

Care service inspection report

Full inspection

Blenham House Care Home Care Home Service

3 Sighthill Court
Edinburgh



HAPPY TO TRANSLATE

Service provided by: Randolph Hill Care Homes Ltd

Service provider number: SP2003002451

Care service number: CS2006140016

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	5	Very Good
Quality of environment	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

What the service does well

We continued to find a dedicated, professional staff team who worked well together and wanted to give of their best to support the people they were caring for. We could see that staff took a pride in the home and wanted to provide positive outcomes for the residents in all aspects of their lives.

The quality of activities provided for residents was very good.

Residents and relatives we met and who completed pre inspection questionnaires told us they were very happy with the standard of care and support provided in Blenham House Care Home. Staff were friendly and visitors made very welcome. The service continues to offer residents very good opportunities to express their views and contribute to service development and improvement.

What the service could do better

This was a positive inspection. The importance of maintaining and moving forward in a positive direction was discussed at the feedback. The challenge for

the service is to continue to work towards developing and improving the service.

One requirement and one recommendation have arisen as a result of this inspection. The manager has agreed to ensure these are addressed immediately (See QT1:3 and 3:3).

What the service has done since the last inspection

Feedback from both residents and relatives on the quality of activity provision was very positive. All spoken with felt the management team continued to make a very positive impact on the quality of the service.

Training in a variety of topics has been delivered to staff to further improve their knowledge and skills.

Conclusion

Residents and relatives spoke very positively about their experiences of life in the home. People who use the service are very satisfied with the quality of the service provided. They are kept informed of events and development of the service and asked their views.

The staff team were open and we saw that staff worked well together. There were very good support systems in place for residents, relatives/carers and staff. This helps create an open and inclusive culture within the home.

The management team continued to work well together which resulted in positive outcomes for people who use the service and the staff team. We found the manager open and responsive to our observations.

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.

Blenham House is owned and managed by Randolph Hill Care Homes Ltd.

Blenham House is a purpose-built home and provides nursing care to a maximum of 60 older people including those with dementia. It is situated within South West Edinburgh and has good local amenities and transport links to the city centre and outlying areas.

Accommodation is provided over three floors which can be accessed by stairs and two lifts. Residents' bedrooms have en-suite shower rooms, telephone, internet and digital television points. There is a choice of lounge and dining areas on each floor and occasional seating at various locations around the home.

There is an enclosed garden area to the rear of the home which has seating, raised plant beds and a water feature. The garden is secure and easily accessed from the building.

The aims and objectives of the home are stated as 'providing a high standard of individualised care which is needs led promoting resident's independence, dignity, privacy and self-esteem.'

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 5 - Very Good

Quality of environment - Grade 5 - Very Good

Quality of staffing - Grade 5 - Very Good

Quality of management and leadership - Grade 5 - Very 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

We compiled the report following a series of unannounced visits to the care home;

Monday, 7 March 2016 between 1:30pm and 4:30pm

Tuesday, 8 March between 9:45am and 3:00pm

Wednesday, 9 March 2016 between 9:30am and 12:45pm

An inspection volunteer supported the inspection process on Tuesday, 8 March 2016. An inspection volunteer is a member of the public who volunteers to work alongside Care Inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteer's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

We gave feedback to the manager at the end of the inspection.

As requested by us, the care service sent us an annual return; the service also sent us a self assessment form. Prior to the inspection we issued a total of eighty Care Standards Questionnaires to service users, their relatives and carers. Twenty-six completed questionnaires were returned, comments made by both service users and carers informed the inspection and are included in the inspection report.

During the inspection we spoke with residents and relatives/visitors to find out their views about the care and support provided. We spent time observing how

staff supported and interacted with residents.

Directly observing care is an important way to help us judge whether a service complies with the regulations and meets the outcomes for people. We used the Short Observational Framework for Inspection (SOFI2) to help gather information on the experience of people who were unable to tell us their views.

