

## Fidra House Care Home Service

67 Dirleton Avenue  
North Berwick  
EH39 4QL

Telephone: 01620 897 600

Type of inspection: Unannounced  
Inspection completed on: 19 July 2017

**Service provided by:**  
Randolph Hill Care Homes Ltd

**Service provider number:**  
SP2003002451

**Care service number:**  
CS2008179811

## About the service

Fidra House is a purpose-built care home which provides nursing and residential care for a maximum of 60 older people. The home is situated in a residential area within its own grounds, set back from the main road in North Berwick.

The grounds have been landscaped into gardens accessible to, and for the use of residents and their families and friends. Accommodation is over three floors and provides single bedrooms with en suite shower, toilet and wash hand basin facilities. The upper floors are accessed by stairs and two passenger lifts. Each floor has an open plan lounge/dining room and a separate small quiet lounge.

The home is owned and managed by Randolph Hill Care Homes Ltd.

The care objectives of the service are stated as:

"To provide an excellent standard of nursing and social care to residents by:

Involving them in their care,

Respecting their privacy and dignity,

Assisting them to make choices,

Enabling them to keep family and community ties,

Providing a safe, relaxed and comfortable environment,

Providing 24 hour competent care,

Supporting and training our staff,

Reviewing outcomes from resident involvement strategy."

Our inspection findings showed that the provider was not delivering the service as set out in their aims and objectives.

## What people told us

We saw most of the residents during our inspection and spoke with people on each floor. However, due to frailty and or memory problems not all of the residents we spoke with were able to give their views on their experiences of living in Fidra House.

Residents we spoke with gave mixed views about the quality of care they received. In all of the six questionnaires returned by residents overall they were happy with the quality of care they received. Two disagree that there were enough staff available and two told us that the food could be better.

We spoke with fourteen relatives during our inspection and they also gave us mixed views about aspects of the service. The main concern raised by residents and relatives was the staffing levels. In eight of fourteen pre inspection questionnaires returned by relatives they disagreed that there were enough trained and skilled staff on duty at any point in time to care for their relative/friend. Relatives also told us this was discussed at meetings but there had been no improvement.

One comment captured the views of a number of people and reflected our findings at inspection:

"I am very unhappy that despite raising concerns about staffing with the manager and provider this has not changed. I see staff struggling to meet residents' needs, the sitting room is not supervised and you can't find staff.

## Self assessment

We did not ask the service to submit a self assessment before this inspection.

## From this inspection we graded this service as:

Quality of care and support	1 - Unsatisfactory
Quality of environment	2 - Weak
Quality of staffing	2 - Weak
Quality of management and leadership	1 - Unsatisfactory

## Quality of care and support

### Findings from the inspection

We saw considerate, caring interactions between staff and residents and a genuine wish from staff to provide good care. We saw that attention was given to ensuring residents were well presented in their personal appearance which may help to them to feel comfortable and contribute to their well-being.

As reported at previous inspections we saw that staff worked very hard to provide a good standard of care but there was not enough staff to meet residents needs at all times. Some relatives, residents and staff told us about their frustrations at their perceived lack of staff in the home and the impact on the residents.

We have reported on the levels of staff under Quality Theme - Staffing.

However the impact of this showed that the outcomes for residents placed some individuals at risk. Examples included:

- a lack of care planning informed by accurate assessment tools and reviews
- non adherence to repositioning to prevent pressure damage
- no evaluation and monitoring of food and fluid intake
- and some residents spending a considerable amount of time in bed.

This has a negative impact on the health and well-being of individuals.

Care planning and associated record keeping needs to be improved.

It is important to support staff deliver person-centred care which takes account of the needs and wishes of the resident and/or their representative.

They lacked basic information. In some cases, family contact details.

Charts to inform and evaluate care provided were not always completed accurately. This meant that assessed needs and care planning was inaccurate.

See section 'What the service has done to meet any requirements we made at or since the last inspection'.

To help the provider focus on the improvements needed, we have amalgamated any outstanding requirements and recommendations about care planning into an amended requirement. This also takes account of findings at this inspection where no care plans were seen.

## Requirements

### Number of requirements: 4

1. The provider must ensure that the health, wellbeing and safety needs of all residents are met. In order to do this, the provider must:

- a) record the following matters in the personal plan of each service user:  
the service user's name, address and date of birth; the name, address and telephone number of the service user's next of kin or of any person authorised to act on behalf of the service user; the name, address and telephone number of the service user's general practitioner; and the date on which the service was first provided to the service user.
- b) ensure assessment and plans of care are in place to meet each service users needs in relation to: tissue viability; continence management; stress and distress; management of falls; management of epilepsy; and nutritional needs.
- c) ensure charts to inform any plan of care are completed accurately and evaluated in a given timescale
- d) in reviewing care plans, make sure that care is planned in a way that is specific, detailed and individual to each resident and takes place at least once in a six month period;
- e) put in place a system to audit and monitor the quality of care planning, to make sure that it meets the provider's own expected standards as well as those set by the National Care Standards;

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114). Regulation 4(1)(a) - a regulation regarding the welfare of service users and Regulation 19(1) - a regulation about offences.

