All staff must carry out safe and effective moving and assistance procedures to ensure the safety of the resident when transferring.
   - Appropriate moving and assisting equipment and techniques must be used in order to reduce any risk to the resident or themselves providing reassurance for the resident they are assisting.
   - Staff must be assessed as competent following any training they receive to ensure they maintain safe and effective practice.

   This is in order to comply with
   The Social Care and Social Work Improvement Scotland (requirements for Care services) regulations 2011 (SSI 2011/210), Regulations 4(1) (a) - Welfare of users and 15(b)(i) - Staffing.
   Timescale: To commence within 24 hours and competencies to be completed in 12 weeks from receipt of this report.
3. The provider must have a suitable audit system in place which provides an overview of how well it is managing residents' eating, drinking and nutritional care.

(a) This information must be used to improve nutritional care and support in order to reduce the risk of malnutrition and dehydration and ensure improved healthcare outcomes for the resident.

(b)This information must be shared with the kitchen staff who prepare and make the meals in order that they can provide suitable nutrition and specialised diets to the residents who require this.

(C) All kitchen staff must be suitably trained in nutrition and menu planning and have regular updates, this must include basic knowledge of people living with dementia.

(d) The provider must review residents eating and drinking care plans and associated care plans to ensure that all residents' needs are identified; the required dietary intervention specified and updated, and care is implemented, effectively monitored and the evaluation is comprehensive.

(e) Where a resident requires they're food and fluid intake monitored then staff must be trained and reminded of their professional accountability to accurately record and detail this information in order to suitably manage and maintain their health and nutritional needs effectively.

This is in order to comply with:
The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a) - Welfare of users and 15(b)(i) - Staffing.

Timescale: to start within one day and care plans and audits completed within 6 weeks from receipt of this report, staff training 3 months.

4. The provider must ensure that people who use care services are offered a range of appropriate, purposeful, recreational, and stimulating activities on a daily basis.

(a) The provider must demonstrate that, when they plan and deliver support, they take account of the interests, needs, and beliefs of people to enable them to fulfil their aspirations and potential and what this means for them.

(b) Residents must be able to choose the activities and the timing of them.
(c) all care staff must be involved in activities throughout the day and not at timed intervals.
(d) All staff must respect the president's choice and offer them choice in everything they do and maintain their dignity at all times

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

services) Regulations 2011 (SSI 2011/210), Regulation 4(1)(a) - Welfare of users.

Timescale: to commence immediately and be completed within 3 months from receipt of this report.

5. 4. The provider must ensure each resident who has continence and at risk of skin damage that their care needs are suitably managed by:
a. Developing a suitable continence promotion person centred plan of care following an appropriate continence assessment
b. implementing a planned and consistent approach to: skin assessment and care; pressure ulcer prevention; wound assessment and management.
c. Ensure that risk assessment for pressure ulcer prevention is carried out within the timescales stated in the policy guidance using a suitable tool.
d. Demonstrate that accurate and relevant care plans are in place to meet the needs of people who require skin care, pressure ulcer prevention, and continence detailing the management and assessment of their individualised needs.
e. Ensure that all staff receive suitable training on skin assessment and care and pressure ulcer prevention and suitable continence promotion and care.
f. ensure where there is a risk identified the appropriate pressure relieving equipment and medication prescribed, is used and regular relief/change of position is carried out.
g. The manager must ensure continence aids are stored appropriately and discreetly to ensure their efficiency and to maintain residents dignity.

This is in order to comply with:
The Social Care and Social Work Improvement Scotland (requirements for Care services) regulations 2011 (SSI 2011/210), Regulation 4(1) (a) - Welfare of users.
Timescale : To commence 48 hours and training for staff to be completed in 8 weeks from receipt of this report.

Recommendations

1. The service should ensure the care plans for each resident contains individualised person centred information which is up to date and reviewed regularly, describing the care and support they require in order help maintain their health and wellbeing.
National Care Standards, care Homes for Older people, Standard 6 - Support Arrangements and Standard 14 - Keeping Well - Healthcare.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 2 - Weak

Statement 2

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

Service strengths

At this inspection, we found that the performance of the service was weak for this statement. We focussed on the safe and secure environment and the impact this had on quality of life and independence. We followed up the two requirements from the last inspection.

