

# 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.

## Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 [@careinspect](https://twitter.com/careinspect)

## Summary

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

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

### We gave the service these grades

Quality of care and support	2	Weak
Quality of environment	2	Weak
Quality of staffing	2	Weak
Quality of management and leadership	2	Weak

### What the service does well

The home is spacious and each bedroom for residents' use has access to the large enclosed garden.

The layout of the "streets" and allocation of staff to each street for their period of duty helps residents to know the staff and who are available to them.

Some residents and relatives/carers expressed their satisfaction about the quality of the service. Positive comments were made about the environment, the staff, activities and entertainment and the quality and variety of meals.

### What the service could do better

We saw that improvement was needed in resident and relative/carer participation, care planning and reviews, delivery of care, staff training, including supervision and assessment of competency in some areas of care, audit systems, standards of record keeping and notifications made to the Care Inspectorate.

We also saw areas of concern in the management of medicines, staff training and safety of the environment which need to be addressed as a matter of priority to ensure that residents are not placed at undue risk of harm.

Improvement is needed in regard to maintaining and promoting the dignity of residents and the respect shown to residents and relatives/carers.

These deficits have resulted in a decrease in the grades awarded at this inspection in comparison with the grades awarded at the last inspection in March 2015.

### **What the service has done since the last inspection**

One recommendation about improving the quality of information about activities had been implemented. This was one recommendation of five recommendations and one requirement made at the last inspection in March 2015.

Small reminiscence sitting rooms are being developed in some of the streets although these were still to be fully completed and open for residents' use.

### **Conclusion**

Residents and relatives/carers gave differing views of the quality of care and support they experienced or saw provided. We have noted some comments made by residents and relatives/carers under views of service users and views of relatives/carers.

Whilst some residents and relatives/carers spoke highly of the quality of care we identified several areas of practice in the provision of care which need to improve. We have reported these under the relevant quality theme and statement.

The deficits we noted and improvements needed have resulted in a decrease in the grades awarded at this inspection in comparison with the grades awarded at the last inspection in March 2015.

# 1 About the service we inspected

Newbyres Village is a care home in Gorebridge, Midlothian. It 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 2 - Weak**

**Quality of environment - Grade 2 - Weak**

**Quality of staffing - Grade 2 - Weak**

**Quality of management and leadership - Grade 2 - Weak**

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](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

We compiled the report following an unannounced inspection. The inspection was carried out by two Inspectors from Social Care and Social Work Improvement Scotland on 23 September 2015 between 8:30 and 16:30 and on 24 September between 10:00 and 18:30 approximately.

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

- The Certificate of Registration.
- The Insurance Certificate.
- A sample of residents' personal plans/care plans.
- Minutes of residents, relatives/carers meetings.
- Accident, incident and complaint records.
- Observation at breakfast, 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 in pre inspection questionnaires and during the inspection.
- Consideration of the National Care Standards, Care Homes for Older People.

Discussion with various people including:

- The assistant manager.

- One care team manager.
- Care staff on duty including locum staff.
- Housekeeping staff.
- A representative of MLC (Midlothian Council).
- Member of activity team 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.

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

Immediate concerns identified during the inspection were brought to the attention of staff in charge at that time. Feedback on the outcomes of the inspection were shared with the care team manager and with a representative of MLC. Formal feedback was also shared with representatives of MLC on 29 September 2015.

### **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](http://www.firescotland.gov.uk)

## The annual return

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

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

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

We received a fully completed self assessment document from the home manager. The self assessment included information under each statement to describe the service's strengths. The manager identified areas they thought they did well, some areas for development and any changes they planned.

The grades assessed as appropriate for each quality statement by the manager were not in accordance with those awarded through this inspection.

## Taking the views of people using the care service into account

We received thirty of thirty (sent) pre inspection questionnaires returned to us by residents and we visited each street and saw most of the residents during the inspection. We met with approximately twenty three residents 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.

Residents spoke 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, some residents also told us about concerns about lack of staffing and having to wait for staff to assist them, and not being consulted or involved in planning for their future care.

Some of the comments made by residents either during the inspection or in pre inspection questionnaires were as follows:

"Its nice here, I'm okay."

"Care staff are good they try to make sure we are looked after, but at times there needs to be more staff."

"It's now 11:30am and I want to get up but I'm still waiting for staff to help me."

"Staff work hard to look after us but sometimes I have to wait when staff are busy. The meals are good and I have a nice room."

"Its nice here I'm staying in my pyjamas and I can do this if I want."

"I don't like being here but I can't go home, my family said I needed more help then I was in hospital so they said I had to come here. Staff are kind enough."

"Staff are kind and try their best, but need more."

"I sometimes don't know what's going on. Staff tell me things and I don't always remember and they sometimes forget this too and can be a bit rude when I ask them to explain things again. I don't want to cause, a problem. I don't want them (staff) to be annoyed with me."

"Staff are okay, they are always busy and can't always help me when needed. I understand this but others don't. The food is fine and enough."

"I am unhappy here, can't get out I've been falling. If I could get away I would. I'm staying here now, that's what they are telling me. Just don't like being here at all."

"I had a great time at the music and singing (an entertainment event held in the home). Its great to have these things. I like having something to do and its quite nice here. Staff are okay, the meals are fine and always a choice, like having cups of tea."

### **Taking carers' views into account**

We met three relatives/carers during our inspection. They had differing views on the quality of the care provided. Some relatives/carers spoke highly about the quality of care whilst we were also told about some concerns about the provision of care, the lack of professionalism of some members of staff and at times the lack of staff.

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

"This is the best care home in the area. The staff are brilliant. I am kept up-to-date about my relatives' care and have no concerns."

"There is just not enough staff, you can see this everyday, two staff are needed to assist some of the residents then there is no-one in the sitting room. Residents have to wait to be helped and falls have happened".

"Staffing has been raised at relatives meetings and we are told that dependency (assessment) is used to monitor staffing needs."

"My relative needs someone to walk with her this doesn't always happen, also needs help with managing continence aids and is not always given this help."

"I feel that the care home is sometimes understaffed."

"Would suggest that the management of sick absence is more proactive, where policy allows. Too many agency staff utilised, some not able to speak fluent English. Would also suggest a monitoring system be introduced to manage night shift staff to ensure role is being carried out correctly. Although activities take place would suggest more entertainment for all residents takes place."

## 3 The inspection

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

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

#### Statement 1

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

#### Service strengths

The service showed the following strengths in the areas covered by this Quality Statement.

