Care service inspection report

Full inspection

Clinton House Nursing Home
Care Home Service

Ayr Road
Shawsburn
Larkhall

Inspection report for Clinton House Nursing Home
Inspection completed on 18 September 2015

Service provided by: Clinton House Strathclyde (Care Homes) Ltd

Service provider number: SP2003002417

Care service number: CS2003010566

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

Summary

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

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

We gave the service these grades

Quality of care and support	4	Good
Quality of environment	4	Good
Quality of staffing	4	Good
Quality of management and leadership	4	Good

What the service does well

We found that the service offers a good standard of care and support within a supportive environment.

We met with staff members and observed staff practice and interaction with residents. We found that staff members were aware of the support needs of residents and how assessed needs should be met.

What the service could do better

We found that the service should review recommendations from the last inspection, developing an action plan to address concerns.

What the service has done since the last inspection

We found that since the last inspection the service continues to work on its refurbishment programme.

Conclusion

We made seven requirements at the previous inspection.

We found that the service continue to progress outstanding requirements prior to this inspection.

We found that outstanding requirements have been met.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registers 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. The service has 24 bedrooms, and has a ground floor level and upper floor which is accessible by passenger lift or stairs. The service provides care for 26 older people, including up to eight younger adults with physical disabilities. During the inspection there were 24 residents living there, two who were younger adults.

The service is situated in a rural setting in Shawsburn with local transport links near to the home. 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."

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 4 - Good
Quality of environment - Grade 4 - Good
Quality of staffing - Grade 4 - Good
Quality of management and leadership - Grade 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by two inspectors. The inspection took place over a period of three days which were on 11 September 2015 (evening visit), 15 September 2015 and 18 September 2015. We gave feedback to the management team on 18 September 2015.

As part of the inspection we took account of the completed annual return and its self assessment forms. We sent care standards questionnaires to the care home, with six returned prior to this inspection from residents, their carers/ friends. We sent care service staff questionnaires to staff members, with four returned prior to this inspection. We observed staff practice and interaction with residents during the visit. During the inspection, the following sources of evidence was used:

Discussion with:-
- Manager
- One member of nursing staff
- One member of senior care staff
- Three members of night staff
- The chef and nutritional support advisor
- Maintenance staff.

We looked at:-
- Minutes of residents' meetings, relatives' meetings and food committee meeting

- Care and support plans for six residents, including associated documentation, nutritional support, weight maintenance falls, risk assessments and general comments in care plans
- Activity information for residents' meetings
- Incident reports and notifications to the Care Inspectorate
- Environmental checks and observation of the environment
- Staff records including recruitment records, induction information, training records and competency assessments
- Quality assurance systems including reports in relation to audit information.

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.firescotland.gov.uk

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The service completed its self assessment prior to the inspection.

Taking the views of people using the care service into account

The views of residents were taken into account and reported on during this inspection visit.

Taking carers' views into account

The views of carers/friends were taken into account and reported on during this inspection visit.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We found that the service was performing at a good level relating to this statement.

We found that the service had systems in place to gain the views and preferences of residents, their carers/friends, this included the food forum committee where residents who attended discussed planned menus for the service. Additional home baking was discussed, with suggestions and input from residents.

We found from the minutes of the recent meeting that seven residents attended the food forum committee and gave their views and preferences in relation to food options. We included comments from residents, including:
"You can ask for anything like french toast, cooked breakfast or an omelette."
"Anything you like, just ask the carers or Tom if you have a special request."
"I'm quite happy."
"I'd like more tea than milk."
"I like toast in the morning."

"There's lots of pasta. Why do you make vegetable lasagne rather than mince lasagne?"
"I can make mince lasagne."

We spoke with catering staff. We found that training had been completed in relation to menu planning, food hygiene and catering with additional training updated where necessary.

We sent care standards questionnaires to the service, with six returned prior to the inspection. We found that completed questionnaires strongly agreed or agreed with the following statements:

- The meals provided are nutritious
- My relative/friend is able to eat and enjoy their food, getting help from staff when required
- There are always snacks and hot and cold drinks available
- The service provides the type of food my relative/friend likes taking account of any special dietary needs.

We found that residents were supported to give their view and preferences in relation to activities. We looked at the activity plans and discussed activities with residents and their carers/friends.

