

Care service inspection report

Full inspection

Annan Court **Care Home Service**

Watchhall
Annan

Service provided by: Annan Court Care Home Limited

Service provider number: SP2012011825

Care service number: CS2012308063

Inspection Visit Type: Unannounced

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

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

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Summary

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

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

We gave the service these grades

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

What the service does well

Annan court continues to offer very good opportunities to encourage residents and relatives and friends to participate in assessing and improving the quality of care and support, quality of environment and the quality of staffing and management within the home.

Residents continue to remain happy within the home, with many positive comments given.

The staff are pleasant, caring and motivated and have a good respect for residents. Accepting that this is their home and they should do their best to carry out their wishes to the best of their abilities.

The service manager continues to be committed to maintaining contact within the local community and continues to invite various clubs and groups to the home regularly to take part in activities and be involved in changes being made within the environment.

What the service could do better

The service manager should work towards completion of the recommendations and requirement made as a result of this inspection and areas for improvement they have highlighted in their self-assessment.

They should pay particular attention to ensuring:

- medications are administered, recorded and audited effectively, infection control procedures are understood and followed by all staff working within the home and evaluation of training and development needs of all staff is routinely reviewed.

What the service has done since the last inspection

At the last inspection, the service received four requirements and thirteen recommendations. Two of the requirements have been part met and two have been carried over for completion at the next inspection. Four of the recommendations have been met with nine part met for completion at the next inspection.

The home now has a small shop, a small pub and a cat as a result of discussions and feedback of residents, relatives and staff.

A vintage tea room takes place regularly giving residents and their visitors an opportunity to relax and enjoy various drinks and home baking.

Dementia training in support of the governments promoting excellence strategy looking at the rights of people living with dementia, has continued among the staff team with guidance from the service manager who has completed trainer training at Stirling University.

Conclusion

All in all, you can expect to receive good quality of care from this home.

The service continues to receive lots of good comments and positive feedback about the delivery of service offered within the home.

The service manager and staff continue to remain motivated and committed to providing a good standard of care and support to residents within the home.

The service manager should continue to work towards completion of outstanding recommendations and requirements from this inspection.

We are confident that issues discussed during this inspection will be addressed to a high standard ready to assess at the next inspection.

1 About the service we inspected

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

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

Annan Court Care Home can be found in the attractive town of Annan, between Dumfries and Gretna, with expansive views over the Solway Firth. The home is registered to provide a service for a maximum of thirty three older people, including a maximum of two places for adults with a physical or sensory impairment. Within the numbers, a maximum of three places are available for short breaks or respite. One identified double bedroom will only be occupied by a single person, married couples, partners, relatives, previously acquainted friends or those who want to share a bedroom.

During the inspection there were 33 residents living in the home.

Recommendations

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

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

Requirements

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

We make requirements where (a) there is evidence of poor outcomes for people

using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

Quality of care and support - Grade 4 - Good

Quality of environment - Grade 4 - Good

Quality of staffing - Grade 4 - Good

Quality of management and leadership - Grade 4 - Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care

This inspection was a full evaluated, graded inspection.

We chose to inspect:

Quality theme 1, including quality statement 1.1, and quality statement 1.3.
Quality theme 2, including quality statement 2.1, and quality statement 2.2.
Quality theme 3, including quality statement 3.1, and quality statement 3.3.
Quality theme 4, including quality statement 4.1, and quality statement 4.4.

Based on requirements, recommendations and areas for improvement made at the previous inspection. Along with notifications, the previous self-assessment and annual returns submitted by the service manager.

We wrote this report following an unannounced inspection. This was carried out by one inspector.

The inspection took place over four days on:

Tuesday 5 January 2016 between the hours of 1:30pm and 6:30pm.

Wednesday 6 January 2016 between the hours of 3:05pm and 10:35pm.

Thursday 7 January 2016 between the hours of 12:30pm and 5pm.

We returned to the service on Friday 8 January 2016 between the hours of

9:30am and 2:30pm, where we completed the inspection and gave feedback to the operations manager and service manager.

We sent 15 Care Standards questionnaires to the manager to distribute to residents. Residents sent us three completed questionnaires. We also sent 15 Care Standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned two completed questionnaires before the inspection.

We also asked the manager to give out 15 questionnaires to staff and we received 4 completed questionnaires.

During this inspection process, we used a Short Observational Framework for Inspection tool (SOFI2) to directly observe the experience and outcomes for residents within the main sitting room.

We also gathered evidence from various sources including the following:

We spoke with:

- Sixteen residents
- Two relatives/ friends
- Eight carers
- Two senior carers
- Depute manager
- Service manager
- Operations manager.

- Housekeeper
- Maintenance man
- Relief maintenance man
- Laundry worker
- Two kitchen assistants
- Cook
- Activities coordinator.

We looked at:

- Registration certificate
 - Staffing schedule
 - Insurance certificate.
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- Service user agreements.

Four residents care plans including:

- Personal details
- Care plans
- Risk assessments
- Review signature sheets
- Progress notes
- Six monthly reviews.

Three staff recruitment and training files including:

- Selection and recruitment procedures
- Reference checks
- Scottish Social Services Council (SSSC) register checks
- Protection of Vulnerable Groups(PVG) register checks
- Staff induction and training
- Staff supervision.

Policies and procedures including:

- Medication
 - Infection control
 - Pet policy
 - Complaints.
-
- Accidents and Incident records
 - Financial records .
-
- Cleaning schedules
 - Maintenance records.

- Medication Administering Recording (MAR) sheets
- Medication stock returns books.

- Observations of staff supporting residents
- Observations of morning managers meeting and staff handover.

- Staff questionnaires
- Relatives questionnaires
- Health professional questionnaires
- Residents, relatives and various staff meeting minutes.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

The Care Inspectorate received a fully completed self-assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned.

Taking the views of people using the care service into account

For this inspection, we received views from 19 of the 33 people using the service.

Three people gave their views via the Care Standards questionnaires. They all strongly agreed that overall, they were happy with the quality of care they received in the home.

Two people told us that they were not sure if the service asked for their opinions and how it can be improved. They all agreed that their privacy was respected and staff treated them politely at all times.

One person disagreed that there were enough trained and skilled staff on duty at any point in time to care for them (see quality statement 2.2).

Some people did not know about the homes' complaints procedure or that they could make a complaint to the Care Inspectorate (see quality statement 1.1). Everyone agreed they were treated fairly, staff knew about their likes and dislikes and the home was clean and hygienic and free from smells.

We did not receive any comments.

We spoke with a further 16 people within the home. They all agreed that overall, they were happy with the quality of care they received in the home.

We received the following comments:

"It's not too bad here, you get used to it".

"Michelle knows what my hobbies and interests are".

"It's great here, we're very well looked after. You can't get lost in this place, it's easy to find your way around".

"Staff treat me well".

"I'm happy here, the move's been good".

"You could tell any of the kitchen staff that you don't like that food and they will ask what do you want, and never question".

"Clothes get laundered and they are back within a day".

Residents' comments and references to our questionnaires are included throughout this report.

Taking carers' views into account

For this inspection, we received views from 4 of the relatives and friends of the 33 people using the service.

Two people gave their views via the Care Standards questionnaires. They both agreed that overall, they were happy with the quality of care their relative received in the home. They did not know about the homes' complaints procedure or that they could make a complaint to the Care Inspectorate (see quality statement 1.1). One person disagreed that the keyworker supported residents to know all the choices which were available to them (see quality statement 1.1).