Consideration should also be given to The National Care Standards Care Homes for Older People, Standard 6 - Support Arrangements.

Timescale: To be implemented by 30 September 2017.

2. The provider must ensure that

- a) pre-admission assessments include an assessment of any equipment required to meet the service users needs
- b) any equipment required by the individual as assessed, is available from the date of the individual's admission to the care service.
- c) when there is a change to a residents care needs which means that other items of equipment are required, these must be provided promptly

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) - Regulation 4(1)(a) - a regulation regarding the welfare of service users. Consideration should also be given to The National Care Standards Care Homes for Older People, Standard 6 - Support Arrangements.

Timescale: To be implemented by 31 August 2017.

3. The provider must ensure that there is recorded consultation and agreement with the residents and or their representatives when residents spend a considerable amount of time in bed. Records must show that rights of and risks to the individual have been discussed with them and, or their representative before a plan of care has been put in place.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) - Regulation 4(1)(a) - a regulation regarding the welfare of service users.

Consideration should also be given to The National Care Standards Care Homes for Older People, Standard 6 - Support Arrangements.

Timescale: To be implemented by 31 August 2017.

4. The provider must ensure residents receive their medication safely and as the prescriber intended. In order to order to do so, the provider must:

- (a) record any instance in which medication is administered contrary to the prescription
- (b) review all medication practices, including record keeping and stock control to make sure that it meets best practice guidance
- (c) record the date, time and name of the service user to whom transdermal patches are administered and removed.
- d) put into place systems to regularly audit and monitor medication management and staff practice

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) - Regulation 4(1)(a) - a regulation regarding the welfare of service users. Account should be given to The British Pharmaceutical Society's "Handling of Medicines in Social Care" (2007) and the NMC's "Standards for Medicine Management" 2007.

Consideration should also be given to the National Care Standards Care Homes for Older People Standard 15 - Keeping Well, Medication,

Timescale: To be implemented by 30 September 2017.

## Recommendations

**Number of recommendations:** 0

**Grade:** 1 - unsatisfactory

## Quality of environment

### Findings from the inspection

The home provided a spacious environment where there was a choice of sitting areas for residents to use and bedrooms had been made comfortable and personal in accordance with residents' individual choices. Residents told us that they liked having their own room and having their own belongings around them. The gardens were also well kept and some residents particularly liked being outdoors in good weather.

Routine safety checks made by the handyman on equipment and installations in the home were up to date and preventative measures were now in place for risks of Legionella.

However, there was no inventory of equipment to cross reference that safety checks on specialist equipment had taken place in line with LOLER requirements. (Lifting Operations and Lifting Equipment Regulations 1998). A number of specialist pieces of equipment had not been checked at the last safety check in April 2017. There was no record of what action had been taken to rectify this or if the equipment had been removed from use.  
Requirement 1.

A requirement was made at the last inspection about the safety and comfort of the environment including standards of hygiene and cleanliness. This requirement was not met.

We saw:

- dirty and stained equipment, bed bumpers, shower chair, bedside tables
- refuse bins without lids
- poor infection control practices

In addition we noted malodours in different areas and at different times during this inspection.

Housekeeping staff worked hard to maintain the home environment and they had caring and considerate interactions with residents. However, instructions on the cleaning arrangements were not clear. See section 'What the service has done to meet any requirements we made at or since the last inspection'.  
Requirement 2

Accident and incident records were not always fully completed. They did not always record final outcomes and there were delays in oversight of these which meant a delay in reviewing any changes which might be needed to care plans. This also meant a delay in implementing any measures needed to keep people safe.  
Requirement 3.

Personal photographs and key worker arrangements were on public display where consent for these was unclear. The manager agreed to follow this up with residents and relatives/carers.

Visitors without knowledge of the keypad code, ring the doorbell and wait for admission while relatives and others who had the key code were able to enter the building at any time. Whilst there is a signing in /out book there is no one to prompt completion of this out with receptionist duty hours. Therefore, staff do not know who is in the building at all times which may compromise safety of residents and staff especially in the event of the fire alarm being activated. We were advised that this was normal practice in Randolph Hill care homes but still question if this promotes residents having a safe environment to live.  
Recommendation 1.

## Requirements

### Number of requirements: 3

1. The provider must provide sufficient and suitable equipment for the general use of service users within the care service. In particular, the provider must:

- a) devise a detailed inventory of all equipment in the home
- b) maintain a record of the maintenance of any equipment used in the provision of care is checked and fit for

- use including equipment under LOLER regulations
- c) replace any open bins used for clinical waste with those operated by foot pedal
- d) replace all worn bed bumpers.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(d) - a regulation regarding the welfare of service users, and Regulation 14 - a regulation regarding facilities in care homes.

Timescale: to be implemented by 31 August 2017.

2. The provider must ensure that the premises used for the provision of care are fit to be so used. In particular, the provider must:

- (a) arrange and implement cleaning regimes including "deep' clean of all areas of the care service and equipment used in the provision of care within the care service.
- (b) produce written guidance for members of staff detailing what should be cleaned, how often it should be cleaned and how it should be cleaned.
- (c) maintain a record of the date, time and by whom a particular area within the care service is cleaned.

