

Care service inspection report

Full inspection

Newbyres Village Care Home Service

20 Gore Avenue
Gorebridge



HAPPY TO TRANSLATE

Service provided by: Midlothian Council

Service provider number: SP2003002602

Care service number: CS2007167115

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.

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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	3	Adequate
Quality of staffing	3	Adequate
Quality of management and leadership	4	Good

What the service does well

The service provides a comfortable, and clean environment with ample shared and private areas for residents to use.

Residents we met looked comfortable and at ease in the home and with the staff team. Residents also spoke positively about the care and support they received from staff and of how well they were treated. The comfort, cleanliness and the quality of meals were also praised.

We saw a calm and organised approach to resident care and staff did not appear unduly rushed and were able to assist residents at a pace which suited the individual.

What the service could do better

Further work is needed to fully implement all of the aspects of the requirements we made at the last inspection. This includes care planning and record keeping, management of medicines, safety of the environment and audits undertaken in the service.

What the service has done since the last inspection

The focus at this inspection was to follow-up on the progress of requirements and recommendations made at the last inspection. This report should be read in conjunction with the last inspection report of the service which was concluded on 29 September 2015.

We saw improvements in all, of the quality themes and statements we looked at. We saw improvement in the delivery of care, looking after residents' personal belongings, the dining experience, legal status and consent records, the provision of staff training and the overall management and leadership in the home.

We were also told by staff that there had been significant improvements in the support and guidance they received which was attributed to the work of the new manager and the quality assurance officer.

Conclusion

Residents and relatives/carers told us that for them some things had improved in the home since the last inspection but there were still differing views about enough staff being available.

Also see comments made by residents and relatives/carers.

There had been a lot of work undertaken at Newbyres Village since the last inspection and there were plans to continue to make improvements. To do this there needs to be a consistent approach by senior staff to support, guide and develop the staff team. This may also contribute to ensuring that staff have the skills, abilities and motivation to improve their practice and the overall standards of care they provide to the resident group.

However, the improvements we noted has resulted in an increase in the grades awarded at this inspection in comparison with the grades awarded at the last inspection in September 2015. The input of the quality assurance officer and manager has been a substantial factor in the improvements we saw and which they should continue.

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2012, 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.

Newbyres Village is a care home in Gorebridge, Midlothian. It is owned and managed by Midlothian Council (MLC) and is registered to provide accommodation for up to 60 older people and one bedroom is set aside to offer short breaks (respite). The home is all on one level in five separate residential wings named "streets".

There is also a wing that houses the kitchen and laundry. The home has been planned in a "village" layout with five streets, named First, Second, Third, Fourth and Fifth Street. Each street can accommodate up to 12 residents and has a sitting/dining room, a small sitting room, small kitchen area and bathrooms and toilets. Each resident has a bedroom with en-suite shower and toilet and a patio door to the gardens. The home is within walking distance of local services such as shops, churches, the library and bus stops.

The aims and objectives of the service included:

- To identify and understand the social care needs of the residents.
- To ensure that residents are central to the care planning process.
- To continuously seek to improve service standards.

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 3 - Adequate

Quality of environment - Grade 3 - Adequate

Quality of staffing - Grade 3 - Adequate

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 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 compiled the report following an unannounced inspection. The inspection was carried out by two Inspectors from Social Care and Social Work Improvement Scotland on 14 March 2016 between 1:45pm and 5:30pm by one Inspector on 15 March 2016 between 3:00pm and 6:00pm and by two inspectors on 21 March 2016 between 9:30am and 8:30 pm approximately.

During this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documentation including evidence from:

- The Certificate of Registration.
- The insurance certificate.
- A sample of residents' personal plans/care plans.
- Minutes of residents, relatives/carers and staff meetings.
- Observation at lunchtime and tea time.
- Observation of how staff work with residents and fellow workers.
- Examination of the environment including public rooms, private bedrooms and facilities and equipment in use.
- Examination of repair and maintenance records and safety checks.
- Examination of a sample of medication records and storage arrangements.
- Examination of audits undertaken in the home.
- Consideration of residents' and relatives' comments during the inspection.
- Consideration of the National Care Standards, Care Homes for Older People.

Discussion with various people including:

- The interim manager.
- MLC quality assurance officer.

- The service manager.
- Care team supervisors.
- Care staff on duty including locum staff.
- Housekeeping staff.
- Members of catering staff.
- Members of laundry staff.

We saw most of the residents during the inspection and met with some, either in small groups, or in private to gain their views on the service they received. We also met and spoke with relatives/carers visiting the home.

The above information was taken into account during the inspection process.

We discussed our findings during the inspection and feedback on the outcomes of the inspection were also shared with the interim manager, quality assurance officer, service manager and a care team supervisor on 21 March 2016.

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: No

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.

We received a self assessment from this service prior to the inspection in September 2015, we did not ask for this information to be updated before this inspection.

Taking the views of people using the care service into account

We met with residents in each of the street during the inspection to ask their views on the care and support they received in the home. However, due to frailty and or memory problems some residents had communication difficulties. Therefore, communication in these instances was limited to interpretation of facial expression and gestures in response to general conversation.

We also observed staff and resident interactions to gauge if staff were aware of and responsive to residents needs and to see if residents looked comfortable and at ease with staff.

As at the last inspection, residents continued to speak highly of some aspects of the service in particular the work of all staff teams, the comfort of the environment, the activities and social /recreational events and the quality and variety of meals.

However, as at the previous inspection some residents continued to tell us that they often had to wait for assistance from staff and their was not always enough staff available to them.

One resident told us about hoping to move to another care service and that some support was being provided by a social worker. However, this resident was having some difficulty completing application forms.

We spoke about the possibility of obtaining the assistance of an advocate to help with this which the resident was interested in. We were given permission to share this with the manager in order that advocacy services could be contacted on her behalf. The quality assurance officer confirmed that she would follow this up with the resident.

Some of the comments made by residents were as follows:

"I like it fine here, staff are kind its a nice place. The food is lovely."

"I haven't been very well but the staff got the doctor to visit, so I'm on the mend."

"The place is always clean and the food is very good, I enjoy having a cup of tea and the lovely home baking."

"The staff are good, sometimes they are busy and I need to wait. I do most things for myself but need a help to get moving. (to get up from a chair and use a walking aid).

Taking carers' views into account

During our inspection we met with six relatives /carers. Although all were generally satisfied with the quality of care some also told us that they were not always sure that there was enough staff.

One relative commented "there are still at times when I can be in here for half an hour or so before seeing staff, will it take a fatality before they provide enough staff." This concern was shared at the feedback on the outcomes of the inspection whilst maintaining the relatives confidentiality.

Some of the comments made by relatives/carers were as follows:

"We are very happy about the care our relative receives, we attend reviews and know staff will contact us if there are any issues. We go away with an easy mind."

"Things seem to be better, my relative is more settled and putting on a bit of weight which was needed."

"We were aware of the previous issues and the report but things are better now, manager available and meetings have started again."

"Things are better but still at times not enough staff especially when residents need two members of staff to help with the hoist."

