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: 20 February 2015

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

What the service does well

The new proposed manager for the service had taken on this role with great enthusiasm and provided us with their plans for the home. We were happy with their proposals and plans for the service.

The manager had met with the residents, their family, friends and the staff team in order to introduce themselves and discuss the way forward for Clinton House. This was received positively with many welcoming and looking forward to the new proposed manager taking on this role.

Together the manager planned to take the service forward and aims to provide a high standard of care and support for the residents of Clinton House.

The manager and staff team, plan to work together in order to improve the standards for the people living there.

What the service could do better

The service will improve with the manager and staff working together with the residents and their families and friends involving them in the development of the service, making their contributions count to provide improved outcomes for each of the residents.

What the service has done since the last inspection

Since we last inspected the small improvements already made had a positive impact for the people staying in the home, including redecoration of the upstairs, which had enhanced this area for each resident in the home.

Conclusion

Overall the proposals sent to us and improvements we saw during the inspection can only continue to improve the outcomes for the residents living in Clinton House.

The manager and staff were enthusiastic about the future of Clinton House and taking the service forward by working together as a team with the residents, their families and friends and other stakeholders.

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, Clintoin House Strathclyde (Care Homes) Ltd and provides a care service for twenty six older people, including up to eight younger adults with physical disabilities. During the inspection there were twenty two 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 twenty four bedrooms, and has a ground floor level and upper floor which is accessible by passenger lift or stairs. There is an enclosed garden space and a large car parking facility for visitors.

The homes 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.''

Since we last inspected there has been an application made to the Care Inspectorate for the appointment of a new manager. We are currently in the process of looking at this application.

However, since we last inspected, in the short time the proposed manager has been working in the service she has already made some improvements, which have benefitted the residents who live there.

Please see the body of this report for further information.

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

Quality of Care and Support - Grade 3 - Adequate
Quality of Environment - Grade 3 - Adequate
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 and an inspection volunteer. The inspection took place on 19 February 2015 between 9.40am and 5.05pm. It continued the following day, 20 February between 6.45am to 5pm. We gave feedback to the manager 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 twenty care standards questionnaires to the manager to distribute to residents and relatives/carers. Only three resident questionnaires and four relative/carers were received prior to the inspection.

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

We spoke with:
- eighteen residents
- two relatives
- The manager
- two nurses
- four care workers
- two domestic and laundry staff

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

1. At no times must any resident be subjected to any form of abuse of any kind. Where this is witnessed this must be reported immediately following the procedure as set out by the home and relevant local authority as well as adhering to staffs code of conduct and practice as set out by their registration bodies.

All staff must be aware of such procedures and responsible for reporting any such incidents.

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 twenty four hours and training to be be completed in six weeks from receipt of this report.

What the service did to meet the requirement

Please see quality statement 1.3 for further information relating to this requirement.

The requirement is: Met - Within Timescales

The requirement

2. All staff must carry out safe and affective moving and assistance procedures to ensure the safety of the resident whey are 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 twenty four hours and competencies to be completed in twelve weeks from receipt of this report.

What the service did to meet the requirement

Please see quality statement 1.3 for further information relating to this requirement.

The requirement is: Met - Within Timescales

The requirement

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.

- 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.
- This information must be shared with the kitchen staff who prepare and make the meals in order they can provide suitable nutrition and specialised diets to the residents who require this.
- 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.
- 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.
- 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 six weeks from receipt of this report, staff training three months.

What the service did to meet the requirement

Please see quality statement 1.3 for further information relating to this requirement. Where elements of this requirement have been met, this has been removed when making a new requirement.

The requirement is: Not Met

The requirement

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.

- 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.
- Residents must be able to choose the activities and the timing of them.
- All care staff must be involved in activities throughout the day and not at timed intervals.
- 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 three months from receipt of this report.

What the service did to meet the requirement

Please see quality statement 1.3 for further information relating to this requirement. Where elements of this requirement have been met, this has been removed when making a new requirement.