This is in order to comply The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 10- a regulation regarding Fitness of premises.

Consideration should also be given to the National Care Standards Care Homes for Older People Standard 4 - Your Environment.

Timescale: to be implemented by 30 September 2017.

3. The provider must maintain a record of any accident or incident which is detrimental to the health, safety and welfare of a service user. Each record must include:

- a) any action taken as a result of the incident including any changes necessary to risk assessments and or the care plan
- b) any measures taken to prevent a reoccurrence of the accident or incident.

This is in order to comply with of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)."

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(d) - a regulation regarding the welfare of service users, and Regulation 14 - a regulation regarding facilities in care homes and regulation 19(3)(d) and Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) - regulation 19(3)(d) - a regulation about records.

Consideration should also be given to The National care standards, Care homes for older people, Standard 9 - Feeling safe and secure.

Timescale: to be implemented by 30 September 2017.

## Recommendations

### Number of recommendations: 1

1. Systems should be in place to remind regular visitors, who have the keypad code, to sign into the home before they enter and sign out when they leave. This is in order to meet the National Care standards, care home for older people standard 9, Feeling safe and secure.

**Grade:** 2 - weak

## Quality of staffing

### Findings from the inspection

Staff were helpful, considerate and kind in their approach to supporting residents. This was also the views of residents and relatives. Staff said they were supportive of each other and tried to work as a team to coordinate and manage residents' care needs.

However, they reported that there were not always enough staff for them to provide the quality of care as they wished. The addition of a twilight shift in the evening was reported as being beneficial to residents' care but this was not in place every day or on each floor.

(Also see quality of care, the environment and management and leadership and section "What the service has done to meet any requirements we made at or since the last inspection".

Assessments of residents' needs informed staffing levels. The last assessment we saw was dated May 2017. Although this indicated that there were enough staff to attend to direct care hours, this took no account of other tasks and duties required of staff or the lay out of the building. For example, key working, care planning, reviews, assisting residents to attend appointments or spending time out of the home.

We had serious concerns about staffing levels in the home at this inspection. This was based on our observations and discussions.

We made an immediate requirement about this, reinforced in writing. On receipt of this letter the provider confirmed that they would take immediate steps to meet the requirement. The requirement in that letter is repeated. Requirement 1.

Staff gave differing views about training provided some told us, with the exception of moving and handling training, they had not had any other training for about two years while others said their training was up to date.

The training matrix provided to us indicated that some training was out of date and we could see from some staff practices that any learning from training was not always put into practice. For example poor infection control practices, poor record keeping, management of stressed/distressed behaviour and concerns we identified about the management of medicines.

Staff had differing experiences of supervision, most said they did not receive this at all and with the exception of



a member of night staff, staff could not tell us about appraisal.

The manager acknowledged that staff supervision systems were not fully implemented. This may, in part, contribute to staff telling us about low staff morale and comments as follows:

"I only get supervision when there is a problem"

"I don't feel valued, trusted or respected by management."

"I have raised concerns about an unmanageable workload but nothing done."

"It's a command structure, not management."

We have made a requirement about staff training, supervision and competency.

We have reviewed all requirements and recommendations which are outstanding from our regulatory activity. To assist the provider make the necessary improvements we have prioritised the requirements and recommendations in an amended format.

Requirement 2.

## Requirements

### Number of requirements: 2

1. The Provider must review the staffing levels in the home. In order to achieve this the Provider must:

a) Reassess the needs of people who use the service taking into account their physical and social, psychological and emotional needs.

b) Review the roles and responsibilities of all staff needed to work in the service.

c) Ensure that there are sufficient staff numbers working in the service with the skills, knowledge and experience to meet the care needs of residents in the home at all times.

This is to comply with:

The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 15 (a) - staffing.

Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a regulation about health and wellbeing of residents.

Timescale: To commence on receipt of this letter and thereafter to be maintained.

2. The provider must ensure that all staff are suitably trained for the work they are to perform. In order to do so, the provider must:

a) identify the training needs for each staff member to show where any training is out of date and devise a plan to show how this will be provided. Consideration should be given to ensuring staff training includes infection control, moving and handling, adult protection, management of stress and distress and management of dementia to a skilled level.

b) put in place a system to monitor staff competency (post training) to confirm that staff put their learning from training events into their daily practice

c) progress the implementation of planned regular and formal written supervision for all staff. This should include review of practice issues, give staff the opportunity to discuss their work and any training needs they may have.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations

2011, Regulation 15(b) - a regulation regarding staffing.

Consideration should also be given to the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, .

Timescale: to be completed 30 September 2017.

## Recommendations

**Number of recommendations:** 0

**Grade:** 2 - weak

## Quality of management and leadership

### Findings from the inspection

We found that the quality of management and leadership at Fidra House was unsatisfactory.

To assess this quality theme we took into account our findings throughout this inspection and the audit systems used in the home.

At the last inspection we made a requirement about ensuring systems to monitor the quality was fully and effectively implemented and information from this used to plan improvements in the service. At this inspection we saw that any improvements had not been sustained. See section 'What the service has done to meet any requirements we made at or since the last inspection'.