We saw that there were some methods in place to gain the views of residents and relatives/carers. These included:

- Day to day contact with staff members from the staff teams in the home including:- team managers, activity staff, care staff, housekeeping, laundry and catering staff.
- Resident and relative/carers meetings.
- Care plan reviews.
- Social events and activities.
- Complaints policy and procedure.

The Certificate of Registration and insurance details were on display for reference in the entrance hallway which may assist people to know about these aspects of the service.

We saw that some meetings had previously taken place with residents and relatives/carers which gave people an opportunity to contribute to assessing the quality of care and the opportunity to participate in the development of the service.

Residents we spoke with were generally complimentary about the quality of care provided.

In the pre inspection questionnaires completed by residents (thirty sent and thirty returned to us) and relatives/carers (thirty sent and four returned to us) the majority said that they or their relative/friend was encouraged to give their views and discuss any concerns about the care service.

Some also told us that they or their relative/friend had been involved in developing the service, for example by asking for ideas and feedback. Also see views of service users, views of relatives/carers and areas for development earlier in this report.

### **Areas for improvement**

We saw that due to frailty or memory problems some residents may have limited verbal communication and needed assistance to express their views and to participate in their day to day life in the home.

At the last inspection we noted, as an area for improvement, that the manager and staff should continue to develop ways to keep residents and relatives involved in decision making, especially those who have difficulty communicating.

At this inspection we did not see that this had been progressed. Care plans should be further developed to record how these residents can be supported to give their views. For example through recording known likes/dislikes and preferences in care plan files, individual meetings, support of named key workers, relatives/carers and/or support of independent advocates. We will note progress with this at future inspections.

However, we also noted further deficits which limited resident and relative/carers involvement in assessing and developing the quality of the care and support provided by the service:

- We saw that the service complaint policy and procedure was not on display in the entrance hallway. We have made a requirement about the complaints policy. (See requirement 1).
- The complaint procedure in some of the bedrooms we looked at did not make reference to the right to make a complaint to the Care Inspectorate. Nor did it give the Care Inspectorate contact details.  
We have made a requirement about this. (See requirement 1).
- Care plan reviews had not been held at least once in a six month period.  
We have made a requirement about this.  
(Further information is noted under quality theme 1 statement 3).
- Contact details for relatives/carers in some of the care plan files were not fully completed. We have made a recommendation about this.  
(Further information is noted under quality theme 1 statement 3).

Whilst the Certificate of Registration was on display for reference the staffing schedule was not available. We provided a further copy of this and were reassured that this would be displayed beside the Certificate of Registration. Therefore we have not made a requirement about this.

We saw that an information brochure was available for this service. However, some of the information was not in accordance with the information we were given at this inspection. For example the meal times in the information brochure were different to those advised and seen, the staffing numbers were different to those outlined in the staffing schedule, and the information made reference to the Care Commission not the Care Inspectorate.

We also looked at the website for Newbyres Village and found that the information on this was also out of date and made reference to the last inspection report being April 2013. However, the link to this was unavailable.

We were concerned that prospective service users and relatives/carers may be taking account of this inaccurate and out-of-date information to inform their

decision to use this care home. We have made a recommendation about this. (See recommendation 1).

We concluded that there were opportunities for residents and relatives/ carers to be encouraged to participate in assessing and contributing to improving the service provided and the quality of care, environment, staffing and management and leadership. However, these were limited and needed to be further developed.

Therefore, we have awarded a grade of 3 - Adequate for this quality statement but would expect to see the improvements we have outlined in this report in order that this grade can be sustained or increased.

### Grade

3 - Adequate

### Requirements

#### Number of requirements - 1

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 ensure that the complaint procedure is on public display and is accurate, up-to-date and includes:-

- Reference to The Care Inspectorate and our contact details.
- Reference to the right of residents and relatives/ carers to make a complaint to the Care Inspectorate.

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 18 (6)(a) and (b) and Regulation 8, Regulations about complaints.

Consideration should also be given to the National Care Standards Care Homes for Older People Standard 1 - Informing and deciding, Standard 5 - Management and staffing arrangements, Standard 6 Support arrangements, Standard 10 - Exercising your rights and Standard 11 - Expressing your views.



Timescale for achieving this requirement: to commence on receipt of this report and to be completed by 14 November 2015.

## **Recommendations**

### **Number of recommendations - 1**

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 is in order to meet the National Care Standards Care Homes for Older People Standard 1 - Informing and deciding, Standard 5 - Management and staffing arrangements and Standard 6 Support arrangements.

## **Statement 3**

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

### **Service strengths**

During our inspection we saw how staff cared for residents and we looked at care and support plans to see if residents' needs were being assessed planned and reviewed. We also spoke to residents and relatives/carers about how health care and well being was managed and provided in the home.

The service demonstrated the following strengths in the areas covered by this Quality Statement.

In pre inspection questionnaires completed by residents (thirty) and relatives /carers (four), with the exception of one resident who responded "not applicable" all told us that overall they strongly agreed or agreed that they were happy with the quality of care they or their relative/friend received in this home.

In pre inspection questionnaires we were also told that residents and relatives carers strongly agreed or agreed that:

- They or their relatives/friend's likes and dislikes and preferences were known to staff and they did what they could to meet these.
- The service made sure that they or their relative/friend could access specialist services outwith the care home, for example their GP, other health or legal services.
- They were confident that staff would meet their or their relative/friend's healthcare needs, including arranging to see health professionals such as doctors, podiatrists and dentists if needed.

During our inspection we also saw that community health care staff routinely visited residents to attend to management of diabetes and wound care. The GP also visited regularly and was available to residents and staff to attend to any medical needs. Care staff in the home spoke positively about the support of these health care professionals and the advice they gave staff in the management of resident's health care.

### **Health, personal care and care planning**

We looked at a sample of care plans and saw that the same format was used for these. This format covered everyday living skills and health care needs informed, where necessary, by risk assessments. For example, moving and handling, pressure area care and nutritional needs, Malnutrition Universal Screening Tool (MUST).

Some care plans had been developed through information from the residents and family members. Some also included contact details for important people in the residents' life for example family and friends, health care professionals and legal representatives.

Staff told us that key workers were allocated to each resident who take the lead in assisting to identify the resident needs and to have this included in the care plan. We saw that the details of key workers were on display in resident's bedrooms and mini care plans were also available as a summary of the essential information staff needed to know to attend to or assist residents with their everyday living skills.

Staff also told us that staff handover meetings at the change of each shift of duty were used to exchange information about residents including any changes to their care needs, perhaps due to illness or an accident. This helped staff to have up-to-date information about residents and any changes needed in how they provided care.