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

As the purpose of this inspection was to measure the progress made in meeting the requirements, recommendations and areas for development made at the last inspection, this statement was not fully examined at this visit.

However, we saw that the strengths identified at the inspection on 29 September 2015 were still evident and other methods of participation had also been developed. The main means of gaining the views of residents and relatives/carers included:

- Day to-day contact with staff team.
- Recommencement of resident and relative carers meetings with a timetable of expected dates for these on display for reference.
- Social events and activities in the home.
- Complaints policy and procedure on display.
- Contact details recorded in care plans.
- Care plans reviews were planned at least once in six month period.
- The home web site which showed the most up to date finalised Care.

At the last inspection we made a requirement about having the service

complaint policy and procedure on display in order that residents and relatives/ carers could refer to this. We also asked that this policy made reference to the Care Inspectorate and the right of residents and relatives/ carers to make a complaint to us.

At this inspection we saw that the complaint procedure was on display and this gave the Care Inspectorate contact details and made reference to the right of people to make a complaint to us. This requirement was met.

At the last inspection we made a recommendation about having information available about the care home service which was accurate and up to date, for example the home web site and brochure.

At this inspection we saw that the care home web site now showed the most up to date finalised Care Inspectorate report. We also saw that a new care home brochure was planned and requested that a copy is provided to us for reference once published.

We saw improvements in regard to communication with residents and relatives careers therefore we concluded that this recommendations had been met.

We also saw that sufficient improvement had been made in giving opportunities for residents and relatives/ carers to contribute to evaluating and developing the service and were reassured that the service would be respond appropriately to these.

Therefore we have awarded a grade of 4 - good for this quality statement. However, we would expect to see that these improvements continue in order that the service can maintain or increase this grade at future inspections.

Areas for improvement

The service should continue to develop the participation strategy and use a range of methods to seek the views of residents and their representatives on the service provided.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

As the purpose of this inspection was to measure the progress made in meeting the requirements, recommendations and areas for development made at the last inspection, this statement was not fully examined at this visit.

However, we saw that the strengths identified at the inspection on 29 September 2015 were still evident. These included individual care plans, provision of activities and involvement of residents and their relative/carers in care plan reviews.

Health personal care and care planning:

At the last inspection we made a requirement about the proper provision for the health welfare of service users. This must include accurate recording of the assessed needs of each resident in care plans to ensure that their health and welfare needs are known and inform staff practice.

In order to do so, the provider must ensure that:

- a) Care plans are fully completed taking into account where necessary pre admission assessment.
- b) Care plans include the contact details of relatives/carers and the circumstances under which they should be contacted.
- c) A written plan is devised to record all care plan reviews which are now out of date and when these will take place.

d) Thereafter a written plan must be put in place to show when care plans are due to be reviewed and updated this must take place at least once in a six month period.

Care planning must account of person centred care and the principles of dignity, and respect, privacy, choice, safety, realising potential and equality and diversity.

At this inspection we looked at a sample of care plans for residents in each of the streets. We saw that :

a) The sample of care plans we looked at had been fully completed taking into account where necessary pre admission assessment. This aspect of the requirement was met.

b) The contact details of relatives/carers and the circumstances under which they should be contacted were still in the process of being updated and had not been fully completed for all residents. However, we also saw that this task had been allocated to named staff to progress.

These members of staff were able to tell us about contacting relatives/carers to get up to date information. Therefore we have considered that this aspect of the requirement had been met and we will follow-up again at the next inspection.

c) and d) The quality assurance officer had devised a spread-sheet to show when all care plan reviews had taken place and when these were next due to be reviewed. This showed a plan for each care plan to be reviewed at least once in a six month period.

Systems were also being devised for administrative staff to alert the manager and care team supervisors when care plans were due to be reviewed to ensure these were completed within the given timescale. These aspects of the requirement were met.

At the last inspection we made a requirement about care planning to take into account person centred care and the principles of dignity, and respect, privacy,

choice, safety, realising potential and equality and diversity.

At this inspection we saw that whilst the care plan format was the same for each resident the content of each was personal and relevant to the individual. We did not see language in care plans which would indicate that the above principles were compromised. Therefore we have considered that this requirement had been met. We will follow-up care planning again at the next inspection.

At the last inspection we made a requirement that the service provider must make proper provision for the health, welfare and safety of service users and provide equipment that a resident has been assessed as necessary for the provision of their care.

We made this requirement as at the last inspection we saw that a resident had remained in bed for several months and the reason recorded was due to equipment not being made available.

This resident was no longer in the home. However, we spoke with another resident and their relatives/carers who told us about an occupational therapy consultation about their/ their relatives need for a specialist chair. This chair had been provided and the resident told us they were satisfied with this and they found the chair to be comfortable. This requirement was met.

Nutrition and the dining experience:

At the last inspection we made a recommendation about considering how the dining experience could be improved for residents. This was to include:

- Having condiments being available on all dining tables.
- Offering of hand washing before meals.
- Offering the use of a dining chair to people who use wheelchairs.
- Having more age appropriate drinking glasses available for those who could use these.
- Having enough staff available at mealtimes to assist all residents to have their meal without compromising the dignity of those who require assistance.

At this inspection we saw improvements in the dining experience for residents in the home. We saw that cloths, condiments and age appropriate glasses were available for residents. We saw that hand wipes were available but as people were already seated at tables we did not hear if hand washing was offered or if people who used wheelchairs were offered the use of a dining chair.

We were also told that catering staff were now allocated to each street to serve meals in order to ensure that care staff were available at mealtimes to assist residents to have their meal. In addition, protected meal times were now in place where visitors were asked not to visit. This was in part to protect the dignity of residents who may need some help in eating and drinking and to reduce distractions from visitors.

We discussed these changes and improvements in the dining experience which the manager will continue to monitor in consultation with residents and catering staff.

This recommendation had been implemented.

Legal Status and Consent:

At the last inspection we made a requirement about residents legal status and their ability to make decisions for themselves. This was in order to protect each resident and to guide the service on their responsibilities to provide care and treatment and to ensure that appropriate legal safeguards such as DNAR and AWI certificates are in place where assessed as necessary the service provider must: -

- a) Review the arrangements in place for those residents who lack capacity to make decisions for themselves in some aspects of their lives.
- b) Ensure the current status of each resident in respect of capacity is recorded.
- c) Ensure that accurate records are in place and maintained for each resident, where indicated, in regard to their legal status under Section 47 of the Adults with Incapacity (Scotland) Act 2002) 'Adults with incapacity' and DNAR records.

d) Ensure care plan records show that, where powers have been enacted to others, that this is clearly documented.

At this inspection we saw records which the quality assurance officer had devised to record the legal status of each resident in respect of DNAR and AWI and where any powers had been enacted to others, for example, relatives. However copies of some legal documents were not in the home and relatives were being contacted to provide this information.

The manager and quality assurance officer were aware of their responsibilities in this area of care and there had been improvement in the records we saw. We were satisfied that they were progressing this work and have considered that this requirement was met.