The requirement is: Not Met

The requirement

5. The provider must ensure each resident who has continence and at risk of skin damage that their care needs are suitably managed by:

- Developing a suitable continence promotion person centred plan of care following an appropriate continence assessment.
- Implementing a planned and consistent approach to: skin assessment and care; pressure ulcer prevention; wound assessment and management.
- Ensure that risk assessment for pressure ulcer prevention is carried out within the timescales stated in the policy guidance using a suitable tool.
- 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.
- Ensure that all staff receive suitable training on skin assessment and care and pressure ulcer prevention and suitable continence promotion and care.
- 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.
- 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 forty eight hours and training for staff to be completed in eight weeks from receipt of this report.

What the service did to meet the requirement

Please see quality statement 1.3 for further information relating to this requirement. Where elements of this requirement have been met, this has been removed when making a new requirement.

The requirement is: Not Met

The requirement

6. 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 five weeks from receipt of this report.

What the service did to meet the requirement

Please see quality statement 2,2 for further information relating to this requirement

The requirement is: Not Met

The requirement

7. 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 forty eight hours and suitable cleaning measures carried out within four weeks and staff training within six weeks from receipt of this report.

What the service did to meet the requirement

Please see quality statement 2.2 for further information relating to this requirement

The requirement is: Met - Within Timescales

The requirement

8. 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 two weeks from receipt of this report, refurbishment and decoration to be fully completed within eight months from receipt of this report.

What the service did to meet the requirement

Please see quality statement 2.2 for further information relating to this requirement. Where elements of this requirement have been met, this has been removed when making a new requirement

The requirement is: Not Met

The requirement

9. 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 forty eight hours and be completed within eight weeks from receipt of this report.

What the service did to meet the requirement

Please see quality statement 3.3 for further information relating to this requirement. Where elements of this requirement have been met, this has been removed when making a new requirement

The requirement is: Not Met

The requirement

10. 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 four weeks from receipt of this report.

What the service did to meet the requirement

Please see quality statement 4.4 for further information relating to this requirement.

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 actions taken on recommendations.

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 twenty one of the twenty two people using the service'. The views were gathered from the care standard questionnaires returned to us and the people we spoke with during the inspection.

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

- ''care, aye good''
- ''attentive and good care''
- ''I like it here''

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

Taking carers' views into account

For the inspection we received views from six relatives. The views were gathered from the care standard questionnaires returned to us and the people we spoke with during

the inspection.

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

Comments received included:

- ''Since '' my relative ''has been a resident in Clinton House I have been delighted at the care and support my mum has been given by all the staff. Not only is my'' relative ''being cared for well but I am kept informed of any change in my '' relatives '' healthcare. This has given me reassurance and confidence that they are safe and all their needs looked after.
- Any issues I may have, have always been dealt with quickly. I must say any issues have been small''.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

At this inspection, we found that the performance of the service remained good for this statement and quality statement 2.1. The service continued to involve 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; returned in house questionnaire survey results, the seven care standard questionnaires returned to us and spoke to eighteen 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, choice of decoration for the service and in house surveys.

The most recent minutes of the residents meeting in February of this year provided details about the activities and events for 2015, they discussed the environment and staffing.

Residents had an opportunity to choose their preferred wall covering for the upstairs corridors, residents during this meeting were informed of when the works were to start and the decorator times, advising of minimal disruption for residents during this time.

One resident commented ''that will be nice''.

Residents during the meeting were encouraged to ask questions and provided with

opportunities to discuss anything they wished. The plan was to continue with the monthly meetings, to keep everyone informed and to continue to seek resident's views and opinions to ensure the service was tailored to their needs.

The inspection volunteer spoke with some residents about the recent meeting they had attended, they reported:
One resident attended and took note of anything that was brought up, one went sometimes but was not really interested. Another resident attends but had not heard about the Food Forum, one did not know there were any meetings, another resident takes part but is not sure if anything changes and one attended and said "they talk about what is happening and what activities are planned. I tend to sit and listen but don't really say much", another resident said "yes, I go but am never asked for my opinion" and a resident said "I give my opinion and they listen".

Relatives we spoke with said about meetings: "They are very good, (meetings) lots of suggestions are made and they are dealt with. Another relative said "not told when they are but they (staff) keep in touch. I would like to attend".