We sent out care standard questionnaires to the service, with six returned prior to the inspection. We found that completed questionnaires strongly agreed with the following statement:
"There are frequent social events, entertainment and activities organised that my relative/friend can join in with, if they want to."

We looked at the minutes of the residents' and relatives' meeting which was attended by 12 people.

We found that the service had regular residents and relatives meeting, the following issues were discussed:
- Menu planning
- Fete and fundraising
- Activities
- Wish tree
- Refurbishment plans
- Wi-fi
- Staffing
- New care planning format.

We sent out care standard questionnaires to the service, with six returned prior to the inspection. We found that completed questionnaires strongly agreed with the following statement:
- Do you know about the care home's complaints procedure?
- Did you know that you can also make a complaint about this service to the Care Inspectorate?
- Overall I am happy with the quality of care my relative/friend receives in this home.

Areas for improvement

We found that the service should continue to support residents, their carers/friends in terms of giving their views and effective participation. (Please see recommendations below).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Recommendation with reference to Quality Theme 1, Statement 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. Recommendation with reference to Quality Theme 1, Statement 1:
The service should ensure that 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 to help maintain their health and wellbeing.
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

We found that the service was performing at a good level relating to this statement.

We observed staff practice and interaction with residents, their carers/friends and found that this was supportive. Staff members taking the time to speak with residents and their carers/friends to provide an update in relation to their care.

We looked at the care plan information for six residents. We found that the care plan information was generally up-to-date with information. Information in relation to residents' care and support needs was in place in sampled care plans, this included nutrition support.

We looked at the mealtime experience for residents. We found that residents were supported to have an enjoyable mealtime experience. We found that residents were supported to take part in menu planning, which provided the opportunity to explore mealtime options and menu choices. Sitting and dining areas were pleasant, with fresh decoration in place. We found that where residents preferred or requested other food options, this was attended to without undue delay.

We were advised by the chef that fresh fruit, vegetables and local produce was sourced for residents. We spoke with catering staff and found that there was effective communication in place to support the dietary needs of residents. Information contained within kitchen staff documentation, were aware of the dietary need of residents. We found that staff spoke with residents following their meal to obtain comments which would then be used in relation to menu planning. Residents had choices in relation to food options. Residents would also benefit from the range of food options.

We looked at continence and pressure area care. The service had systems in place in relation to continence and pressure area care. We looked at care plan information regarding continence care and spoke with a nurse who carried out an assessment of residents who require support in relation to continence care, product ordering, storage and use. We looked at two care plans in relation to continence care. We found that an assessment of continence care support was recorded within care plan information. This indicated the type and size of continence garments, with additional comments and guidance where residents required further support.

We looked at medication audit information and found that the service carried out regular medication checks. This assisted in identifying and addressing any concerns in relation to medication. We were advised that the service's general practitioner continence care service and pharmacy service were supportive, providing ongoing advice where necessary.

We looked at information in relation to falls. We found that the service has a system in place in its falls procedure. This included ensuring that a risk assessment has been carried out, as well as making contact with the residents next of kin to advise of fall and any injury.

Body mapping was completed where there was any suspected injury and observation records were completed. This information was then stored in the resident's care plan.

Following the assessment, staff members completed and update a falls audit in relation to the number of falls per resident and per room, within accidents/ incidents records. We found that a monthly summary in relation to falls, serious accidents and incidents were completed as part of the service's audit system.

We looked at care plan information where staff had recorded person centred care in relation to one resident who required support. One resident was involved in their care plan by detailing their wishes and preferences in relation to the care and support provided.

Residents and their carers/friends were supported to complete and update information on the residents' 'Anticipatory Care Plan' in relation to palliative care.

We found that the general practitioner and community psychiatric nurse provided support for the care home.

We looked at activities and residents' involvement and choice. We found that residents activities were in place. We found that residents had input into planned activities within and outwith the service.

We noted that residents could attend:
- A pantomime 'Doon The Water'
- The Kirkintilloch barge trip
- The Falkirk Wheel

Additionally, residents enjoyed:
- Pamper sessions
- Rat Pack sing-a-long
- Pet therapy
- Tournaments for carpet bowls, golf, dominoes and ten pin bowling
- Gardening
- Exercise classes.