They both agreed that unnecessary restrictions were not placed on their relatives and they were confident that staff knew how to meet their relative's needs.

We received the following comments:

"The room is lovely".

"The food is very good".

"This care home is excellent, they try every day to stimulate residents by providing various activities".

"The home is clean, friendly and caring".

We spoke with a further two relatives and friends visiting the home. They both agreed that overall, they were happy with the quality of care their relatives and friends received in the home.

We received the following comments:

"The cooks are excellent they will ask if you want alternatives. In general the food is to a good standard".

"My relative can do what they want through the day and is offered activities".

"Staff seem cheery, very good".

"Things are good here, people are well looked after"

Relatives' comments and references to our questionnaires are included throughout this report.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

At the last inspection the service received a grade of 5 - Very Good for this quality statement. This was maintained during this inspection.

We could see that the service manager and staff continued to offer very good opportunities to encourage residents and relatives to participate in assessing and improving the quality of care and support they received, quality of environment, and the quality of staffing and management:

During the inspection, we spoke to residents and relatives about the various ways in which they continued to participate in the quality of care and support, environment, staffing and management provided by the home. We looked at residents and relatives questionnaires and meeting minutes along with various information located around the home. We discussed care planning with residents and relatives and menu planning with care staff and kitchen staff. We received lots of very good feedback and positive comments from residents and relatives about the quality of care and support they received including the following:

"Things here are good".

"People are well looked after".

"This place is beautiful".

"I can speak to anyone about anything".

"Good night and day attention, better than a hotel".

"I wouldn't be anywhere else".

"Great place to live".

"Not as good as home but it's okay here".

We could see that the service manager continued to ensure the home continued to meet the needs of residents, who were encouraged and supported to express their views and discuss their opinions about the quality of care they received within the home in the following ways:

- Pre admission assessments before moving into the home
- Inclusion in care plans and six monthly reviews
- Annual questionnaires
- Activities offered
- Residents and relatives annual questionnaires
- Respite questionnaires
- Residents and relatives meetings
- Quarterly newsletter
- Suggestions and complaints.

We could see changes being made as a result of these such as:

A new music room, bar and shop had been implemented within the main areas within the home, a cat was now residing in the home, menus were devised around individuals likes and dietary needs, and pub equipment and furniture had been donated by a local community landlord who had officially opened the pub at an opening event.

Residents and relatives were informed of training carried out by staff and any changes to staff teams as well as management updates.

Residents were encouraged and supported to plan their days as they wished and were observed walking around the home and well maintained secure gardens which were easily accessible, throughout the inspection.

They were able to get up and go to bed when requested and had the option of eating meals in their bedrooms alone or in the dining room with others.

Residents were encouraged to bring their own belongings and furniture to the home. We could see that each room included individual items and was set out differently for each person.

Friends and relatives were able to visit residents at any time during the day and night and were encouraged to stay as long as they wished. During the inspection, we observed visitors bringing in pets to visit and supporting residents to eat their meals and attend to their care needs.

The service manager offered an 'open door' approach and was happy to speak to residents and relatives whenever they wanted, which was observed during the inspection. Residents and relatives told us they liked this approach.

The complaints procedure continued to be on display and we could see that informal discussions and concerns as well as formal complaints were being appropriately addressed and managed.

Where Power of Attorney (POA) or Welfare Guardians were in place for individuals, this was recorded within the care plan process. We could see that the service manager continued to involve them in discussions and decisions made about their care and support.

We observed residents being encouraged to participate in various individual and group activities throughout the inspection. These included, a quiz and taking down Christmas decorations, and reading books and magazines.

Service user agreements were in place for each resident recording their legal

position about their occupancy rights within the home, including the service that would be provided, terms and conditions of accommodation and payment arrangements.

Residents and relatives continued to be given the opportunity to meet new staff during their interview at the home. The service manager introduced applicants to residents and relatives available during the time of the interview. This was recorded as part of the interview process.

Staff induction included meeting residents and relatives and getting to know them and their needs and preferences. Observations of residents and relatives responses to staff practice and discussion about work performance was discussed in some supervision and addressed as part of staff development and performance.

At the last inspection, we asked the service provider to promote and develop the role of keyworker within the service.

We could see that the service manager had discussed the role of key worker with staff as stated in her action plan to address this. Keyworkers had been allocated alongside team leaders to work within small teams ensuring they attended to the needs of each resident they were allocated to. Pictures of keyworkers were in each resident's bedroom with a summary of their individual needs.

At the last inspection, we also asked the service manager to ensure that Each resident's personal plan should be updated to reflect changes on at least a six monthly basis.

We could see that care plan documentation continued to be reviewed on a monthly basis by senior care staff. Changes within care needs of individuals were recorded more as a result of this.

Residents and relatives signatures were obtained to evidence they had read and understood certain areas within the care planning process.

Six monthly reviews were taking place with some residents and relatives with records of discussions held and actions agreed.

At the last inspection, we also asked the service manager to ensure Information and documentation for residents is provided in a service user-friendly format.

We were aware that pictorial menus had been introduced to support some residents with communication difficulties to make choices during mealtimes. Signage throughout the home continued to remain informative and unobtrusive, guiding residents around the home and to various communal areas such as, toilets, shower rooms and various lounges. Corridors to garden areas were decorated with garden implements, instruments, murals and information. This made it easier for residents to distinguish where the garden areas were.

Areas for improvement

Not everyone knew about the homes' complaints procedure and the Care Inspectorate (CI) complaints procedure.

Some residents and relatives told us they were not aware they could receive meeting minutes.

We could see that these had been discussed at previous residents and relatives meetings and suggested that the service manager continues to review these as part of a standing agenda item.

There were variations among residents and relatives understanding of the roles and responsibilities of their keyworker.

Some residents did not know what their keyworker did. Residents and relatives had not been involved in choosing their keyworkers.

We understood that this is a developing role and whereas the service manager had made good progress to promote the role of the keyworker this is still within its early stages and needs further development in order to achieve effective relationships as identified by the service manager (see re-stated recommendation 1).

Care plan reviews were not taking place or being recorded consistently for all residents. As discussed in quality statement 4.4, care plan audits were not taking place as often as expected or highlighting all issues to address.

Six monthly reviews were not taking place routinely for all residents or with full involvement from residents and relatives (see re-stated recommendation 2).

The service manager had identified that further work was needed to ensure the care plan format was easy to follow by all parties involved.

The service activities coordinator was compiling care plan information about resident's individual abilities and hobbies. The service manager planned to incorporate this information into the care planning process in a format which was acceptable for individuals, once all information was complete.

We agreed to look at this during the next inspection.

We asked the service manager to consider ways in which she could encourage residents who do not attend meetings or interviews or who may have communication difficulties, to add to the meeting and interview agendas, as well as ensuring minutes are offered, read and understood (re-stated recommendation 3).

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The service manager should promote and develop the role of keyworker within the service.

National Care Standards, care homes for older people, standard 7: moving in and standard 11: expressing your views.

2. Each resident's personal plan should be updated to reflect changes on at least a six monthly basis. Six monthly reviews should be carried out within timescales identified including residents and relatives input.

National Care Standards, care homes for older people, standard 6: support arrangements.