The findings of the last inspection of December 2016 were reflected again at this inspection: The providers own system of audit and monitoring did not identify the areas for improvement that we found necessary during this inspection relating to:

- care planning, associated record keeping including risk assessments and reviews
- staffing levels
- staff supervision
- management of medicines
- prevention and or management of pressure ulcers
- safety checks on equipment
- safety, cleanliness of the home environment
- staff training, supervision, appraisal and competency
- promotion of dignity and respect.

The manager had introduced a daily walk around to monitor all aspects of the service but there was not always an action plan approach to identify improvements needed, who would complete these and within what timescale. The outcomes of one of the manager's walk around audits conflicted with what we saw the following day:

For example we saw:

- dirty equipment and personal grooming items

- a prescribed cream in the wrong room
- poor storage of clothes
- continence aids not named for individual users
- incomplete personal care records
- gaps in monitoring charts, care plans and medication
- poor practice in infection control.

Requirement 1.

Flash meetings had also been introduced for quick exchanges of information from staff in each department each day but these has not taken place as planned due to the managers other commitments.

We saw from accidents and incident records that not all relevant events had been notified to the Care Inspectorate. Some retrospective notifications have since been made. We have made a requirement about this. Requirement 2.

Recommendations or requirements about care planning, completion of charts for pressure area care, management of medicines and nutritional needs have been made since 2010 but any improvements have not been consistently sustained.

Similarly recommendations or requirements about the staffing arrangements and deployment of staff have been made since 2013 but any improvements have not been consistently sustained.

We have reviewed all requirements and recommendations which are outstanding from our regulatory activity. To assist the provider make necessary improvements we have prioritised the requirements in an amended format below. However, we now expect the provider to fully implement these and take appropriate measures to ensure any improvements are consistently sustained.

## Requirements

### Number of requirements: 2

1. The provider must demonstrate to the Care Inspectorate, in writing, that there is a system in place for auditing the quality of the service and these are fully and effectively implemented, and the information from this used to plan improvements in the service. These audits must include but should not be limited to:

- a) recording of care plans, associated records and reviews of care plans;
- b) management of tissue viability, medicines, nutritional intake, and the management of accidents and incident;
- c) management of cleaning, maintenance and safety of the premises both inside and out
- d) staff training and supervision;

This is in order to comply with regulation 3 and regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)."

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 3 - a regulation about principles and regulation 4 (1) (a) - a regulation regarding the welfare of service users. Consideration should also be given to the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

Timescale: to be implemented by 30 September 2017

2. The provider must ensure that all relevant notifications are made promptly to the Care Inspectorate in accordance with guidance "Records that all registered care services(except childminding) must keep and guidance on notification reporting."

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 SSI 2011/210 Regulation 4 (1) (b) Welfare of users  
Consideration should also be given to the National care standards, care homes for older people Standard 5 Management and staffing arrangements.

Timescale: to be implemented by 30 September 2017

## Recommendations

**Number of recommendations:** 0

**Grade:** 1 - unsatisfactory

## What the service has done to meet any requirements we made at or since the last inspection

## Previous requirements

### Requirement 1

The provider must ensure that the health, wellbeing and safety needs of all residents are met, including but not exclusively those areas highlighted in our inspection report. This must be done in a way that is person-centred and individual to each resident. In order to do this, the provider must:

- a) review the use of all assessment tools to make sure that they are completed accurately, and used effectively to identify residents' needs;
- b) evaluate and review all care plans to make sure that they address all of each resident's needs, taking into account all of the information available from other care records, staff observation and knowledge of the resident, and any advice given by other involved professionals;
- c) in reviewing care plans, make sure that care is planned in a way that is specific, detailed and individual to each resident;
- d) put in place a system to audit and monitor the quality of care planning, to make sure that it meets the provider's own expected standards as well as those set by the National Care Standards;
- e) put in place systems to monitor and assess the quality of care delivery, to make sure that care is delivered as planned, and meets the provider's own expected standards, as well as those set by the National Care Standards and other best practice;

f) where deficiencies in the quality of care planning or care delivery are identified, address these with individual staff responsible, or with the whole staff team, through mentoring, training, supervision and competency assessment.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the welfare of service users, and Regulation 5(1) and (2) - regulations regarding personal plans.

It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, Standard 6 - Support Arrangements, the Nursing and Midwifery Council's (NMC) "Guidance for the Care of Older People" 2009, the NMC's "The Code: Professional standards of practice and behaviour for nurses and midwives" 2015 Standard 1, the Scottish Government's "Standards of Care for Dementia in Scotland" 2011, the Scottish Social Services Council (SSSC) Code of Practice for Social Service Workers Section 1, and the SSSC Code of Practice for Employers Section 2.2.

Timescale for achieving this improvement: to begin on receipt of the draft of this report, and to have all care plans evaluated, reviewed and updated by 31 March 2017.

**This requirement was made on 20 December 2016.**

#### Action taken on previous requirement

The provider completed an action plan to show how the improvements would be implemented. However, we saw many examples where care plans were not fully completed, were not informed by accurate and up to date assessments or evaluations from monitoring charts. Additionally not all reviews had taken place at 6 month intervals. Therefore we concluded that care planning was inadequate and audit systems were ineffective and the provider could not evidence a sustained improvement in this area of care.