We also saw that sufficient improvement had been made in meeting service users' health and wellbeing to show that the service was now performing at a basic level. Although further improvement was needed we were reassured that MLC has given a commitment to improve the overall service including the provision of residents health and wellbeing.

Therefore we have awarded a grade of 3 - adequate for this quality statement. However, we would expect to see that these improvements continue in order that the service can maintain or increase this grade at future inspections.

Areas for improvement

Health personal care and care planning.

At the last inspection we made a requirement that the service provider must make proper provision for the health and welfare of service users. In order to do so the provider must:

a) Assess and determine the care needs for residents remaining in bed for prolonged lengths of time and take into account the outcomes of risk assessment, for example moving and handling and pressure damage and evaluations of charts.

b) Ensure care plans clearly show the rationale where residents remain in bed

for prolonged lengths of time which takes rights and risks into account and this is regularly reviewed.

c) Consult with the individual and, or, their relatives/carers about the need to balance the rights of choice and risks of prolonged bedrest and this is recorded.

d) Ensure that staff are aware of the content of the plan and this is carried out by staff providing care and support.

At this inspection we saw a reduction in the number of residents remaining in bed for prolonged lengths of time and some staff could tell us about individual residents' preferences to stay in their bed. However,;

a) The care plans we looked at did not fully assess the individuals need for this type of care.

b) Care plans did not fully explain the rationale for the individual remaining in bed for prolonged lengths of time which took account of rights and risks and this was regularly reviewed.

c) Care plans did not fully evidence that consultation had taken place with the resident and or their relative/carers about choices and risks about of prolonged bedrest.

d) Staff we asked were aware of residents' preferences for bedrest but care plans did not reflect this.

Further work is still need to show that residents and relatives/carers have been consulted about individual needs in respect of prolonged bed rest. This was acknowledged at the feedback on the outcomes of inspection. This requirement was not met, we have made this requirement again with an amended timescale for implementation. (See requirement 1).

Nutrition and the dining experience:

At the last inspection we made a requirement that the Provider must ensure that the nutritional needs of residents are met. In order to do so, the Provider must:

- a) Review the care plans about nutritional needs and associated risk assessments taking into account, where indicated, advice from a dietician.
- b) Ensure that any needs in nutrition and monitoring of food and fluid intake is included in the care plan with guidance for staff.
- c) Ensure that any food and fluid intake charts are accurately completed and evaluated.
- d) Ensure that the evaluation of food and fluid charts informs any changes to the care plan and guidance for staff.
- e) Ensure MUST and BMI records are accurately recorded and these assessments take place at the timescales outlined in the care plan.

At this inspection we looked at sample of care plans including those relating to nutrition. We considered that overall the contents of these plans had improved and we also saw that the manager had an overview of residents MUST and BMI scores. This allows tracking of reassessment of risk at given intervals and any changes in these.

However:

- a) We saw further improvement was needed in the assessment, management and review of residents' nutritional needs. We saw that some information on nutritional needs was in care plans but we could not see how evaluations from risk assessments informed these care plans.
- b) c) d) and e) We saw deficits in the recording of food and fluid charts. For example, charts to record fluid intake did not always have an expected daily target amount, the total amount of fluid intake was not consistently recorded and there was no actions/ recommendations or instructions to staff where this total had not been achieved, for example, on steps they could take to increase fluid intake and or consult from health care professionals.

We also saw In food and fluid charts we looked at there were often gaps in recording where we were unable to determine if food and fluids had been offered, accepted and or refused.

We discussed the need to improve this are of care and recording with care staff and at the feedback on the outcomes of the inspection. We have made an amended requirement with amended timescale for implementation. (See requirement 2).

We also shared concerns make known to us about home baking and fruit smoothie drinks being provided for residents which were often being returned to the kitchen uneaten. We could not determine if residents did not want or like these foodstuffs as those we spoke with praised the standard of meals and the home baking.

Food including home baking we saw during the inspection was well presented and looked appetising. However, it was of concern that these may not be being offered to residents and for some residents this could compromise their nutritional status and nutritional risk of malnourishment. The manager confirmed that this will be followed up with catering staff to determine the frequency and location of returned food and drinks.

Oral hygiene:

At the last inspection we made a requirement that the Provider must ensure that the oral care needs of each resident are met.

In order to do so, the Provider must: -

- a) Ensure that each residents' care plan includes an assessment of their oral health including the completion of an oral health risk assessment.
- b) Outcomes of the assessment and oral health risk assessment inform the care plan in this area of care.
- c) Charts to monitor the provision of oral care are consistently completed.

d) Evaluations of the outcomes of these charts contribute to reviews and any changes to the care plan and these are recorded.

At this inspection we looked a sample of oral health care plans and associated charts. Whilst oral health risk assessments were in place the charts to show that oral hygiene care had been carried out were incomplete with significant gaps in recording and no explanations given to note for example if the resident had refused this care.

However, we did not see any obvious signs of poor oral hygiene in the residents we met but the poor standard of record keeping could not evidence that oral hygiene care was consistently provided. Therefore we concluded that this requirement was not met. We have made this requirement again, with an amended timescale for implementation. (See requirement 3).

We were advised that Caring for Smiles staff were due to visit the home to give advice on this area of care.

Grade

3 - Adequate

Requirements

Number of requirements - 3

1. The service provider must make proper provision for the health and welfare of service users. In order to do so the provider must:

a) Assess and determine the care needs for residents remaining in bed for prolonged lengths of time and take into account the outcomes of risk assessment, for example moving and handling and pressure damage and evaluations of charts.

b) Ensure care plans clearly show the rationale where residents remain in bed for prolonged lengths of time which takes rights and risks into account and this is regularly reviewed.

- c) Consult with the individual and, or, their relatives/carers about the need to balance the rights of choice and risks of prolonged bedrest and this is recorded.
- d) Ensure that staff are aware of the content of the plan and this is carried out by staff providing care and support.

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 a regulation about Principles, Regulation 4 (1) (a) and (b) a regulation about the Welfare of users Requirement 5 (1) (2) (b) (ii) and (iii) a regulation about personal plans.

Consideration should also be given to the National Care Standards Care Homes for Older People Standard 5 - Management and staffing, Standard 6 Support arrangements, Standard 10 - Exercising your rights, Standard 13 - Lifestyle Standard 14 - Keeping well - healthcare and Standard 17 - Daily life.

Timescale for achieving this requirement: to commence on receipt of this report and to be completed by 30 June 2016.

2. The Provider must ensure that the nutritional needs of residents are met. In order to do so, the Provider must:

- a) Review the care plans about nutritional needs and associated risk assessments taking into account, where indicated, advice from a dietician.
- b) Ensure that any needs in nutrition and monitoring of food and fluid intake is included in the care plan with guidance for staff.
- c) Ensure that any food and fluid intake charts are accurately completed and evaluated.
- d) Ensure that the evaluation of food and fluid charts informs any changes to the care plan and guidance for staff.
- e) Ensure MUST and BMI records are accurately recorded and these

assessments take place at the timescales outlined in the care plan.

This is to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of users.

Consideration should also be given to Care Homes for older people Standard 13 - Eating well.