The manager has plans to encourage resident and relative participation in as many aspects of life in Clinton House; this was to include their involvement in their personal care plan and their views and opinions about the service and the staff. We will continue to follow this up at future inspections.

The analysis of the questionnaire surveys from relatives and residents provided the service with areas of strengths and areas some thought could be improved upon. (Please also see areas for improvement)

Overall the service was committed to involving the resident's and their representatives in their own care and support, and the service itself. There was recognition that methods need established to keep everyone informed and as up to date about themselves and what was happening in the home. The manager and staff were continuing to progress with this in order to improve outcomes for each of the residents' living in Clinton House.

Areas for improvement

As we have highlighted with the new proposed manager taking up their position within the home there is a lot of progress taking place and methods and systems establishing to improve the service for each of the residents who live there.

The manager spoke of their plans and has since sent us their proposals and ideas; we look forward to seeing these implemented and the service continuing to improve.

As this was work in progress we have continued to repeat the two recommendations from the last inspection to enable the manager and staff to establish and fully

implement this within the service. We are confident this will improve the outcomes and ensure each resident has the opportunity to have a view and opinion and participate within the service. (See repeat recommendation 1 and 2)

The manager needs to continue to analyse the returned questionnaires', highlighting the strengths but creating an action plan where responses were such that identified areas the service could improve. This information should then be feedback to the residents' and their representatives' to keep them informed of what actions the service were taking in response to their views. By doing this it will help people to see that they are listened to and that their opinions count. This may also encourage more people to participate within the service.

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. 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 had improved and was now adequate 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 five requirements and one recommendation 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.

We sat and spoke with residents about life in Clinton House; many of the residents' praised the management and staff for the care and support they gave them.

We enjoyed sitting with the residents and hearing about their lives both past and present, many had very interesting stories to tell.

There remained no expectation that residents had to be up early in the morning instead residents had a choice of when they got up from bed. Residents we spoke with, the observations we made and the staff we spoke with continued to confirm this. Residents said they were never rushed to do anything and staff respected their wishes.

We spoke with and observed the activities person engaging well with the residents, speaking to them about their interests and hobbies while they participated in a game of skittles. Residents responded to them and we could see the enjoyment of each resident who took part, with the added benefit of a prize for all at the end.

We were pleased to see staff actively engaging with some residents' and spending some time with them at various points in the day. A college student learning about care was very good at engaging with residents' and spending time with them engaged in an activity of interest to the resident.
Staff remained busy throughout the day helping and assisting residents who required this level of care.

Residents said about activities:
- I get my hair done every week. Go to the Jubilee Club in

Stonehouse. Don't know about anything else.
- Same people that go every week.
- We have outings sometimes. I enjoy them but there should be more (two residents)
- Had an Elvis impersonator, he was very good and I thoroughly enjoyed it. We are asked what we would like.
- I have asked for a book on weaving and they are getting it for me
- I am fed up sitting in this chair
- Go out for a walk with staff. Not sure if I would be allowed out on my own

Relatives said:
- My relative does not speak much. They try to encourage them to go to the lounge but never force them.
- Went on an outing to the Jubilee Club but did not like it. Not been on any since.
- Was a lovey Christmas party and pantomime.
- Outing to 'Toby Carvery'.

Nutrition

Meal times remained calm and relaxed; residents had a choice of where they sat for their meal, some chose to have their meals in their bedrooms. Residents who preferred something other than what was on the menu, the kitchen staff would cater for this.

The kitchen staff made everything fresh and used local companies such as the local butcher for fresh produce. The kitchen staff took pride in their food, and as a result residents we spoke with said:

- Good, two choices and lots of choices if I don't like what is on offer.
- Enjoy it and there is enough.
- It was good today, enjoyed the spring rolls and curry. Usually I say it is no bad.
- Very good. Plenty of choice.
- No choice but food is good.
- Asked what I want from two choices. Alternative offered. Food is good and the home made tattie scones are great.
- Food is good and I take part in the Forum. I like liver and chicken and they make it for me.
- I eat in my room by choice as I get breathless walking and then I am not hungry. I like it but sometimes there is too much. I always get a choice.
- If I ask I can have something special and always asked what I would like.