### **Legal status and Consent**

We looked at the home's system in respect of legal authorities to act on residents' behalf. This included 'Adults with incapacity' (under Section 47 of the Adults with Incapacity (Scotland) Act 2002) (AWI) and, 'Do not attempt resuscitation' (DNAR) records. These were to protect the resident and to guide the service on their responsibilities to provide care and treatment. We saw that where indicated, some of these documents were included in care plan files.

### **Activities**

At the last inspection in March 2015 we made a recommendation that staff were reminded about the importance of keeping full and individual records of all activities that residents are offered and take part in. This should include any social activities that care staff take part in within the streets.

At this inspection we saw that activities, events, entertainment and outings were regularly available to residents. We saw that the recording of these had been improved. This recommendation had been implemented and the recommendation was met.

### **Nutrition and the dining experience**

We observed the management of breakfast, lunch and the evening meal in some of the streets.

Residents told us that they liked the food provided and that there was always a choice of meals available. Some special dietary needs were noted in care plans along with records of MUST and Body Mass Index( BMI) scores. These are ways of assessing a person's nutritional risk and may assist staff to ensure that meals provided meet residents' dietary needs, food preferences and choices. The evaluation of these assessments may also direct staff to seek medical and or dietary advice where necessary, for example if the resident is losing weight and or has a swallowing difficulty.

We saw that some attention had been given to making dining a pleasant and enjoyable experience in some of the streets although the attention to detail differed between the streets. Some tables were set with cloths and napkins, cutlery and glasses. We saw that where needed staff assisted residents to take their meal.

## **Tissue Viability and skin care**

We saw that a system was in place in care plans to assess residents' risk of acquiring pressure ulcers and assessing their skin care needs. We also saw that a range of pressure relieving equipment such as mattresses and cushions were available in the home.

## **Oral hygiene**

We saw that the service used oral care risk assessment to record residents needs in this area of care and these were in care plan files.

## **Areas for improvement**

### **Health, personal care and care planning**

Our findings in the sample of care plans we looked at indicated that the care provided was not person centred. We saw conflicting and inaccurate instructions to staff in care plans and instances where instructions to staff were inadequate for them to provide, assess and evaluate the care needed. We have included examples of this under each heading where we have also noted any requirements and recommendations.

We saw:

- Examples in care plans where the contact details for relatives/carers had not been fully completed.
- Care plans which had not been reviewed and updated at least once in a six month period.

Therefore, we could not determine if staff practice was based on the most up-to-date assessment of residents' needs. We have made a requirement about care planning and reviews (See requirement 1).

Care plans should be further developed to record how these residents can be supported to give their views. For example through recording known likes/dislikes and preferences in care plan files, individual meetings, support of named key workers, relatives/carers and/or support of independent advocates. We will note progress with this at future inspections.

Whilst we saw that each resident had a care plan the information in the sample we looked at were not person centred and did not always accurately reflect the assessed needs of the resident and how these needs were to be met. We saw several examples where a care plan referred to different residents.

For example, in one eating and drinking care plan for a female resident we saw "X eats a normal consistency diet. Y needs staff to ensure that he has a nutritious diet in line with her likes and dislikes". In another care plan relating to behaviour and emotional needs for a male resident we saw three different names on the record. This was not person centred care and was not respectful to the individual resident. We have made a requirement about this (See requirement 1).

There were several other examples in care plans where the information recorded and the actions required of staff were not specific enough to indicate exactly what action was required of staff. For example in care plans we saw the following guidance for staff: -

- "If (named resident) is showing signs of infection to obtain CSU". (Catheter Specimen of Urine). However there was no indication of what symptoms this resident may have if they had an infection.
- "Staff should use (named resident's) facial expression and body language as a means of communication." There was no explanation as to what these may be and what staff should expect if the resident was for example, happy, anxious or in pain.

In a mini care plan for this resident it noted "can be verbally challenging towards staff", this was dated April 2015. However, this was not recorded in the main care plan. In this care plan under behaviour and emotion the care plan referred to a different name than the resident and noted "give reassurance when distressed or anxious." However, there were no reference to situations

which may cause the resident to become distressed or anxious and what staff could do to prevent or alleviate such situations.

We saw conflicting information in care plans, for example "(named resident) should be supervised by staff while in the lounge. However, the residents' care plan for moving and handling recorded in February 2015 noted that the resident "remains in bed". This was due to equipment not being made available for this resident. Further entries in this care plan, the last dated July 2015, noted "no changes" which indicated that this resident still remained in bed. This was confirmed during our inspection. We have made a requirement about the provision of equipment (See requirement 2).

We could not always see in care plans where any pre admission assessment was used to inform the development of the care plan. We acknowledge that pre admission assessment may no longer be relevant for residents who have been in the home for sometime. However, we could not see this information for a resident who had only been in the home for two months. We also saw that there were gaps in this care plan which included the full contact details for relatives/carers and limited the circumstances under which relatives/carers wished to be contacted. We have made a requirement about this. (See requirement 1).

We were told that five residents were being looked after in bed but there was no detailed information in care plans to indicate why these residents were in bed for prolonged periods of time. Staff we asked could not tell us the rationale for this and felt this was the residents' choice or that they were frail and, or, unwell. Whilst we acknowledge this, there was no indication in the care plans that the rights of choice and the potential risks on their physical, social and emotional health were considered. The impact and complications of bedrest are numerous and must be considered in the planning and delivery of care. We have made a requirement about this (See requirement 3).

During the inspection we saw a resident who had a very red and inflamed eye who told us that they were waiting for someone to see this. We brought this to the attention of staff and had to prompt them to go and speak with the resident. We did this in order that staff could seek medical attention for this resident as there was a nurse advisor and GP in the home at that time. In this

instance we were concerned both that we had to prompt staff to go and see the resident and that staff appeared to be unaware of this residents' situation.

We also saw an entry in the daily records section of a care plan. The carer noted "fresh blood" (from part of the residents' anatomy) and they "were unable to see where the actual blood was coming from". However, there was no record of what action if any, the carer took to report this further, for example to senior staff or a medical professional. There was no further reference to this in the notes. This was of concern as we could not see that appropriate advice had been sought and acted upon.

These examples also led us to question the skills of staff to assess situations and seek appropriate medical advice on behalf of residents. Failure of staff in these two examples could have put residents' health at risk.

Another entry in the daily records dated 16 July 2015 noted "request for female carer, put in communication book". However, there was no further reference to this and we could not see that this information had been included in the care plan. We concluded that this did not promote the dignity of the resident or respect their right to choose how their personal care was provided.