3. The service manager should consider how information and documentation for residents could be provided in a service user-friendly format.

She should also consider how residents with communication difficulties can be encouraged to express their views on any aspect of the home, including their individual care plans, residents and relatives meeting agendas and minutes, and staff recruitment, supervision and appraisal and ensure these are recorded.

National Care Standards, care homes for older people, standard 8: making choices and standard 11: expressing your views.

Statement 3

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

Service strengths

At the last inspection, the service received a grade of 4 - Good for this quality statement. This was maintained during this inspection.

We talked to residents, relatives and staff about individual healthcare needs; we looked at individual care plans recording people's needs and how they were being met. We joined day staff and night staff for their daily handover in the evening, where they discussed resident's needs and how they had been met. We observed care staff carrying out the administration of medication to individual residents and we looked at accident and incident reporting procedures.

Staff continued to know residents well and knew their likes, dislikes and how to attend to any specific care needs.

Staff used handovers at the end of each shift to inform and update each other about resident's days. They used the handovers to review healthcare changes and discuss some observations and feedback from residents and relatives. This information was then used to make changes to care during the next shift and make some changes to care plan information.

Good contact was maintained with other healthcare professionals around Residents' healthcare assessment's and reviews of their specific healthcare needs. We could see that health issues were managed timeously and appropriately as a result of this.

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were being discussed with residents and their relatives as part of the advanced care planning process.

Accident and incident reports contained some good detailed information about any incidents taking place and staff responses. We could see that the service manager was using a best practice audit tool to assess any accidents and incidents taking place for individual residents.

At the last inspection, we asked the service provider to:

- a) Set up an effective safe storage system for medication in accordance with best practice and current legislation. This includes, the daily monitoring of access to medication facility and monitoring of temperatures within the environment in which they are stored to promote maximum efficacy of the medication.
- b) Ensure there is no ambiguity around the instruction on the prescription, medication record, dispensing label and care plan information. Handwritten amendments must be appropriately recorded on the MAR chart. This should be supported by the use of an 'as required administration protocol'.
- c) Ensure that staff have received appropriate training to support them to safely administer medications and understand accurate information which allows them to monitor resident's medication and the condition it has been prescribed for. This might include when a medicine is started, who prescribed it, what it is for, where it has to be applied (ointment, eye drops etc.), how long it has to be used for, when it should be reviewed, any tests or monitoring needed or if an accompanying behavioural charts, pain chart etc. is needed. Use of carer's notes should reflect when medication has not been administered or when medication has been administered out with routine administration times.
- d) Ensure there are accurate and current records of medicines [including stock balances] for the use of service users. This includes medicines which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service.
- e) The policy reflects best practice guidance and is up-to-date with regular review.

We gave them a timescale of: within two months on publication of the report to complete this.

The service manager told us in her action plan that this requirement had been discussed with team leaders responsible for administering and auditing medications. She told us that documentation discussed had been accessed and audits had been altered to identify issues earlier.

We could see that medications were stored and secured in a separate room which only senior members of staff responsible for administering medication held the key. Best practice was being followed to store controlled drugs, drugs to be returned to pharmacy and drug stocks ordered into the home. Refrigerator temperature checks were taking place as well as room checks which were recorded on a daily basis.

Weekly medication stocks were checked and signed in by senior care staff. Audits of medication policies were taking place weekly looking at various individuals' medications each week.

Medication training had been given to care staff with routine updates and discussions within team meetings and supervisions.

At the previous two inspections, we asked the service manager to ensure that all care plans and risk assessments contain clear detailed information for staff to follow when supporting residents with each of their individual care needs. All care plans and risk assessments should be reviewed and evaluated with full involvement and agreement with each resident and relative who should be encouraged to sign and date these along with staff.

At the previous two inspections, we also asked the service manager to review the current system to identify and manage risk for service users, whilst considering implications of restraint. This detailed information about how the risk is calculated and the most appropriate method to reduce and manage the risk in accordance with best practice.

We also asked the service manager to improve the assessment and care planning process to reflect the current assessed needs of residents in line with

best practice guidance and evidence how the plan is being followed on a daily basis.

The service manager told us in her action plan that she would review risk assessments and how they link with the care plan and as part of the monthly review discuss with all relevant parties to ensure compliance. She told us she would devise a separate care plan for anything that may be seen as potentially restraining to a resident if not being used in that capacity. She told us that further training and development will be given to those staff responsible for risk assessment to ensure all information is clear to ensure compliance .

Care plans contained some good detailed information about each resident's individual needs and preferences such as, when they preferred to go to bed and get up along with any specific routines they had during these times.

Risk assessments were in place to assess and review residents risk for things, such as nutrition, weights and mobility.

This information linked into a relevant care plan to show how the risks should be managed and reviewed.

Residents and relatives were more involved within this process, with signatures obtained to show discussion and agreement of the information recorded.

Progress notes were completed daily by staff to record any observations and discussions with residents, relatives and staff about any changes within their needs.

At the last inspection, we also asked the service manager to ensure that all medication is administered consistently with policy and best practice guidance and is monitored through robust audit processes.

During the inspection, we observed staff administering medications to individual residents. We could see that staff attempted to administer medication at times which was recorded along with times which was suitable for individual residents. We observed some good best practice being followed such as, medications were administered to one resident at a time and staff waited until medication was fully taken before signing MAR sheet.

We checked the financial transactions covering petty cash and residents

personal monies. We found that the home had very good systems to safely manage the finances and cash within the care home.

Each resident had an individual financial file containing details of any money being held within the home. All transactions were recorded with invoices and receipts given when money was handed in or taken out. Regular checks of individual folders and money were taking place.

We found no discrepancies through our random check and found all records to be in very good order.

The service administrator also kept good records of collective funds which had been raised to support residents to attend and arrange various activities and events and petty cash held for various sundry items. This ensured that the service managed all transactions relating to any financial matters for residents legally and correctly.

The service had several written policies and procedures in place covering financial matters including, petty cash, care home comfort/amenity fund, service user's property and finances.

Care plans detailing individuals finances were being written for each resident as part of the care planning process.

During this inspection process, we used a Short Observational Framework for Inspection tool (SOFI2) to directly observe the experience and outcomes for residents within the main sitting room. We found residents to be relaxed, and comfortable. Staff were attending to the needs of individuals, as well as having general conversations with various residents within the room. We observed residents attending to various personal activities such as, reading books, magazine, newspapers, watching television, having conversations with other residents, and receiving visits from family and friends.

Staff displayed warmth, genuineness, fun and facilitation and were observed validating residents individual feelings and experiences.

Residents received regular contact with the cooks who continued to assess and review resident's dietary needs and preferences. We observed residents being

given choice of various menus during mealtimes and individual requests being granted when asking for individual food items.

Kitchen staff had received a Scottish Care Award for eating well and nutrition, recognising the training and support carried out by staff to ensure residents nutritional needs were being met.

The home had recently employed a part-time activities coordinator who was currently assessing and reviewing individual resident's abilities, skills and hobbies and interests. Weekly internal group activities continued to take place which we observed during the inspection.

External artists and groups continued to attend the home offering various activities and groups, such as gardening, singing, music and providing a church service.

Areas for improvement

Accident and incident records were not always fully completed to include the details requested. Signatures of residents, relatives and some staff were not obtained as requested.

This made it difficult to ascertain if the appropriate procedures had been followed.