Relatives said:
- My relative loves the food. There is a choice every meal
- Food is lovely. Two choices or will make something else
- Very impressed

We sat with residents during lunch and sampled some of the food which was of a very good standard; and very tasty, the home baking in particular went down well with the residents.

The dining room remained a bright and cheerful place to have a meal with both kitchen and care staff available to assist.

Overall this was a positive dining experience, with emphasis on quality and customer satisfaction.

We saw staff ensure residents' were provided with fluids especially while they were participating in activities.

Fluids were available in the lounges for residents if they wished to help themselves, if they were unable to, some staff were there to assist and ensure they were kept hydrated.

Continence and pressure relieving care

We were pleased to see staff encouraging residents who were sitting to move or stand to relieve their pressure and help to maintain their circulation in order to prevent their skin from marking or becoming sore.
Appropriate and maintained pressure relieving equipment was in place for the residents at risk of their skin breaking down.

We also observed staff discreetly assist residents to the toilet as they required and not routinely as a task, as we previously observed during the last inspection.
We were encouraged to see, staff no longer lining residents waiting to be taken to the toilet.

We saw that staff no longer stored continence garments in communal areas and in bedrooms we visited they were stored discreetly away in order to respect the resident's dignity.

Medication

We sampled the medication records and observed staff administering the medication in the morning. Medication records were available for each of the residents, with a photograph of the resident and any allergies they may have. Each medication was

prescribed and regularly reviewed by their GP.

Medication continued to be stored securely and all within the recommended guidelines for safe storage of medications according to the manufactures guidelines. Any discrepancies in temperatures were rectified when identified.

We spoke with one of the nursing staff and senior carer 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. (Please also see 3.3)

Areas for improvement

Requirements met from the last inspection

Two of the requirements from the last inspection had been suitably met, these were:

At no times must any resident be subjected to any form of abuse of any kind. Where this is witnessed this must be reported immediately following the procedure as set out by the home and relevant local authority as well as adhering to staffs code of conduct and practice as set out by their registration bodies.
All staff must be aware of such procedures and responsible for reporting any such incidents.

We did not see anyone subjected to this, and since we last inspected appropriate action had been taken to address this. Staff had received information and aware of their responsibilities to protect the residents' within the home.

- All staff must carry out safe and affective moving and assistance procedures to ensure the safety of the resident whey are 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.

We observed staff carry out safe and effective moving and assisting procedures, offering the residents, gentle encouragement and reassurance throughout the procedure, with explanations of what they were doing. As a result the resident was assisted to transfer safely, without anxiety, with their dignity maintained.

Although some residents were transferred in wheelchairs we did observe some staff try to encourage residents' to be more mobile assisting them with their mobility aids such as a walking frame.

Areas for improvement

We followed up on the requirements from the last inspection and could see some work had progressed in each of the requirements made, however there was still work to take place in order to fully meet the following requirements and until this is achieved we will continue to repeat them.

Nutrition requirement

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

We found overall there had been some improvement as we have noted in the strengths above, where further work was required was around the care plan and recording information, which failed to provide the level of details we would expect to see, especially where specialised diets are recommended by for example the dietician.

We were also concerned how staff monitored residents who either preferred or were unwell and stayed in their bedrooms. One resident we observed had no access to their fluids which lay at the foot of their bed.

Staff need to be more vigilant and ensure the residents in their rooms have regular interaction and are offered regular diet and fluids.

We have removed the elements of the requirement the service have met and

continued to repeat the parts that are not met. (See repeat requirement 1)

We acknowledged work had started, and that the manager was looking into appropriate training for staff as well as a suitable audit to provide an overview of nutrition in the home.
We were satisfied the kitchen staff had good knowledge of residents specific dietary requirements and preferences and catered well for each resident. However the care staff required further training and understanding in this area especially when fortifying foods or simply encouraging increased calorie intake and specific texturised diets. (See also quality statements 3.3 and 4.4)

Activities Requirement

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.