### **Activities**

At the last inspection in March 2015 we made a recommendation that staff receive training about the importance of social activities and exercise for the well being of residents and the management of falls in the care service.

At this inspection the staff training records were unavailable and we could not check if staff had received this or any other training. We have made a requirement about staff training under quality theme 3 statement 3 where we also make reference to training in social activity and the management of falls.

### **Nutrition and the dining experience**

Whilst residents told us that they liked the meals provided and food we saw was well presented we also noted concerns in nutrition and the dining experience for some residents in the home.

For example, in a nutrition care plan for a resident (the name on this referred to

a different resident) we saw that the resident had a weight loss of 13.7kg over a period of 8 months. There was no weight recorded for February and March 2015 a slight increase in weight was recorded for April but thereafter no weight had been recorded and the record noted "scales broken."

In another care plan the nutritional care plan had not been fully completed to record the resident's food preferences and the MUST score had not been completed for May or June 2015 as the "scales were broken."

In another care plan we saw that the resident had not had his weight monitored since July 2015.

We also saw that some residents were having their diet enhanced with the use of prescribed special dietary supplements but the details of this were not always clear in the care plan.

We saw that a food chart was being used to monitor a residents' food intake. However, the records in the care folder in the residents' room had not been consistently completed.

The charts we saw were dated 16 and 17 September 2015 and one had been commenced for 22 September but these had not been fully completed. We could not see how any evaluation of these charts had contributed to reviewing the residents' nutritional needs or were reflected in any changes to the care plan.

These examples of poor practice in assessing, and monitoring residents' nutritional needs preferences and choices could put residents at undue risk of harm and we have made a requirement about this (See requirement 4).

We saw differing practices in the streets to assist to make mealtimes an enjoyable and pleasant experience for residents. For example:

- Some tables were set with cloths, others were not.
- Condiments were not available on all tables.
- We did not see hand-washing being offered to residents before their meal.
- Several residents were sitting at dining tables in their wheelchair and we could not determine if they had been offered the use of a dining chair.
- Plastic tumblers were used for drinks.



We saw that staff tried to sit and assist residents who needed help to take their meal and this was done with consideration and at a pace which suited the individual. However, staff were also needed to serve meals and to attend to requests from other more independent residents. Therefore, residents who needed staff assistance to eat and drink were left whilst staff attended to others.

We asked staff about this and they told us that this was a common occurrence as the third member of staff called a "floater" (a member of staff allocated to work between two streets) must have been needed elsewhere. When we asked the care team manager about this we were told that mealtimes were supposed to be staggered between the streets to allow the "floater" to assist at meals times in both the streets they were allocated to. The times of meals outlined in the information brochure were different to that which we saw in practice and made no reference to staggered mealtimes.

We concluded that improvements could be made to the dining experience in the home to make this a more enjoyable and pleasant experience for all residents taking into account practices which could enhance their dignity and offer respect. For example:

- Having condiments available on all dining tables.
- Offering of hand washing before meals.
- 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 and to provide assistance in a respectful manner.

We have made a requirement about staffing in the service under quality theme 2 statement 2 and we have made a recommendation about the dining experience (See recommendation 1).

### **Legal status and Consent**

On the front of care plan files there were headings of DNAR and AR (attempt resuscitation) but there was no indication of how this was to be determined or

recorded by staff.

In a sample of five care plans we saw :-

- One example where the DNAR record was out of date.
- One where the review of a DNAR had been discussed with the resident' s spouse and family. However the personal details for this resident noted that they were a widow.
- One where there was a gap in DNAR cover for a period of three months.
- One where there were no information recorded about the residents' legal status.
- One where the AR heading on the care plan had been highlighted at the time when a DNAR was in place although this had since been reversed to AR.

We also saw an AWI Section 47 document did not accurately record the name of the Power of Attorney. Overall the DNAR and AWI information was confusing and did not give a clear record of the residents' legal status. Therefore,we could not be sure that appropriate documentation was in place to show that people have the legal authority or permission of the resident to be involved in decisions about their care. We have made a requirement about legal status and consent (See requirement 5).

It may also be helpful if the manager had a record to show an overview of the legal status of each resident (DNAR and AWI) to confirm that appropriate documentation is in place and the date these documents need to be updated. We will note progress with this at the next inspection.

### Oral hygiene

Residents had an oral care risk assessment and charts to record when oral care took place. We saw examples in several oral care charts where there were significant gaps in recording when oral care took place. For example in one care plan oral care was to take place twice a day. However, the sample of a monthly chart had not been completed at all over a period of five consecutive days and there were twenty other gaps in recording over the same month. This poor standard of recording oral care was also evident in a sample of other care plan

files. We have made a requirement about this (See requirement 6).

The deficits we saw in each area of health and well-being we looked at evidenced poor practice in the quality of care provided and the quality of record keeping. Whilst some residents had good outcomes in the standards of care provided to them, this could not be fully evidenced for all residents. Therefore, we concluded that there needed to be significant improvement in care planning and reviews including the quality of the content of these in order that the care provided was based on up-to-date information. This must also take account of residents' personal choices and preferences in each aspect of care and the principles of dignity, and respect, privacy, choice, safety, realising potential and equality and diversity.

Care plans are records to evidence staff practice in planning, providing, evaluating and reviewing residents' care. These must inform staff practice to ensure that assessed care needs for every resident are met at all times and this can be evidenced in record keeping. We could not see this in the sample of care plans we looked at. We have made a requirement about care planning and record keeping (See requirement 1).

In conclusion while there were some strengths in this quality statement there were considerable weaknesses which cause concern in the care planning and the quality of care provided to ensure that service users' health and wellbeing needs are met. This has resulted in a grade of 2 - Weak for this statement.

## Grade

2 - Weak

## Requirements

### Number of requirements - 6

1. The service provider must make proper provision for the health, welfare and safety 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 the 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 be reviewed.
- 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 take into account of person centred care and the principles of dignity, and respect, privacy, choice, safety, realising potential and equality and diversity.

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) (i) (ii) and (iii) (c) and (d) and (b) 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 and Standard 11 - Expressing your views.

Timescale for achieving this requirement: to commence on receipt of this report and

- a) and b) to be completed by 14 December 2015.
- c) and d) to be completed and available for reference in the service by 16 November 2015.

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

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) and (b) a regulation about the Welfare of users and  
 Regulation 14 (b) a regulation about facilities in care homes.

Timescale for achieving this requirement: by 16 November 2015.

3. The service provider must make proper provision for the health, welfare and safety 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 bed rest 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 - Daily life.

Timescale for achieving this requirement: to commence on receipt of this report and to be completed by 14 December 2015.