The service had a secure door entry system with a register to record anyone entering or leaving the building. Staff opening the door reminded visitors of this record and to sign in and out.

The service had an up to date public liability certificate displayed alongside the registration certificate and staffing schedule for the home.

Some residents were free to move around the building as they wished with no restrictions put upon them.

The residents we spoke with said they felt safe. The five relative care standards questionnaires sent to us all strongly agreed or agreed they were ''confident that their relative/friend was safe and secure in the care home''.

We visited some bedrooms which were very nicely personalised, with lots of personal belongings and family pictures. The floor space was of good proportions in some of the bedrooms and enabled residents to move around freely.

Areas for improvement

We walked around the internal building and garden; we found a number of risks and maintenance issues, some examples we fed back to the manager and administrator which included:

- Bedroom door locks were not suitable
- Overall there was a lack of suitable storage facilities, during the inspection the smaller quiet lounge was not in use as it was used to store a bath and the order of incontinent garments delivered that day.

In some, en suites and communal bathrooms there was a lack of suitable storage for toiletries. Only plastic storage baskets on floors were used and all were in need of a clean. Storing toiletries in this way on the floor also had the potential to increase falls or injury.
Some of the toiletries appeared for communal use as they had no names on them.
Larger lounge had a lot of clutter lying around.
- Domestic and sluice rooms upstairs were unlocked with cleaning detergents stored in unlocked units.
- Hoist equipment and wheelchair equipment was stored outside the communal toilets, restricting access.
- A lack of directional signage on the upper and lower floors especially for anyone living with dementia. Some bedrooms with nothing to assist residents who required to be reminded where their bedrooms were for memory purposes and reported at the last inspection the name plates were very small and residents had difficulty identifying their bedrooms and name.
- The smoke room had open ashtrays and a bin, the extraction fan although available did not disperse the very strong smell of smoke which penetrated into the corridor area.
- There were a number of cleanliness issues in and around the building including dried foodstuffs on chairs and wheelchairs, some in need of a deep clean and inappropriate infection control procedures performed by staff, e.g. staff leaving toilets still wearing gloves and aprons after assisting residents.
- The suitability of refuge bins, one bedroom had no bin, some bins were not pedal operated and in one toilet downstairs the bin was overflowing onto the floor with paper towels, increasing the risk of infection.
- In some bedrooms and toilets there was no access to a nurse call systems, in one toilet the cord was tied up and not accessible.
- Poor lighting in parts of the home creating shadows which was not suitable for residents with vision impairments and living with dementia.

We requested the cleaning schedules and audits, which the manager agreed were not suitably in order or did the documentation provide the detail and information required to evidence how the building was appropriately cleaned. The records were not current and we did not receive the deep cleaning schedule or audits when we requested this information.

We did not receive the general maintenance records for the home despite requesting this information during the inspection. Instead we received maintenance which contained the fire safety log book and fire alarm checklist. During feedback the administrator agreed to forward the information we did not receive during inspection, although an attempt was made unfortunately the content of the e-mail was not delivered and we had not received any further correspondence at the time of writing this report. We will however review this at the next inspection.

The provider was continuing with the refurbishment of the home and had replaced

and renewed some furnishings and fittings and carried out some garden refurbishment including ramped access to the dining room from the garden, (this suitably met the recommendation from the last inspection) as well as improving bedroom decoration and facilities, which enhanced the look of these areas. This programme continued, we continue to repeat the requirement until we are satisfied the programme is complete and the environment is of a high standard in order to meet each residents care and support needs. We have requested the provider sends an updated plan to us with detailed timescales for completion, updating us if there are any changes made to this plan.