Timescale for achieving this requirement: to commence on receipt of this report and be completed by 30 June 2016.

3. The Provider must ensure that the oral care needs of each resident are met. In order to do so, the Provider must:

a) Ensure that each residents' care plan includes an assessment of their oral health including the completion of an oral health risk assessment.

b) Outcomes of the assessment and oral health risk assessment inform the care plan in this area of care.

c) Charts to monitor the provision of oral care are consistently completed.

d) Evaluations of the outcomes of these charts contribute to reviews and any changes to the care plan and these are recorded.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4(1) (a) and (b) Welfare of users. Consideration should also be given to the National Care Standards Care Homes for Older People Standard 6 - Support arrangements and Standard 14 - Keeping well - healthcare.

Timescale for achieving this requirement: to commence on receipt of this report and to be completed by 30 June 2016.

Number of recommendations - 0

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

The comments made in Quality Theme 1 Statement 1 also apply to this statement.

Areas for improvement

The areas for development noted in Quality Theme 1, Statement 1 are relevant to this Statement.

The service should continue to involve residents and relative/carers in assessing and improving the quality of the home environment.

Grade

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

As the purpose of this inspection was to measure the progress made in meeting the requirements made at the last inspection, this statement was not fully examined at this visit.

However, we saw that the strengths identified at the inspection on 29 September 2015 were still evident.

Strengths included the spacious, comfortable and clean environment, the personal, en-suite bedrooms with access to the enclosed garden the systems in place to clean, maintain and check the safety of the environment and the equipment and installations.

At the last inspection we made a requirement that:

The provider must make proper provision for the health, welfare and safety of service users in a manner which respects their privacy and dignity. In order to do so the manager must:-

- a) Devise and implement a system to ensure that residents' bedrooms, wardrobes and drawers are clean and tidy.
- b) Ensure that residents clothing is treated with respect and that care is taken when placing clothing in wardrobes and drawers.
- c) Ensure that continence aid and catheter care equipment are stored discreetly.
- d) Ensure that bed linen, towels and pillows used in the service are in a good state of repair and fit for purpose.
- e) Toothbrushes are stored appropriately.
- f) Mattresses fit the bed base.

At this inspection we again examined a sample of rooms in each of the streets and saw significant improvement in this area of care and in the general hygiene throughout the home.

- a) We were advised that all staff take responsibility for ensuring residents' bedrooms, wardrobes and drawers were clean and tidy.
- b) We saw that clothing was stored with care.

c) Continence and catheter care equipment was stored discreetly.

d) Bed linen, towels and pillows were fit for purpose and bedding looked clean and fresh. We also saw that new supplies of bed linen and towels had been purchased.

e) Toothbrushes were stored appropriately.

f) Mattresses fitted the bed bases.

This requirement was met.

At the last inspection we made a requirement that:

The service provider must make proper provision for the health, welfare and safety of residents. In order to do so the service provider must ensure that residents who are in bed or using their room have access at all times to the call system.

At this inspection we that residents in bed had access to a call bell and call bells were available in each bedroom we looked at. This requirement was met.

At the last inspection we made a requirement that:

The service provider must make proper provision for the health, welfare and safety of residents and ensure that the home environment is maintained in a good state of repair throughout. In order to do so the service provider must ensure that:

a) Good food hygiene practices are in place throughout the home. This must include the appropriate and safe storage and disposal of foodstuffs.

b) There is a written audit of the home environment to note any repair and any maintenance work needed in the home.

c) Where repair and maintenance deficits are noted an action plan must be

devised with timescales for these to be attended to.

At this inspection we saw that:

a) Improvements had been made in promoting good food hygiene practices in the home. We saw that food was covered and use by dates noted on containers where food had been decanted from the original packaging.

We saw that equipment in kitchens was cleaner than we saw at the last inspection. However, minor areas of hygiene, in relation to the seals on fridges was brought to the managers attention. in order that these could be cleaned and or replaced.

b) We saw repair and maintenance work needed was kept in a record recorded in each street.

c) Whilst repair and maintenance deficits were noted we could not always tell from the records if or when remedial actions had taken place. We have made this aspect of the requirement again and included it in another requirement about safety checks. See areas for improvement.

We also saw that there were records of spot checks being made in each street about general cleanliness, hygiene, storage of personal belongings, foodstuffs and equipment. However, this could be further improved by giving clear guidance on what these spot checks should consist of to ensure that all staff completing these checks do so in a consistent manner.

We discussed this at the feedback on the outcomes of the inspection and the manager confirmed that this would be considered.

Therefore we have concluded that this requirement was met.

At the last inspection we made a requirement that:

The service provider must make proper provision for the health, welfare and safety of residents and must ensure that:

- a) There is a comprehensive inventory in place to record all the equipment and installations in the home in order that safety check records can be cross referenced.
- b) The safety check records note when safety checks have taken place and for those under LOLER regulations when the next safety check is to be undertaken.
- c) Safety checks undertaken in the home are completed in accordance with the providers policy.
- d) Records of safety checks must indicate what checks are to be carried out on the equipment, what actions are taken when deficits are noted and when this deficit has been rectified.
- e) Records must show when piece of equipment is removed from use and when new equipment has been installed.
- f) All records must be signed and dated by the person undertaking the safety check.
- g) Safety checks are undertaken by a suitably competent person.

At this inspection we saw that:

- a) There was is an inventory in place to record specialist equipment in the home in order that safety check records could be cross referenced.
- b) The safety check records noted when safety checks had taken place and for those under LOLER regulations when the next safety check is to be undertaken.

The other aspects of this requirement were not met. See areas for improvement where we have made an amended requirement.

At the last inspection we made a requirement that:

The service provider must make proper provision for the health, welfare and safety of residents and ensure that there are enough staff available in the home

to meet the assessed needs of residents at all times. In order to do so the service provider must ensure that:

a) A four weekly assessment of physical, social, psychological and recreational needs and choices for each resident is undertaken to inform the direct care hours needed for each resident and overall resident group.

b) The staff duty rota must evidence that these assessed hours of staff support are available.

At this inspection we saw:

a) Four week assessments of each resident had been undertaken to inform the direct care hours needed for the overall resident group.

b) The samples of duty rotas we looked at indicated that the overall staffing hours deemed necessary through assessment had been met and or exceeded. However, some staff told us that they had concerns that the present staffing although adequate to meet the needs of current residents may not be the case if and when there were new admissions to the home.

A relative / carer we spoke with also continued to express concerns about staffing levels in the home. - See comments of relatives/carers.

We have concluded that this requirement met. - Also see areas for improvement.

At the last inspection we made a requirement that:

The service provider must make proper provision for the health, welfare and safety of residents and ensure that improvement is made to the management of medicines in accordance with best practice guidance. In order to do so the provider must ensure that:-

a) All staff who administer medicines in the home receive training in this and regular competency assessments take place to confirm their ongoing competency in this area of care.