Although the service manager was assessing these routinely accidents and incidents were not being fully reviewed and evaluated (see recommendation 1).

We carried out a medication stock check and review of MAR records and pharmacy returns records. Best practice was not being followed and we found various inconsistencies within each of these processes:

Medication stock check paperwork did not correlate with actual stock of medication for each resident. Incorrect medication quantities had been recorded as carried over to the next months stock. Some medications had been signed as checked and correct when packaging remained unopened.

Handwritten changes to the MAR sheet were not always clearly recorded within the MAR sheet or care plan. This made it difficult to ascertain why changes had been made and under which GP instruction.

There were blank areas within the MAR sheet where staff should have signed for medication. There were no records to show why this would be left blank. This made it difficult to ascertain if medication had been appropriately administered or not.

Medications to be returned to pharmacy which showed as full stock being used on MAR sheet (which should have been empty) contained varying amounts of medications in their containers.

Returns to pharmacy records showed that some medications had been found in various areas and were being returned. There were no records to show any investigations held and Care Inspectorate notification had not been submitted.

We were concerned that routine audits had been taking place, but these issues had not been detected and addressed.

Updated policies and procedures did not record detailed information about administration of topical medications and importance of staff wearing a tabard when administering medications (see re-stated requirement 1).

Care plans continued to contain general statements, such as observe, monitor, assist, support with little detail about how these should be implemented. Some of the information within the care plans had not been reviewed and updated to show changes in care needs. For example, one resident had been assessed by a health care specialist to undertake a certain daily task with support from staff. This information had not been transferred into the relevant care plan and was not routinely taking place.

Care plans were not routinely audited (as discussed in quality statement 4.4) and residents and relatives input was not always clearly recorded, reviewed and updated. For example, signatures were not always obtained within advanced care plan statements or on all individual risk assessments agreed. (see re-stated recommendation 3).

We found that staff attempting to administer medications were subject to many interruptions during their medication 'rounds'. Tabards were not worn to alert people that they should not be interrupted. Staff were observed administering medication then attending to other duties, before returning to record in the

MAR sheet.

As previously mentioned within this quality statement, we were aware that MAR sheets did not always record expected information and signatures. We were concerned that staff were not taking the uninterrupted time needed to attend to this process and best practice was not always being followed. (see re-stated recommendation 4).

Grade

4 - Good

Requirements

Number of requirements - 1

1. The provider of the care service must:

a) set up an effective safe storage system for medication in accordance with best practice and current legislation. This includes, the daily monitoring of access to medication facility and monitoring of temperatures within the environment in which they are stored to promote maximum efficiency of the medication.

b) Ensure there is no ambiguity around the instruction on the prescription, medication record, dispensing label and care plan information.

Handwritten amendments must be appropriately recorded on the MAR chart. This should be supported by the use of an 'as required administration protocol'.

c) Ensure that staff have received appropriate training to support them to safely administer medications and understand accurate Information which allows them to monitor resident's medication and the condition it has been prescribed for. This might include when a medicine is started, who prescribed it, what it is for, where it has to be applied (ointment, eye drops etc.), how long it has to be used for, when it should be reviewed, any tests or monitoring needed or if an accompanying behavioural charts, pain chart etc. is needed. Use of carer's notes should reflect when medication has not been administered or when medication has been administered out with routine administration times.

d) Ensure there are accurate and current records of medicines [including stock balances] for the use of service users. This includes, medicines which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service.

e) The policy reflects best practice guidance and is up-to-date with regular review.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users

Timescale: to be addressed immediately after inspection feedback.

Fully detailed action plan to be submitted by 31 January 2016, including details of investigation into 'found' medications

Recommendations

Number of recommendations - 4

1. The service manager should ensure that accident and incident recording sheets are fully completed, including obtaining signatures of all those requested. The information within the service manager's current assessments of accidents and incident should be reviewed and evaluated as part of the care planning process.

National Care Standards, care homes for older people, standard 4: your environment, standard 5: management and staffing and standard 6: support arrangements.

2. The service manager should ensure that topical medication is recorded within the care planning process and stored and administered in accordance with up-to-date best practice guidelines.

National Care Standards, care homes for older people, standard 5: management and staffing, standard 6: support arrangements, standard 14: keeping well-healthcare and standard 15: keeping well-medication.

3. The service manager should ensure that all care plans and risk assessments contain clear detailed information for staff to follow when supporting residents with each of their individual care needs.

All care plans and risk assessments should be reviewed and evaluated with full involvement and agreement with each resident and relative who should be encouraged to sign and date these along with staff.

National Care Standards, care homes for older people, standard 6: support arrangements, standard 8: making choices, standard 9: feeling safe and secure and standard 14: keeping well - healthcare.

4. The service should ensure that all medication is administered consistently with policy and best practice guidance and is monitored through robust audit processes.

National Care Standards, care homes for older people, standard 6: support arrangements and standard 15: keeping well-medication.

Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

At the last inspection, the service received a grade of 5 - Very Good for this quality statement.

This was maintained during this inspection.

The strengths recorded under quality theme 1.1 are also relevant strengths for this quality theme.

Areas for improvement

The areas for improvements recorded under quality theme 1.1 are also relevant strengths for this quality theme.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 2

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

Service strengths

At the last inspection, the service received a grade of 4 - Good for this quality statement. This was maintained during this inspection.

We spent time throughout the inspection within all areas of the home. We spoke to care, laundry, housekeeping, kitchen and maintenance staff about their roles and responsibilities cleaning and repairs and ongoing internal and external maintenance within the home.

The home was clean and fresh and domestic presence was evident on a daily basis.

Maintenance and decor throughout the home was to a good standard, with good systems in place to ensure routine maintenance and repairs were carried out.

Routine maintenance checks and services of systems and equipment continued to be in place which was attended to by the homes maintenance man. These included, testing of electrical appliances (PAT), hoists and slings, health and safety in residents rooms and communal areas.

We could see external contractors were being used to attend to other specialised maintenance such as, plumbing, heating, routine maintenance of various specialised equipment.

The risk of legionella was being reviewed by the maintenance man following current best practice guidelines with support from an external agency.

We observed domestic, laundry, kitchen and maintenance staff attending to their duties throughout the inspection and we could see that the home was run in a way which protected residents from avoidable risk or harm.

The kitchen and laundry areas were clean and tidy and contained areas for used and clean items and implements.

The private courtyard garden in the centre of the building were well maintained and provided residents with safe areas to walk or sit outside.

Domestic, kitchen and laundry staff had a good understanding of the importance of respecting resident's privacy when attending to work tasks within communal areas and within their personal bedrooms. We were aware that they would not attend to any duties if residents were unwell, needing some time alone or did not want them in their rooms.

We looked at residents dependency levels and previous rotas for all staff including, ancillary and care staff and could see that shift patterns were being covered as expected, taking into consideration planned training events and annual leave requests. An extra shift had been arranged in the evening to support residents to go to bed.

At the last inspection, we asked the service provider to ensure that arrangements for the control of infection are appropriate and implemented to meet relevant standards and legislation.

This includes:

- (a) monitoring to ensure that staff use appropriate hand hygiene, use of uniform and personal protective equipment.
- (b) all staff must undertake appropriate infection control training to promote their understanding of risks and risk management of infection.
- (c) monitoring of storage and disposal of continence aids. Staff must be familiar with the appropriate continence management for each resident through care planning, including, use of appropriate aids.