Comments from residents, their carers/friends in relation to activities included:
"That was nice, I got my nails done. She was going on holiday."
"Did you enjoy the barge trip? - that was a good one!"
"The weather stayed good for the last trip."
"We had a great afternoon with Bunny & Co in August, do you all remember that day?"
"I like the animals."
"They bring their pets in."
"Some of the relatives came in for a chat and to find out what's happening."
"We had a great time with Jack High - Moira and I were up dancing!"
"I was up dancing!"
"Jack really likes it here and I'm going to try to book him again for January."

We sent out care standard questionnaires to the service, with six returned prior to the inspection. We found that completed questionnaires strongly agreed with the following statement:

- Staff do not place unnecessary restrictions on my relative/friend for example when they go to bed
- There are frequent social events, entertainment and activities organised.

In addition, we found that completed questionnaires strongly agreed or agreed to the following statements:

- There are always snacks and hot and cold drinks available
- The staff know my friend/relative's likes, dislikes and preferences and do what they can to meet them.

Comments included:
"My mum feels safe and cared for in the home which I find a comfort and gives me peace of mind."
"I have never witnessed anything but kindness in this home."

We reviewed progress in relation to an outstanding requirement in relation to nutritional support. We found that the service reviewed the nutritional support provided by the service. This included the risk of malnutrition and dehydration.

We observed staff providing drinks for residents on a regular basis throughout the care home. We were advised that one resident was being reviewed in relation to fluid intake. We looked at care plan information in relation to fluid intake and found that the service was providing additional support for the resident to maintain an adequate intake.

We spoke with the service's nutritional advisor and found that the residents who required textured diets had been referred to the nutritional advisor for assessment, with details recorded in the residents care plan. We found that staff members were aware of and supported residents to maintain fluid and food intake.

We found that a requirement made at a previous inspection has been met.

We looked at an outstanding requirement in relation to skin integrity. We sampled one care plan where a resident was at risk of poor skin integrity as a result of continence care. We found that service had reviewed and implemented a consistent approach to skin assessment and care, with wound assessment and preventative measures in place to assist in addressing this area of care.

Additional assistance was provided by the district nursing staff and general practical to support improved practice. Pressure relieving equipment was also in place.

We found that a requirement in relation to skin integrity and continence care has been met.

Areas for improvement

We found that a recommendation in relation from the previous inspection will be repeated in this report. This is in relation to care plan information. (Please see Recommendation 1 below).

We will review progress in relation to care plan information at the next inspection. This will focus on nutritional support, continence care and tissue viability.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Recommendation with reference to Quality Theme 1, Statement 3:
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 6 - Support Arrangements.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

Statement 2

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

Service strengths

We found that the service was performing at a good level relating to this statement.

We looked at evidence of a safe and secure environment in relation to quality of life. We found that the service had controlled access to the building with a key pad system in place. Visitors must sign in when entering the service in order to ensure that the number of people within the building is recorded. We observed the environment and found that it was clean and tidy, with no offensive odours noted at this inspection.

We found that residents had been consulted in relation to receiving keys for their bedrooms. We found that discussions continue, in relation to maintaining a secure environment with residents and their carers/friends.

We looked at maintenance records and spoke with maintenance staff. We found that the service had systems in place in relation to repairs and ongoing maintenance, this included:

- Smoke detectors
- Emergency lighting
- Fire door closures
- Water temperatures
- Shower heads.

We found that the service had monitoring systems in place to identify residents at risk of falls. Fall monitoring plans were in place, with a monthly audit completed. We have discussed this further under Quality Theme 2, Statement 2.

We looked at progress in relation to outstanding requirements from a previous inspection.

We found that a risk assessment plan was in place in relation to identifying and addressing risks. We looked at the environment and found that the service had developed its risk assessment in relation to:

- What the risk is
- What factors were considered e.g. environment factors
- How the service aims to reduce risk
- Improved outcomes for residents as a result of a risk management plan.

We found that a requirement made at the previous inspection has been met.

We found that progress has been made in relation to the service providers refurbishment plan.

Bathrooms have been updated, promoting dementia standards, with ongoing plans in relation to refurbishment of the care home.

We found that the service provider continues to review the environment, with an action plan in place to improve the care home setting.

Areas for improvement

We found that the service should continue to review and improve the environment, taking into account dementia standards.

We found that a recommendation made at a previous inspection will be reiterated in this report.