We spoke to a range of staff who advised that on occasions there was insufficient laundry for some residents as they had to wait on the laundry.
There was insufficient domestic and laundry staff to fully maintain the cleanliness and laundry of a building of this proportion, most of the domestic staff finished by 2pm and the laundry by 3pm we were told. This then impacted on the staff caring for residents as they then had extra duties if there were spillages and so forth. (See quality statement 3.3 for the requirement relating to staffing)

We visited some bedrooms where the walking aids for some residents were stored and not beside them in the lounge where they were sitting, thus restricting their mobility and freedom of movement around the home.
The care plans we sampled failed to accurately describe the residents at risk and how this would be managed within the service. Many were not up to date.
One example of this was a resident requiring a lap strap for wheelchair use. The restraint documentation was not reviewed as it should be and last dated June 2012.
(See requirements 1, 2, 3 and recommendations 1 and repeat recommendation 2)

Grade awarded for this statement: 2 - Weak

Number of requirements: 3

Number of recommendations: 2

Requirements

1. Where there is a potential risk to residents, an appropriate risk assessment and plan must be developed and followed by all staff in order to reduce any further risk and/or harm.

   Where the risk is person specific, this must be clearly recorded in their care plan:
   * what the risk is,
   * what factors were considered in assessing this risk i.e environmental factors, safety the residents understanding.
   * how the service aim to reduce the risk
   * what outcomes they have achieved as a result of a suitable risk management plan.

Where the risk is identified as restraint a suitable plan of care and appropriate timescales for review must be recorded using guidance such as the Mental Welfares guidance on 'Rights, Risk's and Limits to Freedom'.

The service provider must carry out regular risk assessments of the building environment ensuring the environment is safe for the residents, staff and any visitors to the home.
Appropriate and timely action must be taken to address any risks identified or visible.

This is in order to comply with:
The Social care and Social Work Improvement Scotland (Requirements for Care services) Regulations 2011 (SSI 2011/210), Regulations 3 - principles and regulation 4(1)(a) - Welfare of users

Timescale - immediately and completed 5 weeks from receipt of this report.

2. The service must ensure that the environment and equipment is kept clean, and hygienic. In order to do this the service must:

- Ensure that auditing and monitoring of cleaning measures are put in place including a revised cleaning and deep cleaning schedules.
- replace or suitably repair and clean any equipment.
- ensure all staff employed in the service are suitably trained and competent in infection control procedures.
- ensure there are suitable numbers of ancillary and laundry staff to maintain the cleanliness of the building to a high standard throughout the day and evening.

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)(d) - Welfare of Users.

Timescale: to commence 48 hours and suitable cleaning measures carried out within 4 weeks and staff training within 6 weeks from receipt of this report.

3. The service provider must continue to progress with the refurbishment and decoration that was planned ensuring work is carried out to a high standard in order to improve both the internal and external environment.

- Priority must be given to the bathrooms, toilets and the bedrooms occupied by residents providing them with a choice, taking account of the dementia standards.

- Signage must be improved especially for the residents living with dementia in order to enable them to independently move around the home.

- The provider must forward an update of the refurbishment and decoration work carried out and the works still to be completed with the timescales attached.

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 10(1)(2)(a)(b)(d) - Fitness of premises

Timescale: Updated timescales and completed work to be sent within 2 weeks from receipt of this report, refurbishment and decoration to be fully completed within 8 months from receipt of this report.

Recommendations

1. Suitable door locks should be fitted to all bedroom door to ensure residents can lock their room if they wish and staff can open the door in an emergency.
   Each resident who is able to should be offered a key to their room.
   National Care Standards Care Homes for Older people - standard 4 - Your environment.
2. The provider should replace the old name plate holders on all bedroom doors for something more suitable which any resident with vision impairment and or dementia can identify.
   National Care Standards Care Homes for Older people - standard 4 - Your environment.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 3

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

Service strengths

At this inspection, we found that the performance of the service was adequate for this statement. We focussed on staff training and supervision as well as observing staff practice and speaking to residents and staff. We followed up the two recommendations from the last inspection.

We spoke with a range of staff who told us about their roles and responsibilities and any training opportunities they had. Some agreed they had found benefit in the training they received, although felt overwhelmed at times.

Both the residents and relatives we spoke with complimented the manager and staff on the care they provided.

Some comments we received included

- ''happy with all care given''
- ''yes, I think I am well looked after''
- The care my relative received ''was excellent''

We observed some staff positively interact with resident's spending time with them talking about things of interest to the resident.

The staff we spoke with had confidence in the new manager and respect for them. They felt since the manager had taken up post, she had listened to some concerns they had and felt she was listening and taking some action to improve the service.