4. 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 MUST and BMI records are accurately recorded and these assessments take place at the timescales outlined in the care plan.
- e) Ensure that the evaluation of food and fluid charts informs any changes to the care plan and guidance for staff.

This is to comply with: SSI 2011/210 Regulation 4 (1) (a) and (b) 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 to be completed by 14 December 2015.

5. 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 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 8 - Making Choices National Care Standards Care Homes for Older People Standard 10 - Exercising Your Rights.

Timescale for achieving this requirement: to commence on receipt of this report and to be completed by 14 December 2015.

6. 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 14 December 2015.

## Recommendations

### Number of recommendations - 1

1. 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 is in order to meet the National care standards, Care homes for older people, Standard 6 Support arrangements and Standard 13 - Eating well.



## Quality Theme 2: Quality of environment

Grade awarded for this theme: 2 - Weak

### Statement 1

“We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.”

#### Service strengths

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

#### Areas for improvement

The areas for development made in Quality Theme 1 Statement 1 and the areas for improvement, requirements and recommendations also apply to this statement.

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

#### Grade

3 - Adequate

**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

To make our assessment of this statement we looked at a sample of bedrooms and en-suites in each street, sitting/ dining areas, kitchens, bathroom and toilet

facilities. We also looked at a variety of records including maintenance, cleaning schedules, dependency assessment and staffing, accidents and incident records, medication management and audits undertaken in the home.

We saw that access to the home was via a door entry system and visitors were required to sign the visitors book in the entrance hallway. The main activity room, staff offices, main kitchen and laundry areas were accessed from the entrance hallway. Entry to the streets was then available through a key pad system. These measures may assist staff to know who was in the building and may assist them to promote the safety and privacy of residents.

The home environment was spacious, comfortable and generally well maintained. This was also the view of residents and relatives/carers we spoke with. Having all the facilities for residents' use on one level meant that residents who used a wheelchair and or a mobility aid could get around the building without obstruction. The large enclosed garden which could be accessed from each bedroom was also a lovely asset to the home.

We saw that bedrooms had en-suite facilities including a shower which staff told us assisted with providing personal care and attending to hygiene needs in private. Residents also told us that they liked having their own en-suite facilities.

We saw that residents were free to have their own belongings in their room and we saw these had been made more personal by the use of soft furnishing, photographs, ornaments and furniture. We also saw that residents had access to lockable space within their room and that bedroom doors could be locked. This gives residents the opportunity to keep belongings safe and offers privacy.

### **Cleaning and maintenance**

We saw that there were cleaning and maintenance systems in place to keep the home clean and safe for residents and staff. Housekeeping staff told us that they had ample supplies of cleaning, protective disposable products and equipment to keep the home clean. We also saw that disposable aprons and gloves were stored at different places throughout the home and readily available to staff.

Routine safety checks and minor repair work was attended to by the handyman. There were also systems in place for staff to report any repair or maintenance work required and it was reported that this worked well.

Some of the safety checks included wheelchairs and walking aids. There was also a range of specialist equipment available to help staff to move and handle residents safely including hoists and slings. With the exception of one bath the equipment such as hoists and stand aids were in working order. We were told that these were regularly checked and maintained to ensure these were safe to use and we saw some of the safety check records.

A call system was installed throughout the building including call buzzers for residents to use while in their bedroom and en-suite. We saw that pressure mats were also used to alert staff to residents need for assistance. Having a call system to alert staff may be a reassurance to residents and relatives/carers to know that staff can be summoned when needed and in the event of an emergency.

In the pre inspection questionnaires returned to us by residents all strongly agreed or agreed with the following:

- The home is clean, hygienic and free from smells .
- Feel safe and secure in the care home.
- I can have my own belongings and furniture in my room if I want.
- My personal property and clothing are clearly marked and properly cared for, and not used by others.

These views were also reflected in the pre inspection questionnaires returned by relatives/carers.

Whilst we saw that generally the home environment was hygienically clean and most equipment was in working order we also saw deficits in some areas which we drew to the attention of the assistant manager in charge at that time.

### **Staffing**

We saw that the ioRN tool (Indicator of Resilience and Need) was used to

assess the hours of support each resident required over 24 hours. This was then used to inform the staff and establishment of what was needed to support the entire resident group.

### **Accidents and incidents.**

We saw that there were systems in place for staff to record and report any accidents and incidents in the home. We looked at a sample of these and saw that appropriate events were recorded.

### **Management of medicines**

There were dedicated storage space for medicines and medication trolleys in each street which included the medication recording charts.

One member of staff in the home followed MLC policy in asking us to sign to confirm receipt and return of the keys for the controlled drug cupboard in order that we could check these medicines.

### **Areas for improvement**

Whilst we saw that residents had their own personal bedrooms we saw different standards in the general upkeep of bedrooms and looking after residents' belongings. We saw examples throughout the home where continence aids and catheter equipment were not stored discreetly, toothbrushes were sitting next to toilets and clothing which was not stored with care.

Whilst we acknowledge that some residents may wish to look after their own belongings we felt that the deficits we noted did not afford residents dignity and respect. We saw pillows which were lumpy and, or, flat and not fit for purpose, towels which were frayed, duvet covers which could not be closed and beds where the mattress was longer than the bed base. We have made a requirement about this (See requirement 1).

### **Staff call system**

Whilst we saw that there was a staff call system in the home we had concerns that not all residents had access to this at all times in order to summon staff assistance if needed. We were made aware that not all residents have access to

the staff call alert buzzer overnight and during our inspection we saw two residents who were in bed who did not have access to this.

In both instances we moved the staff call alert to be beside the resident and told staff about this. Not having access to the staff call system and being unable to summon assistance from staff when need has the potential to put residents at undue risk of harm. Therefore, we advised the service provider about our concerns so this could be looked at as a matter of priority in the home. We have also made a requirement about this (See requirement 2).

### **Cleaning and maintenance**

We saw an unlocked bathroom where there were two baths one of which appeared to be out of use. The mechanical parts from the bath and a large bottle of chemicals were in the bath. The other bath was very dirty and we could see electrical wires from underneath the bath. The bathroom next to this room was also dirty.

We saw faeces smeared around a washhand basin and lid of a bin and a blue plastic apron was in the toilet. We drew these deficits to the attention of the assistant manager and requested that the bathroom was locked and a notice put up to have this area closed until the faulty bath could be removed and the other bath cleaned. The assistant manager also made arrangements to have the toilet cleaned.

A relative/carer also told us that they were at times concerned about the cleanliness in some of the toilets as these were shared areas and sometimes "accidents" happen. We saw that although cleaning schedules and checklists were used to monitor the cleaning arrangements in the home we saw that there were often gaps in these records. Also see quality theme 4 statement 4.