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

As we reported at the previous inspection, apart from the activities coordinators and the student, staff spent very limited time with residents engaging with them in meaningful conversations and or doing meaningful activities of something of interest to the residents, as a result some residents said:

- Bit boring in here. Not many activities. Been to Strathaven Park and Ayr
- I am not fit enough to take part. I am asked if I want to go on outings but not fit so not been on a lot.
- I used to bowl and chose the home because I played at the club round the corner but have only been once. I went on my own and they came after me. They are not keen on anyone going out on their own. I would like to go more.

As we highlighted in the above strengths the new activities coordinator was very enthusiastic and engaged well with the residents, however they were one person and need staff to participate more in organised events and activities as well as individuals preferred interests and hobbies. This is especially important for the residents in their bedrooms, that staff spend time with them other than assisting with their personal

care.

We again acknowledge this is work which is progressing and establishing where opportunities are provided for residents to take part as they wish, however staff need to be more proactive and encourage and talk to residents' about what they want to do each day and stop focussing on a task approach to care.

This was acknowledged by the manager, who aims to support staff with training and information and encourage them to take time with residents, increasing opportunities for staff to go on outings and trips or assist residents with shopping.

We continue to repeat the requirement until we are satisfied all elements are fully met this will be assisted with the new care plans the manager aims to introduce. (See repeat requirement 2)

Pressure relieving and continence care requirement

Although we recognise the improvement as identified in the above strengths there was recognition and acknowledgement from the management that the recording and documentation relating to this requirement required to be improved, the records failed to provide a person centred plan of care relating to specific individuals continence and skin care needs.

It is important this is fully recorded and assessed regularly and that a planned and consistent approach to continence promotion is established to maintain residents' continence and skin care requirements.

We have repeated elements of the requirement which relate to records and documentation, however we were satisfied work was on-going to support staff with training and understanding in relation to the above. (See requirement 3)

Personal Care Plans

There was acknowledgement from the manager and staff that the care plans were not appropriate in meeting the needs of the residents and did not describe the resident and their life.

The plans were cumbersome and difficult to navigate; they were time consuming for staff in order to keep the information up to date and current.

The manager presented to us two personal care planning formats, one was very clinical and the other much more person centred putting the resident at the centre.

We discussed them and how parts of the clinical plan could be incorporated.

The manager was very receptive to what was said and showed a great understanding of a person centred approach to care.

Since we inspected the manager has spoken with the staff and asked their opinions, she now plans to work with the residents, their families and staff to introduce the new care plans which we look forward to seeing at the next inspection.
We continue to repeat the recommendation relating to care planning until we have seen the care plans fully implemented and recognise this will take time to fully establish in order to get them right.
(See repeat recommendation 1)

We highlighted to the manager to remind staff when administering medication that they remain discreet and respect resident dignity and privacy and do not shout across a crowded room, regarding the persons bowl habits. This only happened on the one occasion however it was embarrassing for the resident who was sitting with other residents at the time.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 3

Number of recommendations: 1

Requirements

1. 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.

   - 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.
   - 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.
   - 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 eight weeks from receipt of this report, staff training four months.

2. 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.

   - 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.
   - Residents must be able to choose the activities and the timing of them.
   - A clear record of people's previous interests must be taken account of when planning a person centred activity plan.
   - Staff must receive training in relation to meaningful activity, which is reviewed and updated when required.
   - There must be suitable staffing numbers in order to maintain resident's recreational and social preferences and interests.
   - The staff must record the resident's preference for recreational and social activity with regular reviews in order to ensure staff are meeting their needs.

   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 four months from receipt of this report.

3. The provider must ensure each resident who has continence and at risk of skin damage that their care needs are suitably managed by:

   - Developing a suitable continence promotion person centred plan of care following an appropriate continence assessment
   - Implementing a planned and consistent approach to: skin assessment and care; pressure ulcer prevention; wound assessment and management.
   - 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.
   - Ensure that all staff receive suitable training on skin assessment and care and pressure ulcer prevention and suitable continence promotion and care.
   - 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.

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 forty eight hours and suitable training for staff to be completed in five months 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: 3 - Adequate

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 for further information relating to this quality statement.

Areas for improvement

Please refer to quality statement 1.1 for further information.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

At this inspection, we found that the performance of the service had improved and now adequate 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 three requirements and two recommendations from the last inspection.