- b) Each resident receives their medication as prescribed including topical medicines and creams.
- c) Topical medicines and creams are marked to give the date of opening (as many of these have a short life span once opened).
- d) All staff sign to confirm the administration of all medicines, where a prescribed medicine is not administered the reason for this must be recorded.
- e) All handwritten entries on MAR charts must be signed and dated by the person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.
- f) More consistent use is made of the carers notes to explain omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.
- g) Controlled medicines are returned to the pharmacy after seven days where the resident has died.
- h) Systems for recording and checking controlled medicines are improved.
- i) "As required" protocols for the administration of "as required medicines" are in place to guide staff in the administration of these and cross referenced where indicated to care plans.

At this inspection we checked a sample of the medication management arrangements in three of the streets and the management of controlled medicines now stored, managed and dispensed from one central point.

- a) We saw that some staff training in the management of medicines had taken place and more was planned which also included their competency in this area of care.
- c) Topical medicines and creams we saw had the date of opening recorded on

the packaging.

d) In the sample of records of oral medicines administered we did not see any omissions of signatures.

g) We saw that controlled medicines were returned to the pharmacy after seven days where the resident has died.

h) We saw improved systems for recording and checking controlled medicines.

The other aspects of this requirement were not met. See areas for improvement where we have made an amended requirement.

We also saw that sufficient improvement had been made in the safety of the environment and general safety of service to show that the service was now performing at a basic level.

Although further improvement was needed we were reassured that MLC has given a commitment to improve the overall service including the provision of residents health and wellbeing, safety of the environment and protection of service users.

Therefore we have awarded a grade of 3 - adequate for this quality statement. However, we would expect to see that these improvements continue in order that the service can maintain or increase this grade at future inspections.

Areas for improvement

At the last inspection we made a requirement about safety checks in the home. At this inspection we saw that aspects of this requirement had not been fully met. We saw that:

c) There was no detail in the records to advise the frequency of checks in accordance with the providers policy.

d) Records of safety checks did not fully indicate what checks were to be carried out on the equipment, or what actions were taken when deficits were noted and when any deficit has been rectified.

e) Records did not always show when piece of equipment was removed from use and when any new equipment had been installed.

f) Not all of the safety check records had been signed and dated by the person undertaking the safety check.

g) We could not tell from the records if the safety checks had been signed by a suitably competent person.

We concluded that aspects c), d), e) f) and g) of this requirement had not been fully met and have made an amended requirement which also includes an aspect of another requirement relating to maintenance and repairs. (See requirement 1).

We were told that generally there were enough cleaning materials and equipment to keep the home clean. However, house-keeping staff felt that having a steam cleaner available would be helpful in that floors would be dried quicker and they would not need to limit resident access to areas where floors had been cleaned to minimise the risk of slips and falls. We brought this suggestion to the attention of the manager to consider and follow up with house-keeping staff.

Whilst we concluded that the requirement made about staffing was met we discussed the staffing arrangements and the need to continue to monitor the staffing needs and deployment of staff in the home. This was in part due to problems with the IoRN tool not always accurately calculating the correct hours from the data which was provided. In addition the comments of staff and relatives need to be considered when occupancy numbers in the home increase.

We also discussed including the allocation of "floating staff" as it was not always obvious what their duties were at specific times. For example, staff also told us that having staff allocated to the street was more helpful as the availability of "floating staff" could not always be determined to confirm that they were in the right street when they were needed.

The manager confirmed that the staffing arrangements and deployment of staff will continue to be monitored and appropriate staffing provided to meet the assessed needs of residents. In addition the role, responsibilities and deployment of "floating staff" will be reviewed.

At the last inspection we made a requirement about the management of medicines in the home. At this inspection we saw that aspects of this requirement had not been fully met. We saw that:

b) Charts to confirm the administration of topical medicines and creams were not always consistently completed.

e) Handwritten entries on MAR charts were not always signed and dated by the person making the change, with reference to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.

f) We saw that carers notes were still not consistently used to explain omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.

i) "As required" protocols for the administration of "as required medicines" were not always in place to guide staff in the administration of these and were not always cross referenced where indicated to care plans.

Aspects b) e) f) and i) of this requirement were not met. Therefore we have made an amended requirement with an amended timescale for implementation. (See requirement 2).

Grade

3 - Adequate

Requirements

Number of requirements - 2

1. The service provider must make proper provision for the health, welfare and safety of residents and must ensure that:

- a) Safety checks undertaken in the home are completed in accordance with the providers policy.
- b) Records of safety checks must indicate what checks are to be carried out on the equipment, what actions are taken when deficits are noted and when this deficit has been rectified. (an action plan approach may be helpful).
- c) Records must show when piece of equipment is removed from use and when new equipment has been installed.
- d) All records must be signed and dated by the person undertaking the safety check.
- e) Safety checks are undertaken by a suitably competent person.

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) a Regulation about the Welfare of users, Regulation 14 (b) a Regulation about Facilities in care homes. Consideration should also be given to the National care standards, care homes for older people, Standard 4 - Your environment, Standard 5 - Management and staffing arrangements and Standard 9 - Feeling safe and secure.

Timescale: to commence on receipt of this report and to be fully implemented by 30 June 2016.

2. The service provider must make proper provision for the health, welfare and safety of residents and ensure that improvement is made to the management of medicines in accordance with best practice guidance.

In order to do so the provider must ensure that:

- a) Each resident receives their medication as prescribed including topical medicines and creams and these are

b) All handwritten entries on MAR charts must be signed and dated by the person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.

c) More consistent use is made of the carers notes to explain omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.

d) "As required" protocols for the administration of "as required medicines" are in place to guide staff in the administration of these and cross referenced where indicated to care plans.

This is to comply with SSI 2011/210 Regulation 4 (1) Welfare of users and consideration should be given to the National care standards, care homes for older people, Standard 15 Keeping well - medication.

Timescale: to commence on receipt of this report and to be completed by 30 June 2016.

(Handling of Medicines in Social Care, Royal Pharmaceutical Society of Great Britain [RPSGB] 2007 and other documents for

Number of recommendations - 0

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

The comments made in Quality Theme 1 Statement 1 also apply to this statement.

Areas for improvement

The areas for development, noted in Quality Theme 1, Statement 1 are relevant to this Statement.

The service should continue to involve residents and relative/carers in assessing and improving the quality of the staffing in the service.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

As the purpose of this inspection was to measure the progress made in meeting the requirements made at the last inspection, this statement was not examined at this visit.

However, we saw that the strengths identified at the inspection on 29 September 2015 were still evident. Strengths included training opportunities, policies and procedures for guidance and assessment of residents' needs in order to inform the staffing provided.

At the last inspection we made a requirement that:

The service provider must make proper provision for the health, welfare and safety of each service user. In order to do so they must ensure that each resident is treated with dignity and respect by all staff at all times and all staff are reminded of their responsibilities in regard to this.

At this inspection we did not hear or see any actions by staff which would indicate that they were not treating residents with dignity or respect. We saw some kind and considerate interactions between residents and staff and staff we spoke with spoke respectfully about residents. This requirement was met.