The provider must ensure that the arrangements for control of infection are appropriate, implemented and monitored to meet relevant standards within their policy. This includes areas such as laundry, kitchen and appropriate use of

personal protective equipment.

We gave them a timescale of: on receipt of the report to complete this requirement.

We also asked the service provider to ensure that the home is kept clean, hygienic and free from offensive odours and that appropriate systems are in place and being monitored to control the spread of infection.

The service manager told us in her action plan that this would be discussed at the next health and safety meeting and in staff supervision as part of reflective practice. She told us that a housekeeper has been appointed to assist with monitoring of standards.

A more commercial carpet and floor shampooer had been purchased and staff development in relation to dealing with spillages and odours and how they manage these will be addressed.

All staff, including, ancillary staff had completed infection control training, legislation, cause and spread of infection, roles and responsibilities and prevention and control of infection.

The homes' infection control policies and procedures had been reviewed and updated to promote the highest standards of care and cleanliness, therefore, reducing the risk of acquiring an infection, cross-infection or contamination. The indepth policy was discussed as policy of the month, where staff were requested to sign and date when read and understood.

Infection control audits had been carried out by the service manager and operations manager to review the procedures and staff practice looking at general points, environmental issues, and the use of linen

We looked at cleaning schedules, the use of the sluice room and the discarding of clinical waste items. We could see that new cleaning materials and agents had been purchased for staff use when clearing up spillages and bodily fluids.

We could see that staff were aware of the disposal of incontinence aids and protective clothing and plastic bags were provided in each en suite bathroom and communal bathroom and toilet to assist staff to do this safely. Staff knew about the laundry system used to clean soiled items safely.

At the last inspection, we asked the service provider to review the homes' contingency plan to ensure that measures are put in place in the event that an unforeseen event compromises use of the home.

We could see that the home had a detailed and comprehensive contingency plan in place for staff to follow during any emergency events, such as electrical failure, floods, emergency evacuation.

At the last inspection, we asked the service manager to ensure that resident have a written agreement which clearly defines the service which will be provided.

Service user agreements were in place for each resident recording their legal position about their occupancy rights within the home, including the service that would be provided, terms and conditions of accommodation and payment arrangements.

The use of window restrictors had been reviewed by the maintenance man in line with organisational policy. They had concluded that window restrictors were not needed under current legislation.

At the last inspection, we asked the service manager to monitor response time for answering nurse call alarms to ensure safety is promoted.

We were aware this was being monitored on an ongoing basis by the service manager, as stated within her action plan. The service manager continued to alert residents to the emergency care call which could be used if immediate staff assistance was needed. The service manager told us that they were awaiting installation of a new care call system which had been recently purchased. This system will identify the amount of call buzzers pressed, waiting times and areas buzzers were mostly used. We agreed that this recommendation had been met as staff attendance times to residents needs had been identified within the recommendation addressing staff availability (see recommendation 1 below) and we will assess the new care call system as part of this during the next inspection.

Areas for improvement

We had some concerns about the staffing levels within the care home, especially during night shift.

Throughout the inspection we observed residents needing to wait for staff to be available to attend to some of their care needs, in particular, for those residents needing the support of two carers. We observed some residents receiving interrupted support as staff attended to other residents needs and response to care calls.

We were aware that some residents were assisted to bed to try to accommodate staff availability within the sitting room.

Some residents told us they were aware staff were busy and did not wish to bother them, especially during the night. We observed staff taking unallocated short breaks throughout day shifts.

We were aware that the current extra shift which had been supplied to support residents to bed was currently not being utilised. We suggested that the service manager address this as a matter of priority (see recommendation 1).

Throughout the inspection, we were aware of intermittent odours throughout the home. We received varying responses from staff to odours observed, with some staff not recognising they were there.

We observed staff spraying their own personal perfumes in an attempt to eliminate a strong odour of urine in one of the corridors. We observed a bag full of clinical waste on the floor in the sluice room which had not been safely disposed of in the bin provided. The sluice room was messy and untidy and there was no hand wash or paper towels at the sink readily available for staff to use.

We were aware that some measuring bottles used to measure urine from catheter bags were being left in private bathrooms for long periods of time before being disposed of.

We were aware that staff did not use plastic aprons when assisting residents to use toilet facilities, and staff did not know correct cleaning agents to use to clear up bodily fluids and blood spillages.

We found some plastic containers in communal bathrooms containing personal belongings and communally used hair curlers which were covered in hair. The

plastic containers were also dirty.

We found that slings were being used generically to support residents within the hoists and within various areas of the home, such as, lounge and communal toilets and bathrooms.

Although cleaning staff immediately cleaned the sluice room and agreed to add routine checks of areas identified onto future cleaning schedules, we were concerned these issues had not been observed and auctioned sooner.

The service manager agreed to review infection control policy and training with all staff to ensure they were fully conversant with the issues highlighted within this report. We agreed that some elements of this requirement had been met and will be re stated for completion (see re-stated requirement 1).

Although we were satisfied that repairs and maintenance were routinely checked and carried out, we were concerned that some of the issues we found during inspection had not previously been reported (see above). The reporting system which the maintenance man and staff used did not clearly record when a job had been attended to, or completed. This made it unclear as to what staff should do in the meantime and whether it required reporting again or not. We discussed this with the service manager and maintenance man who agreed to make the changes we suggested during the inspection.

We agreed to review this during the next inspection.

Throughout the inspection, we observed varying water temperatures within some of the communal bathrooms and personal en suites. Some of the hot water was very slow to heat up and some water temperatures remained outwith best practice guidance and legislative temperatures. The water pressure in some of these bathrooms was excessive, causing water to spill out over the sink and onto the floor and surrounding walls. Some taps were loose and continued to move when turned off and on.

We discussed this with the service manager who arranged for external professionals to visit the home during the inspection and attend to these as a matter of priority.

The homes maintenance man also agreed to review these and ensure more regular checks of temperature control valves (TMV) were in place to monitor

this (see recommendation 2).

The homes' contingency plan did not record in detail how staff should respond to lack of water entering the building as recently experienced within the home. The policy also needed reviewed, to include, completion of Care Inspectorate notifications during each event (see recommendation 3).

Some residency agreements had not been signed by residents and their relatives. This made it difficult to ascertain if this had been discussed with them as part of the care planning process. We suggest that these are reviewed routinely with residents and relatives as part of their six monthly review meetings (see quality statement 1.1).

The homes' environmental risk assessment did not include the use of window restrictors. We discussed this with the service manager and operations manager and maintenance man who were all aware of current legislation and agreed this should be added to routine checks as discussed (see recommendation 4).

Grade

4 - Good

Requirements

Number of requirements - 1

1. The provider of the care service must:

a) set up an effective safe storage system for medication in accordance with best practice and current legislation. This includes, the daily monitoring of access to medication facility and monitoring of temperatures within the environment in which they are stored to promote maximum efficacy of the medication.

b) ensure there is no ambiguity around the instruction on the prescription, medication record, dispensing label and care plan information. Handwritten amendments must be appropriately recorded on the MAR chart. This should be supported by the use of an 'as required administration protocol'.

c) ensure that staff have received appropriate training to support them to safely administer medications and understand accurate information which allows them to monitor resident's medication and the condition it has been prescribed for. This might include, when a medicine is started, who prescribed it, what it is for, where it has to be applied (ointment, eye drops etc), how long it has to be used for, when it should be reviewed, any tests or monitoring needed or if an accompanying behavioural charts, pain chart etc. is needed. Use of carers notes should reflect when medication has not been administered or when medication has been administered outwith routine administration times.

d) ensure there are accurate and current records of medicines [including stock balances] for the use of service users. This includes, medicines which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service.

e) The policy reflects best practice guidance and is up-to-date with regular review.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users.