We looked at the kitchen/ servery rooms in the streets and although we did not see any poor practice in relation to food handling we did see several instances in poor practice relating to safe storage of foodstuffs:

We saw:

- Several examples where open cereal packets were not stored in containers.
- Juices, which had no date of opening noted and were not always covered.

- Sandwiches wrapped in cellophane with no date of when these were made or should be used by.

We also saw fridges where the seals on the door were dirty, microwaves which were not very clean and open bins which had no lid. These poor food storage practices have the potential to expose residents to undue risk of harm. We have made a requirement about this. (See requirement 3).

Meantime we suggest that the manager takes advice from the Local Authority Environmental Health Services should further advice in "best practice" be required to ensure that residents are not at risk of harm from inadequate or poor food storage arrangements.

We also saw damaged and scraped paintwork in bathrooms and sitting/dining areas. We have made a requirement about this (See requirement 3).

Whilst staff could tell us about some training, moving and handling and health and safety policies and procedures we could not verify staff training as these records were not available to us. We have noted further information about this under quality theme 3 statement 3.

We were provided with some of the safety checks undertaken on appliances and installations in the home. However, there was no comprehensive inventory available of all of the equipment available in the home to cross reference to the records of safety checks. Subsequent to the inspection we were advised that an inventory of equipment and safety checks on equipment was in the home.

However senior staff in the home could not provide this at the time of inspection. Therefore, at that time we could not confirm that these safety checks took place in accordance with the service providers' policy and Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Regulations "to ensure that all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and, in many cases, subject to statutory periodic thorough examination." We have made a requirement about this (See requirement 4).

## **Staffing**

The ioRN tool was used to assess the needs of residents but the records we

were given were dated February 2015. Subsequent to the inspection we were advised that the ioRN assessments had been completed until May 2015. However, senior staff in the home were unaware of this and the information was not provided at the time of inspection.

The more recent ioRN assessment undertaken after the one we saw was still considerably out-of-date and we could not see that staffing provided met the assessed needs of each resident. Staff also told us that they were not aware of and not involved in completing the dependency tool to assess residents' needs. We felt that staff involved in providing residents' day to day care and who had key worker duties should have relevant knowledge of the residents' needs to be able to contribute to the dependency assessment.

In discussion with staff about the dependency tool and the last completed assessment, staff identified that samples of scores in dependency assessment were not now accurate. They could tell us that residents' needs in several aspects of care had increased.

We also saw several instances throughout the home where there were not enough staff to attend to residents' needs at all times. This concern was also reported to us by relatives/carers both during the inspection and in pre inspection questionnaires. This was evident at mealtimes and also where residents needed two members of staff to attend to their care needs, for example, while being cared for in bed or for moving and handling.

This meant that there was not always another member of staff available to respond to residents' requests for assistance or to supervise residents while they were using the sitting areas. Staff told us that this was a regular occurrence and that residents could be unsupervised in the sitting rooms for some length of time dependent on the duties they were undertaking elsewhere. For example, we saw that whilst in the shared sitting/dining room a pressure mat was placed on the floor in front of a resident.

Staff told us that the resident had poor mobility and was at risk of having a fall and the mat was activated if the resident stood on it. They explained that they could hear if the mat alarm was activated when they were elsewhere in the street and needed to check on this resident. We felt that even if staff responded

to the alarm the resident could have fallen by the time they got to the sitting/ dining area.

Information from residents, relatives/carers and staff and examples we saw during our inspection indicated that there was not always enough staff available. This was in particular to respond promptly to requests for assistance or to supervise residents in the sitting areas. We concluded that this may put residents at undue risk of harm. We have made a requirement about staffing in the home (See requirement 5).

### **Accidents and incidents.**

We saw that there were systems in place to record and report accidents and incidents in the home. However, we saw three different systems for staff to use. These included accidents and incidents, significant events and reports of violent incidents and unacceptable behaviour. We felt that having three different reporting systems in place was confusing and we saw examples in each of these where the final actions and outcomes were not recorded.

This was also our experience in some of the notifications made to the Care Inspectorate and maybe a reason why some events in the home have not been notified to us. For example, some staff may report an altercation between residents under violent incidents and unacceptable behaviour whilst others may report under the accident and incidents reporting system. Due to the deficits in reporting of accidents and incidents and significant events in the home and to the Care Inspectorate we concluded that further staff training was needed in this area of care. Also see quality theme 3 statement 3 and quality theme 4 statement 4.

### **Management of medicines**

At the last inspection we made a requirement that the provider must ensure that all staff follow the correct procedure for administering and recording medications including controlled drugs at all times. We also made two recommendations that staff receive further training about the importance of clear and accurate recording of medications and systems for ensuring staff have detailed information about medications that are prescribed to be taken "as required." These were not met at this inspection and we have included these in an amended requirement.



We examined the management of medicines in the home including, storage, administration and record keeping as part of our inspection. We looked at controlled medication management in each street and the general management of medication in three streets.

In the management of medicines we saw: -

- Instances of where signatures were missing to confirm medicines had been administered.
- Hand written prescriptions which had not been signed and dated by two people to confirm the accuracy of the information.
- Handwritten written entries and changes to medication prescriptions which did not make reference to on who's authority the changes had been made, for example the GP.
- Omissions in the recording of the administration of topical creams and medicines.
- Many instances where the date of opening of topical creams and medicines was not recorded.
- Inconsistent use of the carers notes to record the omission of administration of medicines, changes to prescriptions and administration of "as required" medicines.
- Instances when the controlled medicines were still in stock, over seven days, since the resident had died and the medicines had not been returned to the pharmacy.
- One instance where the stock of a controlled medicine (for a current resident) differed from the amount noted in the register.
- Instances where controlled medicines were recorded as being in stock when there were none of these medicines in the cupboard. (These were for residents who had been admitted to the home for respite care and had since returned home. We presumed that the medicines had been returned home with the resident).
- "As required" protocols for the administration of "as required medicines" were not always in place.

We did not have access to staff training records to check if they had received training about recording of medications. However, the deficits we saw in the management of medicines in the home would indicate either training did not take place or any training provided had not been effective.

At the feedback on the outcomes of the inspection in the home we asked that the assistant manager investigate the discrepancies in the controlled medicines and advised us of the outcomes.

The concerns we have identified in our audit of the safety of the home environment and the poor practice in the management of medicines has significantly contributed to our assessment of 2 - Weak, for this quality statement (See Requirement 6).