We have made an amended requirement.

#### Not met

### Requirement 2

The provider must ensure that residents receive their medication safely and as the prescriber intended. In order to do so, the provider must:

- a) review all medication management practice, including stock control, to make sure that it meets all best practice guidance;
- b) put into place systems to regularly audit and monitor medication management, including stock control and staff practice;
- c) where deficiencies in staff practice are identified, address these with individual staff responsible, or with the whole staff team, through mentoring, training, supervision and competency assessment.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(a) - a regulation regarding the welfare of service users.

It also takes into account the National Care Standards Care Homes for Older People Standard 15 - Keeping Well, Medication, The British Pharmaceutical Society's "Handling of Medicines in Social Care" (2007), the NMC's "Standards for Medicine Management" 2007, the NMC's "The Code: Professional standards of practice and behaviour for nurses and midwives" 2015 Standard Standards 1.2, 1.4 and 10, and the Care Inspectorate's

"Guidance About Medication, Personal Plans, Review, Monitoring and Record Keeping in Residential Care Homes" (2012).

Timescale for achieving this improvement: to begin on receipt of the draft of this report, and to be fully implemented by 31 March 2017.

**This requirement was made on 20 December 2016.**

## Action taken on previous requirement

The provider completed an action plan to show how these improvements would be made. However we saw examples of:

- where medication could not be given as this was out of stock
- administration of "homely remedy" medicine when this same medicine had been prescribed for the individual
- lack of instructions for the use of "as required medication"
- lack of signatures to confirm the receipt, administration and return to pharmacy of controlled drugs
- contradictory information on records to note the allergy status of a resident
- gaps in the recording of the administration of creams and lotions
- a named prescription cream in the bedroom of another resident
- ineffective methods of recording the site, administration and removal of patch type medicines including controlled drugs
- Controlled Drug discrepancies not being notified to the Care Inspectorate
- management of medicines to be returned to the pharmacy not in keeping with the providers policy or best practice guidance.

An area for improvement about the recording of transdermal patches was made in October 2013 while recommendations and requirements about medication management and recording have been made since March 2016. We have concluded that any improvements in the management of medicines in the home have not been sustained.

We have made an amended requirement .

**Not met**

## Requirement 3

The provider make sure that the environment of the home is safe and comfortable for residents. In order to do so, the provider must:

- a) carry out an assessment of the environment of the home, considering all of the issues raised at inspection, to identify those areas where improvements in standards of hygiene and cleanliness are needed, and draw up a detailed action plan (with timescales) which shows how these are to be addressed;
- b) ensure that domestic staff have clear, detailed and unambiguous written guidance on the areas to be cleaned, how they should be cleaned, and how often;
- c) monitor staff practice in relation to infection control and hand hygiene, to make sure that they are following best practice guidance and the guidance set by the provider's own policies;
- d) where deficiencies in practice are found, take steps to support staff to improve, including training where this is necessary;
- e) put into place effective systems for monitoring the quality of the environment, and which demonstrate a sustained improvement over time.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(d) - a regulation regarding the welfare of service users, and Regulation 10 - a regulation regarding fitness of premises.

It also takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, the NHS "Infection Control in Adult Care Homes: Final Standards" 2007, the NHS and Health Protection Scotland "Infection Control Manual" 2013, and the SSSC Code of Practice for Employers Sections 1.4 and 2.2.

Timescale for achieving this improvement: an assessment and action plan to be completed by 31 January 2017, and remainder of the requirement effectively implemented by 31 March 2017.

**This requirement was made on 20 December 2016.**

#### Action taken on previous requirement

The provider completed an action plan to show how these improvements would be made. However we saw examples of:

- poor infection control practices, for example bed linen on the floor of a bedrooms
- inadequate cleaning regimes and monitoring of the cleaning arrangements in the home whilst we saw evidence of daily cleaning records we saw examples of omissions in cleaning, for example the cleanliness of a small pantry area, dirty bed bumpers and bedside tables
- information about cleaning regimes to housekeeping staff was not detailed, for example the frequency and how deep cleaning took place
- 

**Not met**

#### Requirement 4

The provider must ensure that appropriate steps are taken to protect residents from the risk of Legionella infection. In order to do so, the provider must be able to evidence that all of the preventative measures identified in the Legionella risk assessment are being taken, in line with the guidance issued by the Health and Safety Executive.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1)(d) - a regulation regarding the welfare of service users, and Regulation 10 - a regulation regarding fitness of premises.

It also takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, and the Health and Safety Executive's "Legionnaires' disease: the control of Legionella bacteria in water systems" 2013.

Timescale for achieving this improvement: evidence must be submitted to the Care Inspectorate by 31 January 2017.

**This requirement was made on 20 December 2016.**

## Action taken on previous requirement

We saw a Legionella risk assessment had been completed in March 2017, and thereafter routine checks were maintained by the handyman.

