Care service inspection report

Thorntree Mews

Care Home Service Adults

17 Arnothill Mews
Falkirk
FK1 5RZ

Inspected by: Olive Mills

Lynne Nimmo

Type of inspection: Unannounced

Inspection completed on: 25 February 2013

Contents

Service provided by:

Countrywide Care Homes Limited

Service provider number:

SP2011011705

Care service number:

CS2011301666

Contact details for the inspector who inspected this service:

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Summary

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

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

We gave the service these grades

Quality of Care and Support	3	Adequate
Quality of Environment		N/A
Quality of Staffing	3	Adequate
Quality of Management and Leadership	3	Adequate

What the service does well

Staff were caring in their approach when working with the residents and families.

The manager supported staff to attend relevant training and to operate to National Care Standards and best practice.

What the service could do better

The manager requires to put formal processes in place to evidence that residents do not wait too long when they require assistance to the bathroom.

The manager should review the current dependency tool used by the service. The present tool used does not include the lay out of the building, staff training and staff supervision needs.

What the service has done since the last inspection

The manager has begun the process of engaging further with residents and families as this will help to improve the service provided.

The laundry facility was better organised and this has helped to improve the service.

Evidence showed staff received formal supervision which helped to assess staff performance.

We found there were more staff meetings and this provided an opportunity for staff to consider best practice as a team.

Evidence sampled showed the service was adhering to their Staffing Schedule.

Conclusion

Evidence showed the service had taken positive action to meet most of the requirements and recommendations made. The grades given at this inspection reflect current developments.

Overall, the service should continue to follow their development plan to progress the service further.

Who did this inspection

Olive Mills
Lynne Nimmo

1 About the service we inspected

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

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

The history of grades which services have been awarded is available on our website. You can find the most up-to-date grades for this service by visiting our website, by calling us on 0845 600 9527 or visiting one of our offices.

Requirements and recommendations
If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a recommendation or requirement.
- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration.
Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Inspectorate."

Thorntree Mews Care Home is owned by Countrywide Care Homes Ltd who have many homes throughout the United Kingdom. This service is located in Falkirk town near local amenities.

The home is a traditional two-storey villa with single rooms. There are two lounges and two dining rooms situated over the two floors.

The home can accommodate up to a maximum of 40 older people who may have dementia. There are two placements that can be made available for respite care.

The service aims are to provide high standards of care, in a warm, friendly, homely environment.

The people who use the service prefer to be known as 'residents', and therefore the term resident will be used throughout this report.

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 - N/A
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 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

We wrote this report following an unannounced inspection which took place over two days, 21 and 25 February 2013.

We provided feedback on the afternoon of the 25 February, 2012 to the Manager, Deputy Manager and Service Development Officer, Falkirk Council, Social Work Services.

The inspection was carried out by Olive Mills, Care Inspector and Lynne Nimmo, Care Inspector.

This was a follow up inspection to assess the requirements and recommendations made at the last inspection. Please see inspection report dated 27 September 2012 for further details. This can be found on our web site www.careinspectorate.com.

In this inspection we gathered evidence from various sources; policies, procedures, records and other documents, including:

- Five Resident's care plans
- Records of Meetings - residents and relatives
- Five staff files - supervision records
- Records of training undertaken by staff
- Minutes from staff meetings
- Staff rotas
- Certificate of Registration & Staffing Schedule
- Action plan returned from the previous inspection

Discussions took place with the following:

- Manager
- Deputy manager
- Eight staff - including nurses/senior staff, two activity co-coordinators
- Fifteen residents

- Five relatives/visitors

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

A review of residents toileting needs must be undertaken to ensure that staffing levels are sufficient to meet the health and welfare needs of residents.

What the service did to meet the requirement

The service must show evidence they have meet this requirement.

The requirement is: Not Met

The requirement

The provider must ensure all residents personal plans record all their assessed needs and how they are to be met by the service. These assessments require to be reviewed at least once in every six months period or when changes occur.
This is to comply with Regulation SS1 2002/114- 5(b) (ii) - Personal Plans and National Care Standard, Care Home for Older People - Standard 6 - Support arrangement - 6.3
Timescale: 4 weeks from receipt of this report.