The service continue to ensure residents are safe and secure by ensuring anyone entering and/or leaving the building staff monitor and encourage them to sign in and out.

Doors that indicated 'keep locked' were now safely locked preventing residents from accessing equipment and areas that could put their safety at risk.

There was new door signage to assist residents to recognise their bedrooms, after consulting with the residents and their representatives, it was decided the named staff they had chosen to be their named workers their pictures were also put in these as a reminder to them.

The maintenance person had records which he ensures are kept up to date and in line with legislations and guidance, such as fire and health and safety related issues such as water temperatures. We received equipment maintenance records which provided up to date certificates for hoist and stand aid equipment serviced and safe to use.

A recent report supplied by Scottish Fire and Rescue services, the action plan indicated the works carried out by the service to improve fire safety within the home.

The provider ensures the public liability insurance is renewed and is displayed where people can see it along with the registration certificate and staffing schedule for the home.

We no longer saw unoccupied bedrooms, with the doors lying open these were now closed to ensure residents belongings were safe and secure.
Lockable storage was available for residents who wished to safeguard their personal belongings.

We spoke to a range of staff who advised there were now improved housekeeping services, which had improved the cleanliness and upkeep of the home. The staff we spoke with had received some infection control training and gained an improved understanding. We have not repeated the requirement relating to this but will

continue to monitor at each inspection.

Residents and relatives comments on the environment were:

Bedrooms - residents said:
- Clean my room every day
- I have my own things. Makes it homely
- My door is always kept open as I am claustrophobic and the staff make sure it is always open.
- Clean my room every day and wash the floor
- Newly decorated.
- My relative bought the paper and paint and the home did it for us. It is lovely and bright.

Relatives said:
- Home is good and much better. Such a drastic difference
- The decoration is dated. Have been told that if we buy the paper and paint, they will do it for us
- My relative stays in the room but is encouraged to move to the lounge. The staff have put notices on the walls reminding them to wear their hearing aid. They check they are wearing it.
- New furniture and ceiling lights installed

Areas for improvement

Work was underway during the inspection to improve the decoration upstairs; this was part of an on-going decoration and refurbishment plan to improve the internal environment for residents.

Since we inspected the manager has sent photographs of the completed works, which has only enhanced this area providing a nice bright, well decorated environment for residents to enjoy.
We continue to repeat this requirement until we are fully satisfied all planned and necessary refurbishment and decoration has been completed.

Lighting downstairs had improved, and residents and visitors as well as staff recognised this as an improvement, which helped to reduce resident's risk of falls. This should continue in other parts of the home including bedrooms. (See repeat requirement 1)

While work was taking place there was minimal disruption to residents.
The manager was reminded to ensure appropriate risk assessments are temporarily put in place while such work is taking place to ensure all possible risks are identified and appropriate measures taken to ensure residents are safe. The manager plans to do this with any future work that is planned, especially while outside contractors are working in the home.

We continue to repeat the requirement about risk assessments as care plans were being established this would be incorporated into them, to ensure residents bedrooms and the communal spaces they visited were safe and minimised their risk of harm such as falls. Please see below why this remains appropriate in terms of our observations of the environment.

On our observation of the environment there were some similarities to what we noted at the previous inspection

However, in the lounge area some of the clutter had been removed and there had been improved infection control practices. The lounge space had been divided which provided residents with opportunities to watch the TV or take part in an activity without disturbing those who did not wish to participate. It also created more of a homely feel rather than an institutional chair arrangement.

What we did ask is that the birdcage is placed elsewhere. During the inspection it was positioned beside the TV and prevented some residents from hearing the television. The manager planned to rectify this immediately.

Storage remained an on-going issue in the home, with storage in bathrooms and in the lounges such as hoist equipment and toiletries. The manager is aware of this and hopes to resolve some of the storage issues by placing containers outside to assist with equipment not needed on a day to day basis and reminding staff not to place equipment in bathrooms.

We continue to report that suitable bedroom door locks were required to enable residents if they wished to have a key to their room one that they can easily open their door from the inside with staff able to access in an emergency if they needed.