At the last inspection we made a requirement that:

The service provider must make proper provision for the health, welfare and safety of each service user, ensure the fitness of employees and ensure that all staff employed in the home undertake training necessary for the work they are to do. In order to do so the service provider must:

- a) Have a training matrix in place which shows when training has been undertaken by each member of staff, this include mandatory training required by legislation, training to meet residents assessed needs, for example management of epilepsy. and refresher training where this may be time limited, for example moving and handling.
- b) Review this plan to confirm that all staff training is up to date or any deficits in training are identified.
- c) Where staff training needs have been identified as necessary, for example, refresher training (moving and handling) and, or, training to meet the assessed needs of residents' (management of epilepsy) a written plan must be in place to show when this training will take place.

d) Have up to date training records available for reference and examination.

At this inspection we saw that the quality assurance officer had:

a) Devised a training matrix to show when training has been undertaken by each member of staff and this included mandatory training, refresher training and training to meet residents assessed needs. We saw that a refresher date was noted for any time limited training, for example moving and handling.

b) and c) There was a plan of staff training events over the next few months to address any mandatory, refresher and training identified as necessary for staff to meet the needs of residents.

d) The most up to date training records were available for reference and examination at this inspection.

e) Whilst group supervision had been reinstated individual supervision was not yet fully established although this will be commenced once supervisors complete refresher training.

In addition staff spoke highly of the support and guidance they received from the manager and the quality assurance officer and they also told us that there was now ample training opportunities for them to attend.

We therefore considered that this requirement had been met.

We also saw that sufficient improvement had been made in promoting a professional, trained and motivated workforce to in the home to show that the service was now performing at a basic level. Although further improvement was needed we were reassured that MLC has given a commitment to improve the overall quality of staffing in the service.

Therefore we have awarded a grade of 3 - adequate for this quality statement. However, we would expect to see that these improvements continue in order that the service can maintain or increase this grade at future inspections.

Areas for improvement

At the last inspection we made a requirement that:

The service provider must ensure that staff have the skills for the work they are to perform and this should include but not be limited to: -

a) Care planning, associated documentation such as charts, risk assessments dependency assessments and reviews.

b) Completion of other records associated with their work in the home, for example accidents and incidents.

At this inspection we looked at a sample of care plans in written form, associated charts and mini care plans in bedrooms and computer based care plan records. We still saw that care plans and associated recording and evaluation of charts could be further improved.

We did not see sufficient improvement in this area of care and have made this requirement again with an amended timescale for implementation. (See requirement 1).

We saw the training matrix , training plan and posters showing what training was available for staff. However, we were told that some members of staff were declining to attend training such as time limited moving and handling training.

As this may mean that some staff may not be able to carry out their duties and may be considered a health and safety risk this was to be followed up with individual staff members where indicated. as a matter of priority.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. The service provider must ensure that staff have the skills for the work they are to perform and this should include but not be limited to:

a) Care planning, associated documentation such as charts, risk assessments dependency assessments and reviews.

b) Completion of other records associated with their work in the home, for example accidents and incidents.

This 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) a Regulation about the Welfare of users and Regulation 9 (2) (b) a Regulation about fitness of employees.

Consideration should also be given to the National care standards, care homes for older people, Standard 5 - Management and staffing arrangements and Records that all registered care services (except childminders) must keep - Notification reporting.

Timescale for implementation: to commence on receipt of this report and be concluded by 30 June 2016.

Number of recommendations - 0

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

The comments made in Quality Theme 1 Statement 1 also apply to this statement.

Areas for improvement

The areas for development noted in Quality Theme 1, Statement 1 are relevant to this Statement.

The service should continue to involve residents and relative/carers in assessing and improving the quality management and leadership in this home.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service strengths

As the purpose of this inspection was to measure the progress made in meeting the requirements made at the last inspection, this statement was not fully examined at this visit. However, we saw that the strengths identified at the inspection on 29 September 2015 were still evident and progress had been made in each quality theme and statement we followed up.

We saw that:

- Residents and relatives/carers meetings had been reinstated with a planned timetable for these to take place.
- The complaint policy and procedure was now on display for reference.
- Some improvements had been made to the quality of medication audits.
- Some improvements had been made to care planning audits.
- Some improvements had been made to safety and environment audits.
- Improvements had been made to the content of notifications made to the care inspectorate- Quality assurance questionnaires had been reintroduced.

We also saw that the quality assurance officer was available to support the manager and to progress the improvement plan for this service. This included regular reports to show the continuous and sustained improvements in the deficits identified.

Self assessment and notifications to the Care Inspectorate:

A self assessment was completed and submitted to the Care Inspectorate prior to the inspection in 2015. We did not request that this was updated prior to this inspection.

We have seen an improvement in the submission of notifications made to us. The content of these has also gradually improved and we understand this has been as a result of guidance and instruction to staff from the quality assurance officer and the manager.

Annual quality assurance questionnaires:

We saw that the use of quality assurance questionnaires had been reinstated and we discussed methods by which the manager could let people know about the outcomes and actions planned as a result of the information gathered.

During our inspection staff told us about improvements in the home and especially the support, guidance and direction they had received from the manager and quality assurance officer.

Comments made by staff were as follows:

"It feels better here now, good, better management a 100 times better, I enjoy my work, brilliant training., I now feel supported and suggestions are acted on. I can understand the need to move staff around but sometimes its difficult if you are a key worker and not always working where the resident is. I know about the loRN but sometimes not sure if there is enough staff"

"Its much improved here now. The manager is supportive and I now know what we are supposed to be doing."

"I feel things are better here, more staff, less residents and improvements in training."

"There has been a huge difference here since the new manager came, we get an answer now. The double doors (between the streets and the entrance hallway) used to be a barrier, not now, managers will come and see you if don't go to them to ask if all is okay."

" Things have massively improved since manager (named) has came here. This place was going downhill drastically before. Can go to the manager now and he will sort things out immediately."

"We can't do key-working duties if we are moved from street to street, staffing remains an issue, we area usually short staffed."

"There has been a big difference since the new manager came, staff morale is much better and I don't mind moving to different streets."

Areas for improvement

Whilst we saw some improvements in each quality theme and statement we looked at we also saw that more work was needed to fully develop, implement and evaluate an effective quality assurance system.

For example we saw differing standards in the quality of record keeping and audits and suggested that the consistent use of actions plans would help to show that actions identified had been fully completed, within the given timescale and that these had been signed and dated. This would help to show progress with any deficits identified through audits.

Care plan audits:

The requirements made at the last inspection about care planning, completion of these and associated records including risk assessments and charts had not been fully implemented. We did see improvements in the content of these however, we could not always see where a care plan audit had taken place or the expected frequency of these. (Also see quality theme 1 statement 3).

Health and safety audits:

The requirements made at the last inspection about the safety of the environment including the management of medicines had not been fully implemented. Whilst we saw improvements more work was needed in this area of care. (Also see quality theme 2 statement 2).

Medication audits:

The requirement we made at the last inspection about the management of medication had not been fully met. We also saw differing standards in the content of medication audits, whilst some noted actions needed others noted the actions needed and if these actions had been concluded. This included the need to discuss errors with staff and or provided additional training and we could not see if these actions had taken place. (Also see quality theme 2 statement 2).