What the service did to meet the requirement

The service has put into place systems to ensure that residents reviews take place at least every 6 months.

The requirement is: Met

The requirement

The service has a requirement to formally notify the Care Inspectorate without delay in relation to specific events, such as, lack of hot or cold water. This is to comply with Regulation SS1 2002/114 - Regulation 21.2 (c). Timescale: upon of this report.

What the service did to meet the requirement

The service have notified the Care Inspectorate of events within the home.

The requirement is: Met

The requirement

The service must keep a record of the procedure they follow in the event of an emergency or any incident which is detrimental to the health and welfare of residents. This will support staff to follow an agreed procedure to meet the needs of all the residents. This is to comply with Regulation SS1 2002/114 Regulation - 19.3 (b) (d). Timescale: upon receipt of this report.

What the service did to meet the requirement

The service are aware they must keep a record in the event of an emergency that will effect the health and welfare of residents.

The requirement is: Met

The requirement

The provider must ensure that the laundry area is kept clean and tidy. A structure must be put into place to ensure that residents receive their own laundry. This is to comply with Regulation SSI 114 reg. 4(1) ((b)(d), SSI 114 reg. 10.2 (a). Timescale: upon receipt of this report.

What the service did to meet the requirement

Evidence showed this requirement has been met.

The requirement is: Met

The requirement

The manager is required to ensure residents are not waiting an unacceptable period of time for staff to assist them to access the bathroom facilities. This is to comply with SSI 114 reg. 4(1) (a)(b)and National Care Standard, Care Home for Older People - Standard 6 - Support arrangement - 6.1Timescale: Two weeks from receipt of this report.

What the service did to meet the requirement

We discussed this fully with the manager and she agreed to put formal processes in place to evidence they have met this requirement.

The requirement is: Not Met

The requirement

The provider must ensure that the actions and strategies set out in each resident's care plan to assist them to communicate with those around them are put into practice by all staff. This is to comply with SSI 114 reg. 4(1) (a)and National Care

Standards, Care Home for Older People - Standard 6 - Support arrangement - 6.1
Timescale: Two weeks from receipt of this report.

What the service did to meet the requirement

Action was set out in each resident's care plan.

The requirement is: Met

The requirement

The provider must ensure that all staff working in the care service have completed a programme of induction appropriate to their role. This will help to ensure that care is provided in accordance with the actions and strategies laid out in each residents care plan. The support provided by the service must be developed to address the individual needs of staff through a process of staff supervision. This is to comply with SSI 114, regulation 13 (c) (i) - a regulation to ensure that staff have training appropriate to the work. Timescale: two weeks from receipt of this report.

What the service did to meet the requirement

Evidence showed staff working in the care service had completed a programme of induction appropriate to their role.

The requirement is: Met

The requirement

The program and recording of staff supervision and induction must be reviewed and improved so that staff are aware they are receiving formal supervision and staff appraisal. This is to comply with SSI 114, regulation 13(c) (i) - a regulation to ensure that staff have training appropriate to the work. Timescale: 2 weeks from receipt of this report

What the service did to meet the requirement

Staff spoken with were aware they were receiving formal supervision and staff appraisal.

The requirement is: Met

The requirement

A provider should keep a record of the assessment that identifies the minimum staffing level and deployment of staff on each shift over a four week period. This will take into account the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals. Also taking into account the physical layout of the building, staff training and staff supervision needs. This is to comply with SSI 114, regulation 13 (a) & 13 (c) (i) - requirements to ensure that there are adequate numbers of suitably qualified staff working in the care provision. Timescale: two weeks from receipt of this report.

What the service did to meet the requirement

The service must take into account the physical layout of the building, staff training and staff supervision needs, when identifying the minimum staffing level and deployment of staff on each shift.

The requirement is: Not Met

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

Action had been taken on most recommendations made at the last inspection.

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.

A self assessment was not required for this inspection.

Taking the views of people using the care service into account

Residents provided the following comments:

"I like my meal, we get good food"

"My family come into see me and take me out. I like the outings".

"I was told residents would get to go on outings once a week, but this has not happened".

"The staff check on me to make sure I'm OK".

"Information displayed on what activities are to take place does not always take place".