Timescale: within two months of this report.

Recommendations

Number of recommendations - 4

1. The service manager should review current staffing levels, staff deployment and current shift patterns within the home, to ensure enough trained and qualified staff are available to meet residents care and support needs in particular during the night.

National Care Standards, care homes for older people, standard 4: your environment and standard 5: management and staffing arrangements.

2. The service manager should ensure that adequate water heating is maintained and remains within safe limits throughout the home and also within communal and private bathrooms. Care and maintenance staff should have a good understanding of the heating system used within the home and ensure any concerns are reported.

The service manager should consider the use of thermometers to test temperatures of water when assisting residents in baths and showers, to ensure therapeutic safe temperatures are applied. Risk assessments should be discussed, recorded and reviewed for individual requests outwith these as part of the care planning process.

National Care Standards, care homes for older people, standard 4: your environment and standard 5: management and staffing arrangements.

We signposted the service manager to the following guidance:

1. 'Managing the risks from hot water and surfaces in health and social care'.

Published by the Health and Safety Executive 2012.

2. 'Health and safety in care homes (2nd edition)'

Published by the Health and Safety Executive 2014.

3. The service manager should ensure that the homes' contingency plan is reviewed and updated to include all possible emergency situations, including the failure of water supply to the home and the Care Inspectorate notification procedures to follow.

National Care Standards, care homes for older people, standard 4: your environment and standard 5: management and staffing arrangements.

4. In order to ensure that the home is run in a way that protects resident's from any avoidable risk or harm, the service manager should ensure there are

detailed environmental risk assessments in place highlighting all identified areas of concern including window restrictors.

Environmental risk assessments should be routinely reviewed and evaluated with input from residents, relatives and staff.

National Care Standards, care homes for older people, standard 4: your environment.

We signposted the service manager to the following guidance:

'Falls from windows or balconies in health and social care' www.hse.gov.uk/pubns/hsis5.htm

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

At the last inspection, the service received a grade of 5 - Very Good for this quality statement.

This was maintained during this inspection.

The strengths recorded under quality theme 1.1 are also relevant strengths for this quality theme.

Areas for improvement

The areas for improvements recorded under quality theme 1.1 are also relevant strengths for this quality theme.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

At the last inspection, the service received a grade of 4 - Good for this quality statement. This was maintained during this inspection.

During the inspection, we received feedback from residents and relatives about staff practice. We observed staff attending to resident's needs and spoke to newly appointed staff about their training and development, as well as looking at staff recruitment, training and supervision records.

We could see that staff continued to be motivated and committed to providing a good quality support to residents as they requested. They told us that they enjoyed working in Annan Court and it was a great place to work with good management and residents were well looked after. They told us they were confident that any issues and concerns were addressed.

Throughout the inspection, staff displayed good values for residents and each other. We observed them attending to residents needs in a way that they would like, taking their time and encouraging them to maintain their independence. They were non-judgmental and easy to approach.

We could see that record keeping was factual, accurate and unambiguous. Personal information about residents was discussed among staff and recorded respectfully and in a way which residents and relatives could understand.

Residents were very positive about the staff. We received lots of good feedback from residents and relatives, such as they are very kind, you can ask them anything, they will get you anything you need, they try their best, they are very friendly.

We looked at staff recruitment files and could see that application forms were

being completed and submitted for short listing. Two references were being requested, one of which, was the most recent employer and the manager had a check list in place to ensure professional register and safety checks were being obtained.

Staff were undergoing the Protection of Vulnerable Groups (PVG) checks. This meant previous records were checked to ensure they were competent and safe to work within the homes environment.

At the last inspection, we asked the service provider to ensure staff are registered with Scottish Social Services Council within relevant timescales.

We could see that care staff were registered or applying to be registered with the appropriate professional bodies such as; Nursing and Midwifery Council (NMC) or Scottish Social Services Council (SSSC).

Most of the current care staff team had their registration approved with some awaiting confirmation of their application and payments to be made. The service manager was monitoring SSSC applications with good effect.

Where any concerns were arising, we could see the manager was seeking guidance and advice from the appropriate bodies before allowing staff to work within their roles.

We could see that the service carried out staff induction to all new care and ancillary staff as they were newly recruited into post covering important elements of their individual roles. Induction content for care staff included, person-centred care, aims and objectives, orientation to the building, mandatory training, resident care, adult support and protection, whistleblowing, confidentiality, fire action and health and safety issues. Each induction form was signed by the member of staff on completion of each section. The service also ensured that new staff had the opportunity to shadow experienced workers to help them settle into their new roles.

Staff told us that the induction programme was reviewed and evaluated with the staff member and mentor together once completed. This gave staff the opportunity to discuss what they had learned and any outstanding learning

points needed to revisit.

The training matrix continued to be reviewed by the service manager to ensure that all staff continued to receive routine and up-to-date training, such as, moving and handling, medication, infection control, first aid, dementia awareness. As well as various specific training identified to help staff care for residents with varying needs. Training contained a good mixture of training materials and styles, such as, electronic learning on computer with quizzes and scores to assess knowledge and understanding, group training with a facilitator, competency assessments, external agencies offering discussion and training around various systems and processes.

We were aware that the service manager had accessed dementia skilled 'improving practice' material which has been produced by the SSSC and National Health Service (NHS) to tie in with the governments 'Promoting Excellence' looking at the rights of people living with dementia. The service manager had attended training to enable her to train other staff about the information within these materials. We could see that staff were in varying stages of their training which included group discussions, personal reflection time with an assessment on completion.

Staff were able to give us positive feedback about their learning and development, as a result of this process so far. They were able to give us examples of how support to some individuals had changed as a result of their increased awareness of how individuals may be effected by their various experiences of living with dementia.

As a result of the previous two inspections, we asked the service manager to review the current recording of the supervision note and consider how to provide more details of discussion at supervision. Staff should have individual learning and development plans, which include, detailed information about their learning and development needs and how these will be met.

The service manager told us in her action plan that supervision records would be reviewed and updated to link into support and development themes.

We looked at staff supervision records and could see that good discussions were taking place between staff and supervisors looking at their work practice

and any issues arising. Supervision notes contained more detailed information about issues discussed and various summaries of action plans to address these.

As a result of the previous two inspections, we also asked the service manager to ensure that all staff follow moving and handling best practice at all times. Where poor practice is identified, this should be managed through the process of supervision.

The service manager told us in her action plan that this would be discussed as part of staff health and safety along with the homes identified moving and handling trainers.

We observed some staff following good practice and using appropriate techniques whilst attending to the various moving and handling needs of residents, such as, assisting residents from a chair into a hoist, assisting residents to stand up from a chair, supporting residents to walk with minimal assistance from staff.

Residents and staff had recently celebrated their achievement to being nominated for a Scottish Care Award for meaningful activities. The service manager and staff had attended a celebratory event and hosted a celebration party back at the home, including residents and relatives.