## Grade

2 - Weak

## Requirements

### Number of requirements - 6

1. 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 is in order to comply with SSI 2011/210 Regulation 4(1)(a) and (b) a Regulation about the Welfare of users.

Consideration should also be given to the National care standards, care homes for older people, Standard 4 - Your environment, Standard 9 - Feeling safe and secure and Standard 16 - Private life.

Timescale: to be implemented:

- a) System to be in place by 30 October 2015.
- b) c) e) and f) to be in place by 15 November 2015.
- d) by 16 December 2015.

2. 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.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011(SS1 2011/210) Regulation 4(1) (a) a Regulation about the Welfare of users. Consideration should also be given to the National care standards, care homes for older people, Standard 4 - Your environment and Standard 9 - Feeling safe and secure.

Timescale: this was required at the time of inspection.

3. 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 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.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011(SS1 2011/210)

Regulation 4(1) (a) a Regulation about the Welfare of users. Regulation 10 (2) (b) and (d) a Regulation about the Fitness of premises and Regulation 14 (a) (b) and (c) 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.

Timescale: this was required at the time of inspection.

4. 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.

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 31 December 2015.

5. 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.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011(SS1 2011/210) Regulation 4(1) (a) a Regulation about the Welfare of users, Regulation 15 (a) (b) (i) a Regulation about Staffing.

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 and guidance on notification reporting.

Timescale: dependency assessments to be reintroduced and undertaken by 31 October 2015. Thereafter, these dependency assessments must be undertaken at four weekly intervals.

6. 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 on-going 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.

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 14 December 2015.

(Handling of Medicines in Social Care, Royal Pharmaceutical Society of Great Britain [RPSGB] 2007 and other documents for guidance can be found linked to the Care Commission website).

Number of recommendations - 0

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 2 - Weak

### 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 also apply to this statement.

#### Areas for improvement

The areas for development made in Quality Theme 1 Statement 1 and the areas for improvement, requirements and recommendations also apply to this statement.

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

#### Grade

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

To assess this statement we observed interaction between staff and residents in each of the streets, we spoke with staff, residents and visitors to the home.



The service demonstrated the following strengths in the areas covered by the quality statement.

Staff were able to tell us about residents care needs and their roles in caring for and supporting residents. Staff also told us that they received training in order to help them meet the needs of residents.

We saw that staff were deployed in a manner where all were aware of their duties and responsibilities for their time on duty.

Some staff we met were enthusiastic about the work they did and told us they wanted to give a good quality of service to residents.

Most residents and relatives/carers spoke highly of the work of staff in the home.

### **Areas for improvement**

Whilst staff were able to tell us about their role and responsibilities in the home staff we asked were unable to tell us the rationale for residents being cared for in bed.

We saw that most staff were considerate in their approach to residents' care. However, we heard one member of staff speak to a resident in a tone which was harsh and appeared to be dismissive. In pre inspection questionnaires three residents disagreed that staff treated them politely at all times.

We also heard staff speak about residents as "feeders" which indicated that the resident needed full staff assistance to take their meals and "a two" which indicated the resident needed two members of staff to assist them with some aspects of their care needs, for example moving and handling. Use of this language did not afford dignity toward the residents and was not respectful. We made the service provider aware of these concerns and we have made a requirement about this (See requirement 1).

We wanted to check that staff training was up-to-date and was sufficient for staff to meet the needs of the current residents. This was to include any time

limited training such as moving and handling which needs to be updated at regular periods to ensure staff practice in this area of care is competent and safe. This is to protect residents of undue risk of harm. However, the staff training matrix should note what training staff needed to undertake but the staff training records were not available in the home. We were told that these were kept at the service provider head office and would be requested from there and forwarded to us. These have not been received.

We were also told that staff training was provided by a health care professional in such topics as MUST/BMI, dementia care and risk assessment. However, these records were also not available for reference.

We were concerned that we could not check these records and also concluded that the manager needed to have ready access to these records. This would assist the manager to know that staff had undertaken the necessary training for their role in the home and to be able to plan refresher training for staff when required.

In addition to poor practice in the management of medicines we saw inaccurate records of risk assessments relating to MUST/BMI and moving and handling. Therefore, we questioned the effectiveness of staff training and competency in some aspects of the care they provided.

Deficits in these areas of care have the potential to put residents at undue risk of harm as a result of poor practice and poor record keeping. Also, we could not check if staff had received specific training in the management of epilepsy, a condition which, if not managed competently, has the potential to be life threatening. We also saw deficits in the recording on care plans and reviews, accidents and incidents and significant events in the service which suggested staff need training in these areas of record keeping. We have made a requirement about staff training and staff training records (See requirements 2 and 3).

Although MLC has a policy in regard to staff supervision the assistant manager told us that this did not take place in accordance with this policy. Staff also had differing experiences of supervision, some told us this took place, whilst others could not remember the last time this had taken place.

We have concluded that although there were some strengths in this quality statement there were considerable weaknesses which cause concern in staff competency, training and the quality of staffing in the home. This has resulted in a grade of 2 - Weak for this statement.

## Grade

2 - Weak

## Requirements

### Number of requirements - 3

1. 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.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011(SS1 2011/210) Regulation 4(1) (a) (b) a Regulation about the Welfare of users.

Consideration should also be given to the National care standards, care homes for older people, Standard 5 - Management and staffing arrangements and SSSC codes of practice for Social Service Employers sections 1.4, 1.5, 2.2 2.3, 3.1 3.2 and 3.3 relating to staff roles and responsibilities, effective management and support, staff training and education and responding appropriately to staff who seek assistance in aspects of their work

Timescale: this was required at the time of inspection.

2. 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.

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, Regulation 9 (2) (b) a Regulation about fitness of employees and Regulation 15 (a) (b) (i) a Regulation about Staffing.

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 - staff records.

Timescale:

- a), b) and c) to be completed by 30 November 2015.
- d) and e) to be in place by 31 December 2015.

3. 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: by 14 December 2015.

### **Recommendations**

#### **Number of recommendations - 1**

1. 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.

## Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 2 - Weak

### Statement 1

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

#### Service strengths

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

#### Areas for improvement

The areas for development made in Quality Theme 1 Statement 1 and the areas for improvement, requirements and recommendations also apply to this statement.

The service should continue to develop ways to involve residents and relative / carers in assessing and improving the quality of management and leadership in the service.

#### Grade

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

The comments made in quality theme 1 statement 1 are also relevant to this quality statement.