There remained a lack of directional signage especially for anyone living with dementia. This was something the manager and staff were looking into and was part of the environmental plans.

The smoke room remained as before and 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. This needs to be resolved to ensure residents who do not smoke are not exposed to this and the room is safe to use.

Due to some of the furnishings and fittings, such as lounge chairs and taps with the constant ware and tare, some looked dirty or taps had parts missing to indicate what was hot and or cold.

The manager advised of furnishings they had in storage which they would replace with some that were in a state of disrepair. She also planned to have the

maintenance person go round and check all the taps to ensure they were all appropriate. In some bedrooms and toilets there was no access to a nurse call system. In one toilet the cord was tied up and not accessible. (see repeat requirement 2 and repeat recommendation 1)

We have asked the manager to remind housekeeping staff not to leave the cleaning trollies unattended while for example they are in bedrooms cleaning, due to the chemicals and the risk to residents safety especially residents who may be confused. The manager provided assurances this would be conveyed to staff.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 1

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 six weeks from receipt of this report.

2. 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 continue to forward an update of the refurbishment and decoration work carried out and the works still to be completed with the timescales attached as work progresses.

   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: To commence immediately and refurbishment and decoration to be fully completed within eight 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.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

At this inspection, we found that the performance of the service remained adequate for this statement.

There was work progressing in this area, residents had been asked to choose their preference to named workers who would have named responsibility for looking after them. This was then displayed on the residents room doors as a reminder to them and their visitors who the nurse and carers were.

Areas for improvement

The service still needs to improve the opportunities for residents and or their representative's involvement in the evaluation of staff and continue to involve residents, not only in recruitment and surveys but evaluations of staff practice, looking at various ways this can be achieved such as participating in staff training, competencies and supervisions.

The service could consider incorporating this into the review formats for each resident which is a way of capturing residents and or their representative's views and feelings about aspects of the service and the delivery of care and support.

Please see quality statement 1.1 for recommendations relating to participation.

Grade awarded for this statement: 3 - Adequate

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

At this inspection, we found that the performance of the service remained 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 one requirement and 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.

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

Some comments we received included

- There is enough looking after me and I feel they are all nice
- They do a good job although we have our ups and downs
- Very nice
- Great
- They are good lassies. Don't get paid enough
- They are very good and I am well looked after
- Excellent. Do their best to help
- They come very quickly when I push the buzzer
- Very kind. Very caring. Check on me regularly and we have a blether
- I am happy here

Relatives said:

- The home is good. Much better here. They go out of their way to help
- They are all nice although there is one dour one
- Would go to them with any concerns
- ''happy with all care given''
- ''yes, I think I am well looked after''

- The care my relative received ''was excellent''

We observed staff to show kindness and care when interacting and/or assisting residents.

The staff we spoke with were looking forward to the improvements happening and had every confidence in the new manager and respect for them.

We continued to receive 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. Staff felt their opinions counted.

There was on-going training for staff and the manager had organised for the kitchen staff and some of the care staff to attend training on nutrition which will be certificated.

One of the staff was awaiting their certificate to become a moving and handling trainer, which would enable the staff to have on-going in house training and supervised practice assessments.

Areas for improvement

The manager was looking into a new online training system to assist staff and support them in their daily roles and responsibilities. The manager spoke with us about this which on paper appeared good. Since we inspected the manager has purchased this training, we will monitor the progression and suitability of this and the impact it has during our next inspection.

New supervision formats had been introduced since we last inspected, however due to the changes in management some supervisions were still to take place, the manager plans to do this in order to get to know staff and to develop a training plan to help support them and their development which is suited to the residents they care for.

We continue to repeat the recommendation until the manager has had an opportunity to do this and establish a suitable training plan in conjunction with the new systems. When establishing this training plan the manager should include medication training for staff as time had lapsed for some staff that were not as up to date with recent guidance as they should be, especially some nursing staff. (See repeat recommendation 1)

The requirement relating to staffing levels, we continue to repeat at the time of inspection suitable action had not been completed in relation to what we asked the service to do. However, since we inspected this has been done and a variation application now submitted to our registrations department to review the staffing schedule and registration certificate.