The service should consult with residents, their carers/friends in relation to an offering of a key. Information should be recorded in care plan information.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Recommendation with reference to Theme 2, Statement 2:
Suitable door locks should be fitted to all bedrooms to ensure residents can lock their own room if they wish to do so.
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.

Statement 3

"The environment allows service users to have as positive a quality of life as possible."

Service strengths

We found that the service was performing at a good level relating to this statement.

We found that the care home was clean, tidy and free from offensive odours. There was some signage in the service to support residents to locate their own areas.

We found that maintenance records were in place, with plans to continue to review the decor of the care home. We found that service users had a variety of sitting and dining areas which residents could enjoy, if they wised to do so.

We sent care standards questionnaires to the service, with six returned prior to the inspection. We found that completed questionnaires strongly agreed or agreed with the following statements:
- My relative/friend can move easily around the home and its garden.
- The home is clean, hygienic and free from smells.

Areas for improvement

We found that the service should review storage in relation to residents wheelchairs. This is in order to ensure that the environment remains clutter free.

Grade

4 - Good
Number of requirements - 0
Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We found that the service was performing at a good level in relation to this statement.

We found that the service had systems in place to gain the views and preferences of residents and their carers/friends.

The service's residents have been involved in recruitment of new staff members.

We have made further comments in relation to participation under Quality Theme 1, Statement 1.

Areas for improvement

We found that residents have been involved in recruitment of new staff members.

The service should ensure that additional competency information is in place to support candidates to demonstrate good practice.

Ongoing assessment should be in place during induction training.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service strengths

We found that the service was performing at a good level in relation to this statement.

We looked at recruitment, induction, training information and competency assessments.

We looked at information for four staff members who had recently been employed by the service. We found that staff members had completed an interview prior to commencing employment. References were in place in sampled files, with details in relation to PVG checks.

The service has plans to carry out competency assessment, particularly where a candidate has received a reference which only confirms dates of employment. We found that staff members completed an induction programme which provided information in relation to the role of staff.

We sent care standards questionnaires to the service, with six returned prior to the inspection.

We found that completed questionnaires strongly agreed with the following statement:

- I am confident that staff have the knowledge and skills to care for my relative/friend
- There are enough trained and skilled staff on duty at any point in time to care for my relative/friend
- Staff treat my relative/friend politely at all times and respect their individuality.

We looked at an outstanding requirement from a previous inspection. We found that the requirement in relation to staff numbers, with permanent trained, knowledgable and skilled staff. We met with staff members and discussed training with staff members and management staff. We looked at staff training information. We found that the requirement in relation to staff training, knowledge and skills to support residents has been met.

We looked at staff training information and noted that staff had regular access to training. This included online training and competency assessments. We found that staff members had access to moving and assisting training, fluid intake for residents, with plans for training in a new care plan format. Fire safety training was also completed by the maintenance staff.

We sent care service staff questionnaires to the service, with four returned prior to the inspection.

We found that completed questionnaires confirmed:
- That staff members had an induction when they started this job
- There was no outstanding training needs.

Completed staff questionnaires also confirmed that staff members had registered with the Scottish Social Service's Council.

Staff members also advised overall, this service provides good care and support to people who use it.

Areas for improvement

We looked at recommendations made at a previous inspection in relation to a programme of supervision and training.

We looked at progress in relation to reviewing and updating policies and procedure. (Please see Recommendation 1 below).

We will reiterate the outstanding recommendation and review progress at a future inspection. (Please see Recommendation 2 below).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. Recommendation with reference to Quality Theme 3, Statement 2:
The service should continue to roll out a programme of supervision and appraisal to all grades of staff to ensure staff are supported, listened to and training needs analysis developed for staff.
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.

2. Recommendation with reference to Quality Theme 3, Statement 2:
The 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.

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 1

"We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service."

Service strengths

We found that the service was performing at a good level in relation to this statement. We found that the service has systems in place in relation to participation. Please refer to Quality Theme 1, Statement 1.

Areas for improvement

We found that the service has systems in place in relation to participation. Please refer to Quality Theme 1, Statement 1. (Please see Recommendation 1).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Recommendation with reference to Quality Theme 4, Statement 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.