We received minutes of staff meetings; from the minutes it appeared staff were able to contribute to agendas and discussions about the home in order to improve the service for the residents. The home also produced staff surveys; unfortunately the uptake of these was low.

Areas for improvement

In the self-assessment the service sent us, they have identified as an area for improvement that they will continue to further 'expand professional learning and understanding through clinical supervision'.

They also state that they are still establishing the role of senior carer as 'as an integral part of our rota planning system. At present we have one nominal; senior who has not as yet had the opportunity to work to their skills and experience. This role would be active support to the nurse in charge, and would offer a promotional opportunity to those skilled and qualified and would enhance the service for service users'.

The service have also indicated they are implementing a new supervision policy and procedure and have started formal supervisions. During the inspection this was still to be fully established and completed, with work continuing to progress in this area. We continue to make a recommendation until we are satisfied this has been completed for all staff. (See recommendation 1)

During our observations, speaking to residents and staff and a care standard questionnaire received, there were insufficient staffing levels to fully meet the high level of care and support needs of each resident in the home and to accommodate the lay out of the home. We reported previously in this report staff were busy throughout the day and many staff we spoke with felt they could not spend the quality time they needed with residents or did they have time to read information about the residents they cared for. (Please also see quality statements 1.3 and 2.2 for further evidence).

The service had failed to meet the minimum staffing requirements as stated on the staffing schedule for the home or was the service working to the times stated on the staffing schedule. We spoke with the manager and administrator about this and advised they would require to submit a variation application to change the staffing schedule to reflect the current staffing hours.

Staff told us as beds became available the provider instructed that staffing levels were reduced; we also saw minutes of meetings which confirmed this. This should not be the case, staffing is dependent on the dependency levels of the residents within the home. Staff told us and we saw that some residents had stress and distress behaviours which also had an impact on staffing. (See requirement 1)

Staff told us morale was low due to the staff shortages and continual changes to management, some not all staff felt when they raised concerns prior to the new manager taking position there was no action taken or further correspondence and had lost confidence in management as a result. This also highlighted and staff told us why they did not complete surveys as they did not feel confident their views would be

considered and action taken without any repercussions. However all of the staff we spoke with felt the new manager was supportive as highlighted above and this may improve.

The manager highlighted that she was certificated to train staff, but required to update this. The manager appeared to do a lot of the staff training; however she failed to provide evidence that she was qualified to do some of the specialised training we would expect staff to receive. Although this would be beneficial to staff, some staff felt the content of training they had in such short periods of time for example two days covered too many topics and was difficult at times to take in.

We have advised that the manager looks at specialised training out with the home and uses the learned skills and knowledge of staff to assist in staff training, spreading the training over sections of time in order to establish understanding and competencies.

We acknowledge since the manager has taken up their position in the home she is still trying to establish supervisions, competency assessments and improve staff training in order to support staff and promote their skills and knowledge in effectively caring for each resident in the home.
We have highlighted when doing this the manager must look at the residents and the care and support they require ensuring the staff are skilled and knowledgeable to care for them and any specific medical conditions they may have.

We have not made a requirement as we feel the manager needs time to achieve this and will follow this up at the next inspection, but continue to make a recommendation. We have not repeated the recommendation from the last inspection as there is an overall need not only for training in dementia but other specialised training in order to effectively care for each resident in the service. (See recommendation 1)

The policies and procedures were not wholly appropriate for the service, the manager advised they were currently reviewing and updating this information. Some we looked at had English legislation and did not refer to Scottish legislation this could cause confusion for staff. (see recommendation 2)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The service provider must ensure that there are sufficient levels of permanent trained, knowledgeable and skilled staff working in the service at any time in order to meet each resident's individualised need.

In order to do this the provider must:
- Review the staffing levels in line with service user's dependency levels, using a recognised and appropriate dependency tool which takes into account the building layout.
- Submit a variation application in order to reflect the staffing numbers and hour's staff are currently working in the service.
- The provider must send us their proposals to ensure staffing levels are sufficient and in such quantities to meet each service users care and support needs.

- The provider must ensure that there is adequate staff time allocated to the provision and/or support to people who use this service to enable engagement in a range of activities.