Taking carers' views into account

"My mother is happy in the home".

"Staff are always checking to make sure we are happy with the service".

"I worry as I think there is not enough staff to take my relative to the bathroom when they need to go" (This was raised by some relatives).

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

The service was found to be adequate at involving both residents and carers. At this inspection, we focused on speaking to relatives, residents and looking at records of meetings held with them.

We spoke with relatives and they told us they had attended a meeting to inform people about the benefits of being involved in assessing the quality of the service. Evidence showed the service has begun the process of developing systems to engage more fully with relatives and residents to participate in all aspects of service. We found it was not yet possible to measure success and the impact of residents and families' participation in residents and relatives meetings.

Action plans are emerging from meetings taking place from residents and relatives meetings. These are setting out the actions the service will take in response to suggestions made by people. Until this is fully established it is not possible for us to measure the impact this has on the quality of the service offered.

Questionnaires had just been sent out to families and had not been collated by the service at the time of the inspection visit; therefore we were unable to comment on the outcome of them.

Overall, the involvement of residents and relatives is becoming an important part of the day-to-day operation of the service. We acknowledge the service is developing this approach.

Areas for improvement

The service should continue to develop the systems in place for residents and families to participate in all aspects of service delivery, including the areas of: care and support, the environment, staffing, management & leadership (Please see recommendation 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. It is recommended that the service should develop the systems in place for residents and carers participation in all aspects of service delivery, including the areas of: care and support, the environment, management & leadership.
   National Care Standards Care Homes for Older People: Standards 11 - Expressing Your Views

Statement 3

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

Service strengths

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

The service met the health and welfare needs of the residents. We spoke with residents and relatives and looked at personal plans. We reviewed records, and observed the homes day-to-day practice.

We sampled five resident's personal plans that provided staff with guidance about personal care needs and preferences. We found, as part of the services quality assurance processes, that resident's review meetings were held at least every six months or sooner. This helped to support the general care needs of residents.

Inspection of the laundry facilities indicated a significant improvement since the last visit. We found the laundry area to be clean and tidy, with resident's clothes organised. The laundry facility had a structure to the operation of this service, helping to minimise the spread of infection and respect people's belongings.

Five relatives we spoke with told us they were reasonably confident that the staff met the residents' health and well-being needs. Three relatives told us they were worried that there was insufficient staff on duty at times.

The manager told us since the last inspection there has been an increase in hours allocated to the activity co-ordinator staff to provide activities to residents. Most residents using the service were happy with the activities provided. Relatives we spoke to had mixed views on the activities available to residents. Two relatives we spoke with told us; "I was told there would be an outing every week for my relative and this has not happened" and said "I would like to see more one to one things done with the residents".

As part of the services registration they have contacted us in regard to specific events that have taken place within the service. This has helped staff to follow an agreed procedure to meet the need of all the residents.

Overall, evidence showed that the service has made improvements in regard to this statement since the last inspection.

Areas for improvement

Some relatives we spoke to raised concerns that their relative waits an unacceptable period of time to be assisted to the bathroom by a member of staff. Some felt there was insufficient staff on duty to see to their relatives toileting needs. We spoke to the manager about this and we were told that no relative had raised concerns in regard to this matter. This requirement will be carried over from the last inspection as there was a lack of evidence to show this requirement had been met by the service (Please see requirement 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The manager is required to ensure residents are not waiting an unacceptable period of time for staff to assist them to access the bathroom facilities. Formal processes must be put into place to show this requirement has been met.
   This is to comply with SSI 114 reg. 4(1) (a) (b)
   &
   National Care Standards, Care Home for Older People - Standard 6 - Support arrangement - 6.1
   Timescale: Two weeks from receive of this report.

Statement 4

We use a range of communication methods to ensure we meet the needs of service users.

Service strengths

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

We looked at personal plans, spoke to staff, relatives and residents and observed residents throughout the inspection process.

We sampled personal plans where it was documented how to provide for residents personal preference in communication. Relatives we spoke to told us they felt that staff could communicate with their relative.

The service had taken positive action to ensure that residents are supported to use their hearing aid when required. We saw evidence of this during the inspection.