Statement 4

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

Service strengths

We found that the service had systems in place in relation to quality assurance, this included:

- Safe management of medication
- Care plans and associated documentation
- Menu audit and dining experience
- Falls and fall prevention, skin integrity and continence care
- Infection Control, with an action plan in place to address concerns.

We found that the service has a development plan to continue to review and improve the environment.

We spoke with staff members and were advised that they felt supported by the management team. Comments from residents, their carers friends included:

"The nurses that I encounter when I am at the care home, Lorraine, Nicola and Barbara are exemplary in their help, they never hesitate to help me even when I ask stupid questions."

"The carers Janice, Tina and all the carers I deal with are extremely helpful."

"As a family we feel much more relaxed. I have no concerns regarding my mum's care and when I have had any concerns the response has been immediate and monitored until resolved."

All management have been supportive and are approachable.

We looked at outstanding requirements in relation accidents in a previous inspection. We looked at accident and incident information and found that an updated procedure had been developed, with monthly analysis in place.

We found that the requirement in relation to accident and incidents have been met.

Areas for improvement

The service should continue to review outstanding recommendation, taking into account audit information, with the development of action plans to address concerns. (Please see recommendation 1 below).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Recommendation with reference to Theme 4, Statement 4:
The provider needs to look at using effective quality assurance systems, which monitor and evaluate standards in the care home. The service should analyse the results regularly in order to improve the service for the people who live there.
The 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.

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

Previous 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.

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.

Where a resident requires their 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), Regulation 4 (1)(a) - Welfare of Users & Regulation 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.

This requirement was made on 20 February 2015

We reviewed progress in relation to this requirement. This requirement has been met.

Met - Within Timescales

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.

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.

This requirement was made on 20 February 2015

We reviewed progress in relation to this requirement. The requirement has been met.

Met - Within Timescales

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**
- **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 48 hours and training for staff to be completed in 8 weeks from receipt of this report.

This requirement was made on 20 February 2015

We reviewed progress in relation to this requirement. This requirement has been met.

Met - Within Timescales

4. 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 welfare 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), Regulation 3 - Principles & Regulation 4 (1)(a) - Welfare of Users.

Timescale: Immediately and completed 5 weeks from receipt of this report.

This requirement was made on 20 February 2015

We reviewed progress in relation to this requirement. This requirement has been met.

Met - Within Timescales

5. 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. The following must be continued in order the service achieves this:
- 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.

This requirement was made on 20 February 2015

This requirement has been met.

Met - Within Timescales

6. 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
- 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 (1) - Welfare of Users & Regulation 15 (a)(b) - Staffing.

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

This requirement was made on 20 February 2015

This requirement has been met.

Met - Within Timescales

7. 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 following must be achieved:

- 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/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.

This requirement was made on 20 February 2015

This requirement has been met.

Met - Within Timescales

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

Previous 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.

This recommendation has not been met and will be reviewed at the next inspection.

This recommendation was made on 20 February 2015

This recommendation has not been met and will be reviewed at the next inspection.

2. The service should ensure that 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 to help maintain their health and wellbeing.

National Care Standards Care Homes for Older People: Standard 8 - Making Choices and Standard 11 - Expressing Your Views.

This recommendation was made on 20 February 2015

This recommendation has not been met and will be reviewed.

3. 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 6 - Support Arrangements.

This recommendation was made on 20 February 2015

This recommendation has not been met and will be reviewed.

4. Suitable door locks should be fitted to all bedroom doors to ensure residents can lock their room if they wish to do so.

National Care Standards Care Homes for Older People: Standard 4 Your Environment.

This recommendation was made on 20 February 2015

This recommendation has not been met and will be reviewed.

5. The service should continue to roll out a programme of supervision and appraisal to all grades of staff to ensure staff are supported, listened to and training needs analysis developed for staff.

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.

This recommendation was made on 20 February 2015

This recommendation has not been met and will be reviewed.

6. The provider needs to look at using effective quality assurance systems, which monitor and evaluate standards in the care home. The service should analyse the results regularly in order to improve the service for the people who live there.

The 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.

This recommendation was made on 20 February 2015

This recommendation has not been met and will be reviewed.

7. 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.

This recommendation was made on 20 February 2015

This recommendation has not been met and will be reviewed.

6 Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

7 Enforcements

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

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings	
20 Feb 2015	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
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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Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

@careinspect

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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