Areas for improvement

The homes staff recruitment policy had not been reviewed and updated to comply with the 'Equality Act 2010' and we could see that applicants were still being asked about any healthcare and medical issues before being offered a post. One staff member had two references obtained, one of which was not the original referee recorded and was not recorded on the homes' reference documentation (see recommendation 1).

Supervision was not taking place routinely and inline with the homes' policy for all staff.

We could see that some staff had not had any formal 1:1 time with their supervisors for long periods of time. Although some areas for further training and development were identified, these did not always link into learning and development plans which were being reviewed and evaluated for changes in practice.

We were aware that the operations manager was reviewing the process of supervision and was hoping to introduce new guidelines and recording systems to support this.

We agreed this recommendation was part met for completion during their next inspections when we can review this new process in more detail (see re-stated recommendation 2).

We also observed some poor staff moving and handling practice. We observed some staff using inappropriate slings to support a resident in the hoist, some staff assisting residents to stand up from the chair using an 'under arm' lift, and some staff supporting residents to walk whilst holding their hand and walking in front of them.

We were concerned that this had not been addressed among the staff (see re-stated recommendation 3).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 3

1. The service manager should ensure that safer recruitment best practice is followed during all selection and recruitment. They should pay particular attention to ensure that all appropriate references are contacted and received prior to an offer of a post is made.

The home recruitment policy and procedures should be updated to include, the 'Equality Act 2010'.

National Care Standards, care homes for older people, standard 5: management and staffing arrangements and standard 9: feeling safe and secure.

2. The service manager should review the current recording of the supervision note and consider how to provide more details of discussion at supervision.

Staff should have individual learning and development plans, which include, detailed information about their learning and development needs and how these will be met.

National Care Standards, care homes for older people, standard 5: management and staffing arrangements.

3. The service manager should ensure that all staff follow moving and handling best practice at all times. Where poor practice is identified this should be managed through the process of supervision.

National Care Standards, care homes for older people, standard 4: your environment and standard 5: management and staffing arrangement.

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

At the last inspection, the service received a grade of 5 - Very Good for this quality statement.

This was maintained during this inspection.

The strengths recorded under quality theme 1.1 are also relevant strengths for this quality theme.

Areas for improvement

The areas for improvements recorded under quality theme 1.1 are also relevant strengths for this quality theme.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 4

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

Service strengths

At the last inspection, the service received a grade of 4 - Good for this quality statement. This was maintained during this inspection.

The service manager continued to be available and approachable to residents, relatives and staff. They were working with the staff team in a relaxed and friendly environment where the needs of residents was respected and encouraged where possible.

The service manager responded to issues raised on a daily basis from their observations, conversations and discussion with residents, relatives, staff and visitors to the home, as discussed throughout this report.

We could see that the service manager continued to offer opportunities to ask for people's opinions about the service as discussed throughout this report. As well as using meetings to discuss her own management agenda, she encouraged everyone to add to agendas to ensure individual issues and concerns were addressed.

At the last inspection, we asked the service provider to review quality assurance systems and processes to monitor and support the effectiveness of the service being provided. This includes, ongoing review and update of audit procedures, risk assessments and policies and procedures, in accordance with best practice and current legislation and the practices of regular auditing and evaluation.

The service manager told us in her action plan that as part of meeting other recommendations, she would look at the homes' quality management system and as a company will look at how they are reviewing to ensure all procedures audits and risk assessments are accurate and updated in a timely manner in line with current legislation.

We looked at some of the audits which the service manager carried out. We could see that the home had some good comprehensive quality assurance systems in place. The service manager and operations manager were working together to complete organisational audits linking into National Care Standards, to review quality of care and support, quality of environment, quality of staffing and quality of management and leadership throughout the home.

We found some good examples where audits had been completed for areas discussed within this report. Issues found arising from the audits were addressed with timescaled action plans devised to alleviate further incidents arising, for example:

- Senior drug competencies
- Complaints
- Finances
- Falls/accidents and incidents
- Infection control
- Training
- SSSC/PVG checks
- Recruitment
- Medication
- Care planning.

The service manager attended routine internal meetings with other service managers and the operations manager. We could see this gave her the opportunity to discuss their own service delivery and participate in discussions about organisational changes and how they would be implanted within the home.

The service manager had introduced morning meetings with all head of department staff, including maintenance man, housekeeper, kitchen staff and senior carers. This gave them the opportunity to discuss service delivery and agree on any changes to be made. We could see that issues arising were addressed and reviewed as a result of this.

The service manager continued to complete and submit notifications to us within timescales expected.

The organisation was in the process of reviewing policies and procedures to ensure they remained in line with up-to-date best practice and legislation.

Areas for improvement

Although the service manager had some good audits in place, we found that they had not all been effective in identifying those areas of concern which we have identified.

Audits were not always being carried out routinely and consistently completed which made it difficult to ascertain if particular issues were being identified and addressed, for example:

Within quality statement 1.3, we noted that some personal planning documentation was incomplete or lacking sufficient detail. We also noted errors within the medication audit process. In quality statement 2.2 we noted gaps in infection control procedures.

There were no clearly detailed follow-up records to show any review or evaluation of the action plans devised. This made it difficult to ascertain if goals had been reached with satisfactory outcomes (see recommendation 1).

Some of the reviewed policies and procedures did not include up-to-date information referring to current best practice and legislation. Some of which, have been highlighted within this report. For example, the homes' medication policy did not include notifications to Care Inspectorate or give detailed information about how to investigate all medication errors. Some policies referred to care quality commission and not the Care Inspectorate.

The recruitment policy contained outdated information about applicants medical assessments, and the equality policy did not make reference to changes in legislation (see recommendation 2).

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. The service manager should ensure she has good quality assurance systems and processes in place, reviewing and auditing all aspects of service delivery.

Where areas are identified as needing improvement, appropriate action plans should be put in place and progress towards meeting the actions required should be recorded.

She should pay particular attention to those audits identified within this report:

- Care plans
- Medication
- Infection control
- Supervision learning and development
- Complaints
- Cleaning schedules
- Routine repairs and maintenance.

National Care Standards, care homes for older people, standard 5: management and staffing arrangements and standard 9: feeling safe and secure.

2. The service provider should ensure that policies and procedures are updated to ensure they included current best practice and relevant legislation. They should clearly record when they have been devised and reviewed.

National Care Standards, care homes for older people, standard 5: management and staffing arrangements and standard 9: feeling safe and secure.

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

Previous requirements

1. The provider of the care service must:

a) set up an effective safe storage system for medication in accordance with best practice and current legislation. This includes, the daily monitoring of access to medication facility and monitoring of temperatures within the environment in which they are stored, to promote maximum efficacy of the medication.

b) ensure there is no ambiguity around the instruction on the prescription, medication record, dispensing label and care plan information. Handwritten amendments must be appropriately recorded on the MAR chart. This should be supported by the use of an 'as required administration protocol'.

c) ensure that staff have received appropriate training to support them to safely administer medications and understand accurate information which allows them to monitor resident's medication and the condition it has been prescribed for. This might include when a medicine is started, who prescribed it, what it is for, where it has to be applied (ointment, eye drops etc), how long it has to be used for, when it should be reviewed, any tests or monitoring needed or if an accompanying behavioural charts, pain chart etc. is needed. Use of carers notes should reflect when medication has not been administered or when medication has been administered outwith routine administration times.

d) ensure there are accurate and current records of medicines [including stock balances] for the use of service users. This includes, medicines which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service.

e) The policy reflects best practice guidance and is up-to-date with regular review.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health, welfare and safety of service users

Timescale: within two months on publication of this report.