At the last inspection we asked that an investigation was undertaken to determine the discrepancies found in the management of controlled drugs in the home and an update on this was to be provided to the Care Inspectorate. At this inspection the Service managed advised us that this had commenced and a report would be provided to the Care Inspectorate once concluded.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

1. In order that service users and carers can participate in assessing and improving the quality of the care and support provided by the service the service provider must:

a) Ensure that the complaint procedure on display in the home and this is accurate and up to date and includes:

b) Reference to The Care Inspectorate and our contact details.

c) Reference to the right of residents and relatives/carers to make a complaint to the Care Inspectorate.

This requirement was made on 29 September 2015

We saw that the complaint procedure was on display and this gave the Care Inspectorate contact details and made reference to the right of people to make a complaint to us .Also see quality theme 1 statement 1.

Met - Within Timescales

2. The service provider must make proper provision for the health welfare of service users. This must include accurate recording of the assessed needs of each resident in care plans to ensure that their health and welfare needs are known and inform staff practice. In order to do so, the provider must ensure that:

a) Care plans are fully completed taking into account where necessary pre admission assessment.

b) Care plans include the contact details of relatives/carers and the circumstances under which they should be contacted.

c) A written plan is devised to record all care plan reviews which are now out of date and when these will take place.

d) Thereafter a written plan must be put in place to show when care plans are due to be reviewed and updated this must take place at least once in a six month period.

Care planning must account of person centred care and the principles of dignity, and respect, privacy, choice, safety, realising potential and equality and diversity.

This requirement was made on 29 September 2015

At this inspection we saw improvements in the contents of care plans and the planning for care plan reviews to take place at least once in a six month period. Also see quality theme 1 statement 3.

Met - Within Timescales

3. Care planning must take into account person centred care and the principles of dignity, and respect, privacy, choice, safety, realising potential and equality and diversity.

This requirement was made on 29 September 2015

We did not see language in care plans which would indicate that the above principles were compromised.

Met - Within Timescales

4. The service provider must make proper provision for the health, welfare and safety of service users and provide equipment that a resident has been assessed as necessary for the provision of their care.

This requirement was made on 29 September 2015

This requirement was no longer relevant. Also see quality theme 1 statement 3.

Met - Within Timescales

5. The service provider must make proper provision for the health and welfare of service users. In order to do so the provider must:

a) Assess and determine the care needs for residents remaining in bed for prolonged lengths of time and take into account the outcomes of risk assessment, for example moving and handling and pressure damage and evaluations of charts

b) Ensure care plans clearly show the rationale where residents remain in bed for prolonged lengths of time which takes rights and risks into account and this is regularly reviewed

c) Consult with the individual and, or, their relatives/carers about the need to balance the rights of choice and risks of prolonged bedrest and this is recorded

d) Ensure that staff are aware of the content of the plan and this is carried out by staff providing care and support.

This requirement was made on 29 September 2015

Whilst we saw a reduction in the number of residents remaining in bed for prolonged lengths of time this requirement had not been fully implemented. Also see quality theme 1 and some staff could tell us about individual residents' preferences to stay in their bed. However:

a) The care plans we looked at did not fully assess the individuals need for this type of care.

b) Care plans did not fully explain the rationale for the individual remaining in bed for prolonged lengths of time which took account of rights and risks and this was regularly reviewed.

c) Care plans did not fully evidence that consultation had taken place with the resident and or their relative/carers about choices and risks about of prolonged bedrest.

d) Staff we asked were aware of residents' preferences for bedrest but care plans did not reflect this.

Further work is still need to show that residents and relatives/carers have been consulted about individual needs in respect of prolonged bed rest. This was acknowledged at the feedback on the outcomes of inspection. This requirement was not met.

Not Met

6. The Provider must ensure that the nutritional needs of residents are met. In order to do so, the Provider must:

a) Review the care plans about nutritional needs and associated risk assessments taking into account, where indicated, advice from a dietician.

b) Ensure that any needs in nutrition and monitoring of food and fluid intake is included in the care plan with guidance for staff.

c) Ensure that any food and fluid intake charts are accurately completed and evaluated.

d) Ensure that the evaluation of food and fluid charts informs any changes to the care plan and guidance for staff.

e) Ensure MUST and BMI records are accurately recorded and these assessments take place at the timescales outlined in the care plan.

This requirement was made on 29 September 2015

In the sample of care plans we looked at we considered that overall the contents had improved.

However,further improvement was needed in the assessment, management and review of residents' nutritional needs. Also see quality theme 1 statement 3.

Not Met

7. In order to protect each resident and to guide the service on their responsibilities to provide care and treatment and to ensure that appropriate legal safeguards such as DNAR and AWI certificates are in place where assessed as necessary the service provider must: -

a) Review the arrangements in place for those residents who lack capacity to make decisions for themselves in some aspects of their lives.

b) Ensure the current status of each resident in respect of capacity is recorded.

c) Ensure that accurate records are in place and maintained for each resident, where indicated, in regard to their legal status under Section 47 of the Adults with Incapacity (Scotland) Act 2002 'Adults with incapacity' and DNAR records.

d) Ensure care plan records show that, where powers have been enacted to others, that this is clearly documented.

This requirement was made on 29 September 2015

We saw records which the quality assurance officer had devised to record the legal status of each resident in respect of DNAR and AWI and where any powers had been enacted to others, for example, relatives. Also see quality theme 1 statement 3.

Met - Outwith Timescales

8. The Provider must ensure that the oral care needs of each resident are met.

In order to do so, the Provider must: -

a) Ensure that each residents' care plan includes an assessment of their oral health including the completion of an oral health risk assessment.

b) Outcomes of the assessment and oral health risk assessment inform the care plan in this area of care.

c) Charts to monitor the provision of oral care are consistently completed.

d) Evaluations of the outcomes of these charts contribute to reviews and any changes to the care plan and these are recorded.

This requirement was made on 29 September 2015

We looked a sample of oral health care plans and associated charts, and saw with significant gaps in recording. Also see quality theme 1 statement 3.

Not Met

9. The provider must make proper provision for the health, welfare and safety of service users in a manner which respects their privacy and dignity. In order to do so the manager must:-

a) Devise and implement a system to ensure that residents' bedrooms, wardrobes and drawers are clean and tidy.

b) Ensure that residents clothing is treated with respect and that care is taken when placing clothing in wardrobes and drawers.

c) Ensure that continence aid and catheter care equipment are stored discreetly.

d) Ensure that bed linen, towels and pillows used in the service are in a good state of repair and fit for purpose.

e) Toothbrushes are stored appropriately.

f) Mattresses fit the bed base.

This requirement was made on 29 September 2015

We examined a sample of rooms in each of the streets and saw significant improvement in this area of care, and in the general hygiene throughout the home. (Also see quality theme 2 statement 2).

Met - Within Timescales

10. The service provider must make proper provision for the health, welfare and safety of residents. In order to do so the service provider must ensure that residents who are in bed or using their room have access at all times to the call system.