To assess this statement we took account of our findings throughout the inspection and looked at some audit systems in the home. The service demonstrated the following strengths in the areas covered by this quality statement:-

We saw that there were some methods and systems to measure and improve aspects of the service provided. These included:-

- Resident and relative / carers meetings.
- Complaint policy and procedure.
- Medication audits.
- Care plan audits.
- Health and safety audits/environment.
- Self assessment and notifications to the Care Inspectorate.
- An annual quality assurance questionnaire for residents and relatives/carers.

## Areas for improvement

In the audit systems we looked at we saw that the findings in these did not capture the deficits we noted in the home during our inspection. Therefore we questioned the effectiveness of these. We noted the following:-

### Medication audits.

We saw that a medication audit in May 2015 identified the need for each resident to have a photograph in the medication kardex. At this audit temperature checks in the medication storage area and of medication fridges were also identified as needing improvement. These issues were still being reported as needing improvement in the last audit in the file dated August 2015. Although the audit included a record of actions to be taken and by whom, these were blank.

The audits did not identify the deficits we found in our examination of the management of medicines in the home. For example: handwritten prescriptions, stocks of some medicines not in accordance with those noted to

be in stock in the records and omissions in record keeping. We have made a requirement about the management of medication in the home under quality theme 2 statement 2.

### **Care plan audits**

Not all of the care plans we looked at had contained a care plan audit. Those we did see had not been fully completed as they did not record who had to take any action, the timescale for this and confirmation that the actions identified had been implemented.

The audits did not identify the deficits we noted in our examination of care plan files. For example: up to three different names used in one care plan for one aspect of the care to be provided, incomplete risk assessments, incomplete care plans, conflicting information about capacity and consent and the same outcomes repeated in care plans for different residents. We have made six requirements and one recommendation about care planning and the quality of care under quality theme 1 statement 3.

### **Health and safety audits/environment**

The audits we saw listed actions required of staff and an action plan format to record when any remedial action had taken place, by whom and the date completed. These were blank and we could not identify who had undertaken the audit as there was no signature. The audits did not identify the deficits we noted in our examination of the home environment. For example the broken bath, scraped paintwork, scales not in working order, the deficits in recording in cleaning schedules and the lack of an inventory of equipment.

We have made six requirements about health and safety in the home and the quality of the environment. See quality theme 2 statement 2.

### **Self assessment and notifications to the Care Inspectorate.**

The self assessment for the service noted grades higher than those we awarded at inspection.

Whilst it was reported that senior staff in the home were aware of the notification reporting systems to inform the Care Inspectorate of events such as deaths and serious incidents / accidents, we saw significant deficits in this.



For example we saw where residents had fallen and been admitted to hospital (for one resident this had happened twice and both times they sustained a head injury) and we were not notified. We also had notifications made which did not include all of the actions and outcomes as a result of the accident/incident and at least fourteen occasions where the death of a resident was not made known to us.

In other notifications reported under "allegation of abuse" the outcomes of these were not fully completed and despite asking the manager to update the report once the outcomes were known following involvement of the police and MLC no further update had been submitted.

We brought these concerns to the attention of the service provider and we provided written guidance to the assistant manager in regard to notifications. We also asked that they checked the deaths since the last inspection and submit a notification to us about those deaths where they have not already done so. To date one submission about a death in January 2015 has been submitted.

Whilst residents spoke highly about the catering, activities and laundry service we could not see any audits which may have helped to gain the views of residents and any improvements or changes which could be made in these areas of care.

As we did not see staff training records we could not see if competency assessments were used to monitor staff practice in aspects of the service provided. However, the deficits we noted in medication management, care planning and concerns about residents being afforded dignity and respect would indicate that staff competency and practice was not routinely assessed or evaluated. We have made three requirements and one recommendation about staff training and the quality of staffing under quality theme 3 statement 3.

We saw that communication books were used to exchange information between staff in each of the streets. In some of these we saw that personal staff and resident information was recorded which may not be pertinent for all staff to have access to. This was discussed at the feedback on the outcomes of

the inspection when we were told that this was being addressed in the home. Therefore, we have not made a requirement or recommendation about this but would remind MLC about recording in communication books and the accessibility of these to all staff.

We were told at feedback on the outcomes of the inspection that MLC used a quality assurance questionnaire to gauge the views of residents and relatives/ carers. However, this was not available at the inspection.

At the time of the inspection and at feedback we asked that the discrepancies in the controlled drugs in stock and those recorded be looked into in the home and an update provided to us. To date no information about this has been provided.

Following the inspection we have been made aware that an action plan has been developed from an Improving Excellence Framework audit in the service and implementation of this was "still at an early stage". Some of the improvements noted in the service since the implementation of this and results of the audit and action plan were shared with us.

Despite this we have concluded that although there were some strengths in this quality statement there were considerable weaknesses which cause concern in the quality assurance systems and the quality of management and leadership in the home. This has resulted in a grade of 2 - Weak for this statement.

### **Grade**

2 - Weak

**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. The service provider must ensure that staff follow the correct procedure for administering and recording medications, including controlled drugs, at all times.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services Regulations 2011 (SSI 2011/210) Regulation 4(1)(a) make provision for the health, welfare and safety of service users.

**This requirement was made on 17 March 2015**

We examined the management of medicines including storage, recording and auditing systems. We found that the requirement was not met and we saw significant deficits in the management of medicines which we have noted in quality theme 2 statement 2.

**Not Met**

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

### Previous recommendations

1. It is recommended that all staff are reminded about the importance of keeping full and individual records of all activities that residents are offered and take part in. This should include any social activities that care staff take part in the streets.

**This recommendation was made on 17 March 2015**

At this inspection we saw that improvements had been implemented and the recommendation was met. More information is noted under quality theme 1 statement 3.

**2. It is recommended that staff receive further training about the importance of clear and accurate recording of medications.**

**This recommendation was made on 17 March 2015**

At this inspection staff training records were unavailable, therefore we could not evidence if this training had taken place. However we also saw further deficits in the management of medicines in the home and have made an amended requirement which will include staff training in this area of care.

**3. It is recommended that the systems for ensuring detailed information about medicines that are prescribed to be taken "as required" are reviewed. The information should be easily available at the point medications are administered.**

**This recommendation was made on 17 March 2015**

We noted deficits in the management of medicines in the home and have made an amended requirement which will include staff "as required" medications.

**4. It is a recommendation that all care plans are audited regularly to ensure the information is accurate and up to date.**

**This recommendation was made on 17 March 2015**

We saw deficits in the record keeping in care plans and the auditing of these. We have reported this further in quality item 1 statement 3 where we have made a requirement.

## 6 Complaints

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

## 7 Enforcements

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

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

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

		Management and Leadership	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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### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

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