This requirement was made on 27 November 2014

Please refer to quality statement 1.3 for progress on this requirement.

Not Met

2. The provider of the service must ensure that arrangements for the control of infection are appropriate and implemented to meet relevant standards and legislation.

This includes:

(a) monitoring to ensure that staff use appropriate hand hygiene, use of uniform and personal protective equipment.

(b) all staff must undertake appropriate infection control training to promote their understanding of risks and risk management of infection.

(c) monitoring of storage and disposal of continence aids. Staff must be familiar with the appropriate continence management for each resident through care planning, including use of appropriate aids. The provider must ensure that the arrangements for control of infection are appropriate, implemented and monitored to meet relevant standards within their policy. This includes areas such as laundry, kitchen and appropriate use of personal protective equipment.

This is to comply with SSI 2011/210 regulation 4 (1)(a)&(d) - a requirement that the provider shall make proper provision for the health and welfare of service users and have appropriate procedures for the control of infection

Timescale for improvement: on receipt of this report.

This requirement was made on 27 November 2014

Please refer to quality statement 2.2 for progress on this requirement.

Not Met

3. The provider must ensure staff are registered with Scottish Social Services Council within relevant timescales.

This is to comply with SSI 20011/210 Regulation 9 - Fitness of employees, Scottish Social Services Council Codes of Practice for Social Services workers and Employers and National Care Standards, care homes for older people, standard 5: management and staffing arrangements.

This requirement was made on 27 November 2014

Please refer to quality statement 3.3 for progress on this requirement.

Met - Within Timescales

4. The provider must review quality assurance systems and processes to monitor and support the effectiveness of the service being provided. This includes, ongoing review and update of audit procedures, risk assessments and policies and procedures in accordance with best practice and current legislation and the practices of regular auditing and evaluation.

This is in order to comply with: SSI 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

This requirement was made on 27 November 2014

Please refer to quality statement 4.4 for progress on this requirement.

Met - Within Timescales

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

Previous recommendations

1. The provider should promote and develop the role of keyworker within the service.

National Care Standards, care homes for older people, standard 7: moving in and standard 11: expressing your views.

This recommendation was made on 27 November 2014

This recommendation is: not met.

Please refer to quality statement 1.1 for progress on this recommendation.

2. Each resident's personal plan should be updated to reflect changes on at least a six monthly basis.

National Care Standards, care homes for older people, standard 6: support arrangements.

This recommendation was made on 27 November 2014

This recommendation is: not met.

Please refer to quality statement 1.1 for progress on this recommendation.

3. Information and documentation for residents should be provided in a service user-friendly format.

National Care Standards, older people, standard 1: informing and deciding and standard 11: expressing your views.

This recommendation was made on 27 November 2014

This recommendation is: not met.

Please refer to quality statement 1.1 for progress on this recommendation.

4. The service manager should ensure that all care plans and risk assessments contain clear detailed information for staff to follow when supporting residents with each of their individual care needs. All care plans and risk assessments should be reviewed and evaluated with full involvement and agreement with each resident and relative who should be encouraged to sign and date these along with staff.

National Care Standards, care homes for older people, standard 6: support arrangements, standard 8: making choices, standard 9, feeling safe and secure and standard 14: keeping well - healthcare.

This recommendation was made on 27 November 2014

This recommendation is: not met.

Please refer to quality statement 1.3 for progress on this recommendation.

5. The service manager should review the current system to identify and manage risk for service users whilst considering implications of restraint. This detailed information about how the risk is calculated and the most appropriate method to reduce and manage the risk in accordance with best practice.

National Care Standards, care homes for older people, standard 6: support arrangements and standard 11: expressing your views.

This recommendation was made on 27 November 2014

This recommendation is: met.

Please refer to quality statement 1.3 for progress on this recommendation.

6. The manager should improve the assessment and care planning process to reflect the current assessed needs of residents in line with best practice guidance and evidence how the plan is being followed on a daily basis.

National Care Standards, care homes for older people, standard 6: support arrangements.

This recommendation was made on 27 November 2014

This recommendation is: met.

Please refer to quality statement 1.3 for progress on this recommendation.

7. The service should ensure that all medication is administered consistently with policy and best practice guidance and is monitored through robust audit processes.

This recommendation was made on 27 November 2014

This recommendation is: not met.

Please refer to quality statement 1.3 for progress on this recommendation.

8. The service provider should review the homes' contingency plan to ensure that measures are put in place in the event that an unforeseen event compromises use of the home.

National Care Standards, care homes for older people, standard 4: your environment and standard 9: feeling safe and secure.

This recommendation was made on 27 November 2014

This recommendation is: met.

Please refer to quality statement 2.2 for progress on this recommendation .

9. Each resident should have a written agreement which clearly defines the service which will be provided.

National Care Standards, care homes for older people, standard 3: your legal rights.

This recommendation was made on 27 November 2014

This recommendation is: met.

Please refer to quality statement 2.2 for progress on this recommendation.

10. Response time for answering nurse call alarms should be monitored to ensure safety is promoted.

National Care Standards, care homes for older people, standard 9: feeling safe and secure.

This recommendation was made on 27 November 2014

This recommendation is: not met.

Please refer to quality statement 2.2 for progress on this recommendation.

11. The provider must ensure that the home is kept clean, hygienic and free from offensive odours and that appropriate systems are in place and being monitored to control the spread of infection.

National Care Standards, care homes for older people, standard 4: your environment.

This recommendation was made on 27.11.14 .

This recommendation is: not met.

Please refer to quality statement 2.2 for progress on this recommendation.

12. The service manager should review the current recording of the supervision note and consider how to provide more details of discussion at supervision. Staff should have individual learning and development plans which include detailed information about their learning and development needs and how these will be met.

National Care Standards, care homes for older people, standard 5: management and staffing arrangements.

This recommendation was made on 27.11.14.

This recommendation is: not met.

Please refer to quality statement 3.3 for progress on this recommendation.

13. The service manager should ensure that all staff follow moving and handling best practice at all times. Where poor practice is identified this should be managed through the process of supervision.

National Care Standards, care homes for older people, standard 4: your environment and standard 5: management and staffing arrangement.

This recommendation was made on 27.11.14.

This recommendation is: not met.

Please refer to quality statement 3.3 for progress on this recommendation.

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								
27 Nov 2014	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	4 - Good	Staffing	4 - Good	Management and Leadership	4 - Good
Care and support	4 - Good									
Environment	4 - Good									
Staffing	4 - Good									
Management and Leadership	4 - Good									
4 Dec 2013	Unannounced	<table> <tr> <td>Care and support</td> <td>5 - Very Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td>5 - Very Good</td> </tr> </table>	Care and support	5 - Very Good	Environment	4 - Good	Staffing	4 - Good	Management and Leadership	5 - Very Good
Care and support	5 - Very Good									
Environment	4 - Good									
Staffing	4 - Good									
Management and Leadership	5 - Very Good									
8 Feb 2013	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	4 - Good	Staffing	4 - Good	Management and Leadership	4 - Good
Care and support	4 - Good									
Environment	4 - Good									
Staffing	4 - Good									
Management and Leadership	4 - Good									

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

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