## Met - outwith timescales

### Requirement 5

The provider must ensure that all staff are suitably trained for the work they are to perform. In order to do so, the provider must:

- a) ensure that all staff are up-to-date with mandatory training, in line with the provider's own learning and development policy;
- b) provide training on dementia and dementia care for all care and nursing staff, appropriate to their role in the service;
- c) carry out a training needs assessment, based on the issues raised in the inspection report for the inspection completed 20 December 2016, and on any findings from their own management observation of practice, and draw up a detailed training programme which shows how those training needs will be met.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 15(b) - a regulation regarding staffing.

It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, the SSSC Code of Practice for Employers Section 3, the SSSC Code of Practice for Social Service Workers Sections 6.1, 6.4 and 6.9, and the NMC "The Code: Professional standards of practice and behaviour for nurses and midwives" 2015.

Timescale for achieving this improvement: a copy of the training needs analysis and detailed training programme must be available to the Care Inspectorate by 31 March 2017.

**This requirement was made on 20 December 2016.**

## Action taken on previous requirement

Staff training records provided indicated that some training was out of date or overdue. Whilst the management assure us that all moving and handling training was up to date, records could not evidence this. The records also showed gaps in other important training such as infection control and Adult Protection.

Our inspection identified practice areas where residents would benefit from having skilled trained staff, for example in the management of stress and distress and medication management.

At the last inspection we saw that staff had undertaken training in the management of dementia, however this was only to an informed level. This was to be progressed to a higher level but there was no date for this to be rolled out.

We have made an amended requirement.

## Not met



## Requirement 6

The provider must review the numbers of staff on each shift, and the way they are deployed, in order to ensure that there are sufficient staff on duty on each shift to meet the needs of residents. This should be informed by an assessment of:

- the dependency scores of each resident (taking into consideration our findings that assessment tools were not used accurately and care plans were not up-to-date)
- formal observation and monitoring of practice and the experience of residents;
- consultation with residents, relatives and staff to identify times of day when residents are most likely to have to wait for assistance.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 15(1) - a regulation regarding staffing.

It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

Timescale for achieving this improvement: a copy of the assessment and a plan for how staffing levels and deployment will be adapted to ensure residents needs are met must be provided to the Care Inspectorate by 28 February 2017.

**This requirement was made on 20 December 2016.**

### Action taken on previous requirement

The most recent dependency assessment provided to us was dated 5 May 2017. Whilst each residents dependency was assessed we were concerned that the total calculation of staffing hours did not take account of non direct care, such as record keeping, key worker role and the layout of the building.

During the inspection we saw many omissions in care which were detrimental to residents, for example the lack of consistent care in that turning charts could not show this was done in accordance with the instructions to staff.

We saw examples where no staff were available to support residents in a timely manner which on residents remained on extended bed rest with no clear rationale for this and an example in a 24 hour report where it was documented that "2 residents had to have a day in bed as unable to get them up as other care took priority."

The views of some people including residents, relatives and staff indicated that they felt more staff were needed on each shift.

In reviewing staffing we had sufficient concerns to immediately require the provider to reassess the dependency of each resident to ensure that they had sufficient staff numbers working in the service with skills, knowledge and experience to meet the care needs of residents in the home at all times.

However we have not seen the outcome of this or the impact on resident care and this will be reviewed at the next inspection.

The immediate requirement about staffing outlined in a letter to the provider 21 July 2017 is repeated under quality of staffing.

**Not met**

## Requirement 7

The provider must make proper provision for the health, welfare and safety of residents. In order to do so, the provider must ensure that there are systems in place to monitor the performance and practice of staff, and that these systems are used effectively to identify where improvements are needed. Where deficiencies in performance or practice are identified, the provider must be able to evidence the steps taken to address those deficiencies, including training or mentoring, competency assessment and, where necessary, action using the provider's own disciplinary procedure.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 3 - a regulation regarding the principles of the Act, and Regulation 4(1)(a) - a regulation regarding the welfare of residents.

It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, and the SSSC Code of Practice for Employers Section 3.

Timescale for achieving this improvement: by 31 March 2017.

**This requirement was made on 20 December 2016.**

### Action taken on previous requirement

Management confirmed there was still work to do in respect of staff supervision and competencies. We were assured that any staff practice issues identified at the walk around would be taken to individual staff supervision where necessary.

In samples of walk around records we could not identify how staff practice was monitored and enhanced. We suggest that the daily walk around format takes account of staff practice and how this can be improved.

Records of supervision seen tended to focus on employment issues and not staff practice. There was no signatures, dates or follow-up date or agreements. We also saw that there was not always an action plan to identify how any issues would be progressed, by whom and in what timescale.

This requirement we have incorporated into a requirement relating to staff training under quality of staffing.

**Not met**

## Requirement 8

The provider must ensure that systems to monitor the quality of the service are fully and effectively implemented, and the information from this used to plan improvements in the service. Quality assurance systems must be used to evidence that improvements are not only achieved but are sustained. In order to achieve this, the provider must ensure that:

- a) audits and checks are put into place and carried out regularly to identify good performance in the service, and areas where improvement is needed;
- b) where deficiencies are identified, a detailed action plan must be drawn up to show how improvement will be achieved;
- c) any action or work to bring about improvement is signed off once completed to evidence that the improvement has been achieved;
- d) audits and checks are followed up after improvement has been achieved, to make sure that the improvement is sustained.