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 - Welfare of users and Regulation 15(a) (b) - Staffing

Timescale: to commence in 48 hours and be completed within 8 weeks from receipt of this report.

Recommendations

1. The service should continue to roll out a programme of supervision and appraisal to all grades of staff to ensure staff are supported and listened to and a training needs analysis developed.
   - The training should be role specific and meet the needs of the residents especially those residents with specialised care and support needs and people living with dementia.
   - The manager should continue to establish formal assessments of staff competencies in order to ensure each staff are competent in the work that they do.
   National Care Standards Care Homes for Older People standard 5: Management and Staffing Arrangements.
2. The care service should continue to update and review the policies and procedures of the home to reflect current legislation, good practice guidance, and standards.
   National Care Standards Care Homes for Older People standard 5: Management and Staffing Arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

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

At this inspection, we found that the performance of the service remained adequate for this statement. We focussed on the management and leadership, audits and records of consultation with the residents, their representatives, staff and other stakeholders. We also followed up the one recommendation made at the last inspection.

The manager provided evidence of a range of audits including accident and incidents, medication, wounds and falls.

Survey results were still being gathered from residents, relatives and external stakeholders in order to analyse and report on any action required to improve the service.

The manager was trying to work with staff in order to establish methods and processes to improve under this quality statement.

Areas for improvement

We looked at accident and incident audits and records; a lot of the records failed to establish a suitable outcome and action and failed to record the appropriate details as a record of what happened following an accident of incident. For example, a resident sustained an injury following a poor moving and handling procedure by staff, the names of the staff were not detailed as witnesses and the outcomes of what happened after the accident were not recorded or referenced i.e staff training and discipline.

The provider should consider the format of accident and incident recording and include the follow up action and detail. (See requirement 1)

There had been a lack of robust audit and quality assurance processes in order to improve the standards within the home. We have highlighted on-going examples of this throughout this report which include care, personal plans and environmental

audits.

Although there were a number of audits in place they were still in the early stages of being established and fully implemented in order to achieve outcomes. Many of those we saw failed to produce an action or outcome.
Staff we spoke with were not involved in some of the audit processes and were unaware of any outcomes or actions taken as a result of such audit processes.

The manager and administrator have recognised this is an area that needs further developed and aim to look at this including audit processes and what this informs in terms of quality assurance and making improvements to benefit residents living in the home. (See recommendation 1)

It is to be commended that both the manager and administrator did not disagree with any of our findings and they themselves had identified some of our findings in this report. They have acknowledged our findings and aim to improve under each of the areas we have identified for improvement.

The manager when completing the self assessment needs to be reflective of the work ongoing and the areas that require to be improved by grading themselves accordingly.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The service provider must ensure that all staff are aware of the procedure for completing accident/incident forms and why the completion of these are important.
   - The forms must include any follow up action required or reference to where this information is recorded.
   - Any action required must be suitable in order to prevent and or minimise risk.

   This is in order to comply with:
   The Social Care and Social Work Improvement Scotland (requirements for Care services) regulations 2011 (SSI 2011/210) regulation 4(1) Welfare of users.

   Timescale : To commence immediately and completed in 4 weeks from receipt of this report.

Recommendations

1. The provider needs to look at using effective quality assurance systems, which monitor and evaluate standards within the home and ultimately achieving

improved outcomes for residents.

The service should be analysing the results regularly in order to improve the service for the people who live there.
These results should be fed back to the residents, their representatives, staff, and other stakeholders.

National Care Standards Care Homes for Older People, Standard 5: Management and Staffing Arrangements.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last 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 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 - 2 - Weak	
Statement 1	4 - Good
Statement 3	2 - Weak
Quality of Environment - 2 - Weak	
Statement 2	2 - Weak
Quality of Staffing - 3 - Adequate	
Statement 3	3 - Adequate
Quality of Management and Leadership - 3 - Adequate	
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings	
28 Mar 2014	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 3 - Adequate
31 Jul 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 4 - Good 4 - Good
20 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
27 Nov 2012	Unannounced	Care and support Environment Staffing	4 - Good 4 - Good 4 - Good

		Management and Leadership	4 - Good
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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ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

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