The elements of the requirement relating to this we have removed, but continued to repeat the unmet elements.
The manager assures us staffing levels have improved, people we spoke with had mixed opinions about this. (See repeat requirement 1)

The policies and procedures were still in the process of being updated and reviewed until this is complete we continue to repeat the recommendation relating to this. (See repeat recommendation 2)

We highlighted to the manager something brought to the inspection volunteers attention, a relative raised with us in terms of staff moving and assisting their relative whilst in bed. The manager has taken this information and plans to do a full investigation to find out the facts and report their findings to us.

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 and must not reduce staffing where the dependencies are high.
   - 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 forty eight hours and be completed within eight 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 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

At this inspection, we found that the performance of the service was adequate for this statement.

Please see 1.1 and 3.1 quality statements for further information.

Areas for improvement

The process of consultation and participation needs to be further developed under this quality statement, evidencing the outcomes.

The service was still looking at ways they could improve under this quality statement and could improve the systems used to inform the self-assessment they send to us.

Until methods are established and improved to involve the residents, their relatives, and visitors as well as other stakeholders in assessing this quality statement we have made a recommendation. (See recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The service should establish methods and systems in order residents and their representatives can contribute to the assessment and quality of management and leadership for the home.

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

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 requirement and recommendation made at the last inspection.

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

Survey results were still being gathered from residents, relatives and external stakeholders in order to analyse and report on any action that required improving within the service, this included staff surveys. (See also quality statement 1.1)

The inspection volunteer asked residents and relatives about the Manager - responses included:

- There is a new manager
- She is very supportive and takes suggestions on board.

Many of the staff we spoke to reflected that the manager listened and was supportive and looked forward to seeing the service develop and improve.

The manager had already identified areas of their quality assurance systems that required to be improved and had already identified the need for improved analysis of falls within the home, already making contact with NHS liaison services for information and training for staff in order to improve the outcomes for the residents at risk.

Areas for improvement

We continue to make the requirement and recommendation from the last inspection, to enable the manager to put suitable and affective quality assurance and audits in place and to establish these in order to recognise the services strengths and areas perhaps that require improving.

The current systems were quarterly and it was established this was too long to assess quality and to rectify where there may be areas needing prompt action such as medication.

Some of the audit information we received failed to establish outcomes for residents and the home in terms of strengths and areas for improvement; this is something that needs to be done.

The manager has recognised this and aims to look at monthly evaluations and audits.

The accident and incident records the manager has recognised as an area that needs to be reviewed and improved as the documentation is not detailed enough to establish follow up and suitable actions taken by the service to prevent reoccurrence and or reduce risk.

Staff need training in this area and what information they should be recording and the follow up action. Until this is completed and we can see suitable records with suitable and effective actions in place we have continued to repeat the requirement relating to this. (See repeat requirement 1 and repeat recommendation 1)

There are plans to involve the staff and residents in the quality assurance monitoring and evaluation, keeping the residents', and any visitors and others with a vested interest in the home informed of changes developments and improvements as well as the strengths already establishing within the service. We look forward to seeing this at the next inspection.

We were reassured by the manager and the knowledge and compassion she had to take this service forward. She has identified a number of areas she aims to improve with the help of the staff team and is working as a team to draw on their strengths and develop and improve areas that need attention.

The service are currently looking at developing a clinical nursing support for the manager and plan to send us this structure.

Since we have inspected the manager has been in contact asking advice and providing us with information on taking Clinton House forward, we would continue to encourage this which has provided us with reassurance this service will improve.

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 six 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.

   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 - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Environment - 3 - Adequate	
Statement 1	4 - Good
Statement 2	3 - Adequate
Quality of Staffing - 3 - Adequate	
Statement 1	3 - Adequate
Statement 3	3 - Adequate
Quality of Management and Leadership - 3 - Adequate	
Statement 1	3 - Adequate
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings	
2 Sep 2014	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 3 - Adequate 3 - Adequate
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 Management and Leadership	4 - Good 4 - Good 4 - Good 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

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

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Telephone: 0345 600 9527
Email: enquiries@careinspectorate.com
Web: www.careinspectorate.com