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 3 - a regulation regarding the principles of the Act.

It also takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements.

Timescale for achieving this improvement: by 31 March 2017.

**This requirement was made on 20 December 2016.**

#### Action taken on previous requirement

Following discussion with the management team they indicated that several audits take place. This includes both internal and external audits.

However, deficits we seen in care planning, management of medicines, care delivery and infection control measures indicate that any audits undertaken in these areas are ineffective.

We have made an amended requirement under quality of management and leadership.

**Not met**

### Requirement 9

Detailed personal plans and risk assessments must be developed in consultation with service users and/or their families and reviewed in line with changes in assessed need.

This is in order to comply with SSI 2002/114 Regulation 5(1)(2): Personal Plans.

Timescale: - One month from receipt of this report.

**This requirement was made on 29 June 2017.**

#### Action taken on previous requirement

The issues in this requirement are similar to those already contained in requirement 1 in the statement referring to Quality of Care and Support. Therefore we have removed this requirement.

**Not met**

### Requirement 10

The service must ensure that all allegations of an adult protection nature are promptly followed up and referral made to the appropriate authorities in line with agreed procedures.

This is in order to comply with SSI 2002/114 Regulation 4: General Health and Welfare.

Timescale: - One month from receipt of this report.

**This requirement was made on 29 June 2017.**

## Action taken on previous requirement

We discussed adult protection issues and we acknowledge that reporting of individual adult protection events take place. To be fair and reasonable we have removed this requirement.

## Met - within timescales

### Requirement 11

To ensure resident safety, the service must ensure that all staff are up-to-date with their moving and handling training.

This is in order to comply with SSI 2002/114 Regulation 13(c)(i) Staffing.

Timescale: To commence within one week of receipt of this report and be completed within six weeks.

**This requirement was made on 29 June 2017.**

## Action taken on previous requirement

This requirement is similar to a requirement made in quality of staffing which has been amended and carried forward. This requirement has been removed.

## Not met

### Requirement 12

The service must ensure that all people experiencing services have a personal plan which reflects all their assessed care and support needs. In order to achieve this the service must:

- \* Where appropriate, consult with family/representatives of the person experiencing care when developing and reviewing the personal plan.
- \* Ensure all changes in assessed needs are used to inform and review the personal plan.

This is in order to comply with SSI 2002/114 Regulation 5(2)(b)(c): Personal Plans.

Timescale: four weeks from receipt of this report.

**This requirement was made on 29 June 2017.**

## Action taken on previous requirement

This requirement is similar to a requirement made under quality of care and support. We have amended this requirement and carried it forward. Therefore we are removing this requirement.

## Not met

## What the service has done to meet any recommendations we made at or since the last inspection

### Previous recommendations

#### Recommendation 1

We recommend that the provider review the mealtime arrangements to assess and monitor the experience of residents, and put in place changes in practice in order to improve that experience. These should include, but are not limited to:

- a) reviewing the seating arrangements for residents to make sure that they are comfortably and appropriately seated, have choice in their table companions, and are able to enjoy meals as a social event;
- b) reviewing other factors in the environment, such as noise, lighting and staff movement, to reduce distraction and distress, and increase independence;
- c) providing true choice at the table for all residents, including a visual choice from plated meals for those residents with dementia;
- d) improving the way staff present meals and interact with residents during service.

**This recommendation was made on 20 December 2016.**

#### Action taken on previous recommendation

The meal time arrangements were not the main focus of this inspection. The mealtime we saw on the ground floor was well managed and there was no excessive noise or intrusion and a choice of meal and drinks were offered. However, there was not enough seats for all of the residents if they choose to have their meal at the same time.

We raised this at feedback and were told that additional seating and tables could be made available when needed. To be fair and reasonable this recommendation has been removed.

#### Recommendation 2

To ensure that all residents live in a positive culture that is understanding and supportive of their needs and difficulties, we recommend that the provider review leadership roles in the service to identify those staff who are not providing a positive role model, or demonstrating the standards expected by provider and set by their own professional bodies. Where necessary, staff should be supported through training in dementia and leadership to improve their practice and provide more positive role models.

**This recommendation was made on 20 December 2016.**

#### Action taken on previous recommendation

In our assessment of this recommendation this issue has been included in requirements relating to staffing levels in the home and staff training.

During inspection all of the staff we met wanted to deliver a good standard of care and knew what was expected of them. Therefore this recommendation has been removed.

## Recommendation 3

In order to ensure that the home provides the best supportive environment for residents who are living with dementia, we recommend that the provider carry out an assessment to identify where sound, noise and lighting levels can be improved for the benefit of such residents.

**This recommendation was made on 20 December 2016.**

### Action taken on previous recommendation

During inspection sound, noise and lighting did not raise concerns. We were advised that The Kings Fund assessment tool had been undertaken to improve the environment. Some improvements had been made for those residents living with dementia. For example coloured doors on communal toilets. Therefore this recommendation has been removed.

## Recommendation 4

In order to make sure that staff are aware of deficiencies in their practice or performance, and receive the support they need to improve, we recommend that the provider fully and effectively implement a system of one-to-one supervision.

This takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, and the SSSC Code of Practice for Employers ~Section 3.