Overall, the service has met the requirement and both recommendations made at the last inspection.

Areas for Improvement

The service had taken positive action to meet the requirement and recommendations made at the last inspection nevertheless, we would like to see the service developing a range of communication methods when asking for resident's views (Please see Quality Theme 1, Recommendation 1, under Areas for Development)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment - NOT ASSESSED

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 was adequate for this statement. We spoke with the manager, relatives and residents to assess the statement.

Related evidence is also stated under Quality Theme 1, Statement 1, under areas of Service Strengths.

Overall, the involvement of residents and relatives to participate in assessing and improving the quality of staffing in the service is as documented in our inspection dated 27 September 2012.

Areas for improvement

We have provided the manager with ideas in how to involve residents, families/carers in assessing and improving the quality of staffing, through the following ways:

- Pictorial and other communication aids can be used by staff with residents who have limited communication. This may assist residents to have a say in the quality of staff currently working in the service and the recruitment of new staff.
- The job specifications could be developed in consultation with residents to help the service understand the kind of person residents and families/carers would like to see working in the home.
- The service should consider involving residents and carers in the development of their staff training programme. Residents and families/carers may have their own thoughts on the training they think staff should attend. Suggestions provided by residents, families/carers can link into the services quality assurance process.

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 looked at staff supervision records and spoke with staff on how they were supported by the manager to operate to National Care Standards, legislation and best practice.

We spoke with a nurse who told us that she delivered supervision to care staff who receive six supervision sessions a year and more if required. Another staff member said "I have had supervision and things in the home are better. Supervision helps keep us up-to-date with procedures in the home".

We sampled five staff files and found information corresponded to what staff told us and evidence reflected the organisations supervision policy.

There have been staff meetings since the last inspection and staff found the meetings helpful. In speaking to staff they seemed happy in their role and felt supported by the manager and deputy manager.

We sampled staff rotas and found the service was meeting their staffing schedule.

Areas for improvement

The service must review the current dependency tool to let them know the number of staff they should have on duty at all times of the day to meet the needs of all their residents staying in the home. Currently the dependency tool does not include the layout of the building, staff training and staff supervision needs. We made this a requirement at the last inspection and this has not been fully met (Please see requirement 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. A provider should keep a record of the assessment that identifies the minimum staffing level and deployment of staff on each shift over a four week period. This will take into account aggregated information of the physical, social, psychological and recreations needs and choices in relation to the delivery of care for all individuals, also, taking into account the physical layout of the building, staff training and staff supervision needs.
   This is to comply with SSI 114, regulation 13 (a) & 13 (c) (i) - requirements to ensure that there are adequate numbers of suitably qualified staff working in the care provision.
   Timescale for implementation: three weeks of the receipt of this report.

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

The service involved both residents and families to an adequate level. At this inspection, we focused on personal plans, records of residents and relatives meetings, and direct discussion with residents, staff and relatives.

Related evidence is also stated under Quality Theme 1, Statement 1, under areas of Service Strengths.

Areas for improvement

The service should continue to develop in this area as stated under Quality Themes one, two and three, Statement one, 'Areas of Development'.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

At this inspection, we found that the performance of the service was adequate for this statement. We looked at personal plans, viewed records, spoke to residents, staff and families to assess this statement.

The manager has worked hard to put processes and systems into place which involved residents, families and staff to assess the quality of service provided. Progress is being made and outcomes will be further measured at future inspections.

Since the last inspection the service has met most of the requirements and recommendations made, therefore the grade for this statement is awarded as adequate.

Areas for improvement

As part of the quality assurance processes the service should consider engaging more with stakeholders in getting their views on how to improve the service.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

There has been one upheld complaint about the service since the last inspection.

You can find information about complaints that have been upheld or partially upheld on our website www.careinspectorate.com

This complaint may have affected the services grades.

Enforcements

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

Additional Information

N/A

Action Plan

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

5 Summary of grades

Quality of Care and Support - 3 - Adequate	
Statement 1	3 - Adequate
Statement 3	3 - Adequate
Statement 4	3 - Adequate
Quality of Environment - Not Assessed	
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	
27 Sep 2012	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate 2 - Weak 2 - Weak
29 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good

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

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

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هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

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