Requirement 11:

The service provider must make proper provision for the health, welfare and safety of residents and ensure that the home environment is maintained in a good state of repair throughout. In order to do so the service provider must ensure that:

- a) Good food hygiene practices are in place throughout the home. This must include the appropriate and safe storage and disposal of foodstuffs.
- b) There is a written audit of the home environment to note any repair and any maintenance work needed in the home.
- c) Where repair and maintenance deficits are noted an action plan must be devised with timescales for these to be attended to.

REQUIREMENT MET.

Requirement 12:

The service provider must make proper provision for the health, welfare and safety of residents and must ensure that:

- a) There is a comprehensive inventory in place to record all the equipment and installations in the home in order that safety check records can be cross referenced.
- b) The safety check records note when safety checks have taken place and for those under LOLER regulations when the next safety check is to be undertaken.
- c) Safety checks undertaken in the home are completed in accordance with the providers policy.
- d) Records of safety checks must indicate what checks are to be carried out on the equipment, what actions are taken when deficits are noted and when this deficit has been rectified.

e) Records must show when piece of equipment is removed from use and when new equipment has been installed.

f) All records must be signed and dated by the person undertaking the safety check.

g) Safety checks are undertaken by a suitably competent person.

Requirement 13.

The service provider must make proper provision for the health, welfare and safety of residents and ensure that there are enough staff available in the home to meet the assessed needs of residents at all times. In order to do so the service provider must ensure that:-

a) A four weekly assessment of physical, social, psychological and recreational needs and choices for each resident is undertaken to inform the direct care hours needed for each resident and overall resident group.

b) The staff duty rota must evidence that these assessed hours of staff support are available.

Requirement 14:

The service provider must make proper provision for the health, welfare and safety of residents and ensure that improvement is made to the management of medicines in accordance with best practice guidance. In order to do so the provider must ensure that:-

a) All staff who administer medicines in the home receive training in this and regular competency assessments take place to confirm their ongoing competency in this area of care.

b) Each resident receives their medication as prescribed including topical medicines and creams.

c) Topical medicines and creams are marked to give the date of opening (as

many of these have a short life span once opened).

d) All staff sign to confirm the administration of all medicines, where a prescribed medicine is not administered the reason for this must be recorded.

e) All handwritten entries on MAR charts must be signed and dated by the person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change, for example instructions of the GP.

f) More consistent use is made of the carers notes to explain omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.

g) Controlled medicines are returned to the pharmacy after seven days where the resident has died.

h) Systems for recording and checking controlled medicines are improved.

i) "As required" protocols for the administration of "as required medicines" are in place to guide staff in the administration of these and cross referenced where indicated to care plans.

Requirement 15:

The service provider must make proper provision for the health, welfare and safety of each service user. In order to do so they must ensure that each resident is treated with dignity and respect by all staff at all times and all staff are reminded of their responsibilities in regard to this.

Requirement 16:

The service provider must make proper provision for the health, welfare and safety of each service user, ensure the fitness of employees and ensure that all staff employed in the home undertake training necessary for the work they are to do. In order to do so the service provider must:-

a) Have a training matrix in place which shows when training has

been undertaken by each member of staff, this should include mandatory training required by legislation, training to meet residents assessed needs, for example management of epilepsy and refresher training where this may be time limited, for example moving and handling.

b) Review this plan to confirm that all staff training is up-to-date or any deficits in training are identified.

c) Where staff training needs have been identified as necessary, for example, refresher training (moving and handling) and, or, training to meet the assessed needs of residents' (management of epilepsy) a written plan must be in place to show when this training will take place.

d) Have up to date training records available for reference and examination.

e) Re-instate staff supervision in accordance with MLC policy.

Requirement 17:

The service provider must ensure that staff have the skills for the work they are to perform and this should include but not be limited to: -

a) Care planning, associated documentation such as charts, risk assessments dependency assessments and reviews.

b) Completion of other records associated with their work in the home, for example accidents and incidents.

This requirement was made on 29 September 2015

We saw that residents in bed had access to a call bell and call bells were available in each bedroom we looked at.

REQUIREMENT MET.

Action taken on requirement 11:

We saw improved standards in food hygiene practices, repair and maintenance systems and environment audits in the home. Also see quality theme 2 statement 2.1.

REQUIREMENT MET.

Action taken on requirement 12:

We saw that some improvements had been made to safety checks of equipment and having an inventory of equipment, further work was needed to fully meet the requirement made. Also see quality theme 2 statement 2. :

REQUIREMENT NOT MET

Action taken on requirement 13:

At this inspection we saw that regular assessment of each resident were used to inform the staffing needs in the home. (Also see quality theme 3 statement 3).

REQUIREMENT MET.

Action taken on requirement 14:

At this inspection we saw some improvements in the management of medicines in the home although further work was necessary to fully implement the requirement we made. (Also see quality theme 2 statement 2).

REQUIREMENT NOT MET.

Action taken on requirement 15:

At this inspection we did not hear or see any actions by staff which would indicate that they were not treating residents with dignity or respect.

REQUIREMENT MET

Action taken on requirement 16.

At this inspection we saw improvement in the management of training and associated records. Also see quality theme 3 statement 3.

REQUIREMENT MET.

Action taken on requirement 17:

At this inspection we saw some improvements in care planning although further work was necessary to fully implement the requirement we made Also see quality theme 3 statement 3.

REQUIREMENT NOT MET.

Met - Within Timescales

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

Previous recommendations

1. The information about the care service in the information brochure and care home web site needs to be updated to accurately reflect the service provided.

This recommendation was made on 29 September 2015

This recommendation had been implemented. Also see quality theme 1 statement 1.

2. Consideration should be given to how the dining experience could be improved for residents. This should include:

- Having condiments being available on all dining tables.
- Offering of hand washing before meals.
- Offering the use of a dining chair to people who use wheelchairs.
- Having more age appropriate drinking glasses available for those who could use these.
- Having enough staff available at mealtimes to assist all residents to have their meal without compromising the dignity of those who require assistance.

This recommendation was made on 29 September 2015

This recommendation had been implemented (Also see quality theme 1 statement 3).

3. All staff should receive formal planned supervision in accordance with the service providers' policy. This is in order to meet the National care standards, care homes for older people, Standard 5 - Management and staffing arrangements.

This recommendation was made on 29 September 2015

Group supervision had commenced and plans were in place to develop individual supervision Also see quality theme 3 statement 3.

6 Complaints

Complaints made to the Care Inspectorate about this service had not been concluded at the time of this 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
29 Sep 2015	Unannounced	Care and support 2 - Weak Environment 2 - Weak

		Staffing Management and Leadership	2 - Weak 2 - Weak
17 Mar 2015	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
20 Jan 2015	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
4 Feb 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
6 Sep 2013	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
5 Mar 2013	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate Not Assessed 2 - Weak
29 Oct 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
7 Feb 2012	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 2 - Weak

16 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 1 - Unsatisfactory
15 Sep 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
22 Apr 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
29 Oct 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate Not Assessed 4 - Good Not Assessed
30 Apr 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 3 - Adequate

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

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۔

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