**This recommendation was made on 20 December 2016.**

### Action taken on previous recommendation

Issues in this recommendation have been reviewed in requirement number 5. Therefore this recommendation has been removed.

## Recommendation 5

We recommend that the provider review the support given to new staff before starting work in the service and during their induction period, to make sure that they are provided with the information they need to work effectively in providing care.

This takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, and the SSSC Code of Practice for Employers Section 3.1

**This recommendation was made on 20 December 2016.**

### Action taken on previous recommendation

We saw that core training is provided through face to face meeting and a probation period of 13 weeks which can be extended to support the individual staff member. However, there was no induction for agency staff, the manager agreed to look at this and develop an induction programme for agency staff. We will follow this up at the next inspection. Therefore this recommendation has been removed.

## Recommendation 6

It is recommended that the service ensure that the care and support is provided in a timeous manner with respect for the privacy and dignity of all service users.

National Care Standards Care Homes for Older People Standard 10 Exercising Your Rights.

**This recommendation was made on 29 June 2016.**

#### Action taken on previous recommendation

Due to staffing arrangements it was difficult for staff to always provide care in a timeous manner. We have considered this under requirement I which relates to staffing levels. Therefore this recommendation has been removed.

#### Recommendation 7

It is recommended that the service ensure accuracy in all record keeping, taking account of the service procedures and the Nursing and Midwifery Council guidance for nurses on record keeping.

National Care Standards Care Homes for Older People Standard 5: Management and Staffing and The Nursing and Midwifery Code of Professional Standards.

**This recommendation was made on 29 June 2017.**

#### Action taken on previous recommendation

We have considered this recommendation under requirements relating to personal plans and staffing levels. Therefore this recommendation has been removed

#### Recommendation 8

To ensure a positive approach to the management of falls, it is recommended that the service encourage staff to reference and make use of the best practice guidance on 'Managing falls and fractures in the Care Homes for Older People'

National Care Standards Care Homes for Older People Standard 5: Management and Staffing.

**This recommendation was made on 29 June 2017.**

#### Action taken on previous recommendation

We have considered this recommendation under requirements relating to personal plans and we directed the manager to best practice guidance in the management of falls and fractures. Therefore this recommendation has been removed.

#### Recommendation 9

It is recommended that the service ensure all records of personal care are consistently maintained and that the information is used to update relevant care plans.

National Care Standards Care Homes for Older People Standard 6: Support Arrangements.

**This recommendation was made on 29 June 2017.**

## Action taken on previous recommendation

We have considered this recommendation under requirements relating to personal plans. Therefore this recommendation has been removed.

## Recommendation 10

It is recommended that the service ensure consistency and accuracy in the quality of record keeping through a system of case file audit.

**This recommendation was made on 29 June 2017.**

## Action taken on previous recommendation

We have considered this recommendation under requirement a relating to monitoring the quality of the service. Therefore this recommendation has been removed..

## Recommendation 11

It is recommended that the service clarify the arrangements for when, and in what circumstances, families and representatives of all people experiencing a service should be contacted.

**This recommendation was made on 29 June 2017.**

## Action taken on previous recommendation

We have considered this recommendation under requirement a relating to care planning. Therefore this recommendation has been removed..

## Recommendation 12

It is recommended that the service ensure a record of all complaints made about the operation of the service is maintained. All complaints should be investigated in line with the service policy and procedure on complaint handling.

**This recommendation was made on 29 June 2017.**

## Action taken on previous recommendation

In reviewing this recommendation we informed the manager that the complaint policy needed to be updated to reflect the Care Inspectorate's new contact details. We saw sufficient improvement in recording and handling of complaints to consider that this recommendation had been implemented.

## Recommendation 13

It is recommended that the service ensure the safety and security of those experiencing care through regular maintenance checks and prompt repairs to the premises.

**This recommendation was made on 29 June 2017.**

## Action taken on previous recommendation

There were systems in place to report any maintenance work and routine safety checks recorded. We have considered this under quality of environment . Therefore this recommendation has been removed..



## Recommendation 14

It is recommended that the service ensure that the level and deployment of staff across the service is appropriate to the needs of those experiencing care.

**This recommendation was made on 29 June 2017.**

### Action taken on previous recommendation

We have considered this recommendation under quality of staffing. Therefore this recommendation has been removed.

## Complaints

Please see Care Inspectorate website ([www.careinspectorate.com](http://www.careinspectorate.com)) for details of complaints about the service which have been upheld.

## Enforcement

No enforcement action has been taken against this care service since the last inspection.

## Inspection and grading history

Date	Type	Gradings
20 Dec 2016	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 2 - Weak Management and leadership 2 - Weak
29 Mar 2016	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate
7 Oct 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings	
22 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
24 Jan 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	5 - Very good
31 Jul 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	5 - Very good
21 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
23 Jan 2012	Unannounced	Care and support	4 - Good
		Environment	2 - Weak
		Staffing	4 - Good
		Management and leadership	4 - Good
9 Jul 2010	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
21 Apr 2010	Announced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
4 Feb 2010	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good

Date	Type	Gradings	
16 Jul 2009	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	4 - Good

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Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

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

0345 600 9527

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