We also spoke with:

- Registered Nurses
- Activities Organiser
- Principle Care Assistants
- Care Assistants

Documents sampled included:

- registration certificate
- staffing schedule
- minutes of a range of meetings
- complaint policy and records
- accident and incident records
- personal plans
- care review schedule
- risk assessments
- medication records
- activities plans and records
- menus
- recruitment information
- duty rotas for a three week period - 8, 15 and 22 February 2016
- training records
- records of quality audits
- maintenance records
- health and safety audits
- financial records and audits.

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.

We received a completed self-assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

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

Taking the views of people using the care service into account

We distributed forty questionnaires prior to the inspection and received twenty completed questionnaires from residents. The questionnaires strongly agreed/agreed with the statement that overall they are happy with the quality of care and support provided to them.

We spoke with residents on an informal basis throughout the inspection visits. Comments received were positive. Some of the residents were unable to express their views however they appeared settled and content.

Over the course of the inspection visits we observed the residents were calm and relaxed. They responded positively to staff interactions and assistance. A variety of activities were taking place which residents were taking part in.

Comments received have been included in the body of the report.

Taking carers' views into account

We distributed forty questionnaires prior to the inspection and received six completed questionnaires from relatives/carers. All strongly agreed/agreed with the statement that overall they are happy with the quality of care and support provided to their relative in the care home. We also spoke with four relatives/visitors during our visits, feedback was very positive.

Comments from returned questionnaires and relatives spoken with have been included in the body of the 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: 5 - Very 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

From the evidence we found, we concluded that people using the service have very good opportunities to be involved in developing and evaluating the quality of care provided. There was evidence that the service responds to feedback it receives. The service is performing at a very good level in areas covered by this statement.

There was a Participation strategy in place which supported the inclusion of people who used the service. Staff were aware of the policy and told us of the importance of listening to people's views and wishes. The service was open to new ideas about gaining views and opinions.

People planning to use the service were provided with written information about the facilities and level of service that Blenham House provides. This helped to make people aware of the standards that residents should expect to receive and how the home meets these. Pre admission visits were carried out to ensure that the service was able to meet individual needs in relation to the care and equipment needed. This was viewed as very important in relation to meeting the individual resident's needs and the residents at present living in the home.

Written information and pre-admission visits give residents and relatives/carers the opportunity to make a well-informed decision about moving in.

Relatives we spoke with told us about the attention to detail which had been taken to help them feel comfortable about allowing staff to take over the caring role for their relative. People told us the manager was available, approachable and would take time to speak with them. The manager told us it was very important to the service to get it right from the very onset.

Written and pictorial information was clearly displayed in the entrance area and on notice boards throughout the home. This information included details of activities and entertainment, details of the service's complaints procedure, a copy of the service's last inspection report, a suggestion box and the latest newsletter. This enables people using the service to make choices, give suggestions or raise concerns.

A range of ways was used to obtain the views and opinions of those living in and regularly visiting the service including:

- Residents meetings
- Surveys
- Comments and Suggestion box

We saw from the minutes of the meetings that people were comfortable to take part in discussions and make suggestions. We saw that action plans were in place and were able to follow action that had been taken to suggestions made. Minutes of meetings were available to residents and sent out to relatives following meetings.

The service had its own Newsletter. This kept residents up to date on things going on in the home.

The service was committed to ensuring people using the service and their relatives/carers were supported in making choices on a day-to-day basis and as changes in needs occur. We saw people being offered choice and being supported to do this. Residents told us they were offered choice and staff described to us how this was carried out.

There was a stable core staff team who knew the residents and their relatives / carers well. This supported good communication. Relatives told us communication was very good. Each resident was allocated a Key Worker. Key workers are care staff who oversee the personal care of residents and make sure they have everything they need for their day-to-day care. Residents we spoke with were also aware of who was their key worker and spoke of being able to speak with them if they had anything worrying them.

We saw from looking at care documentation that regular review meetings and regular one to one discussions took place with individuals and their families about their care. Reviews of care were held at a minimum six monthly with residents, relatives or advocates to discuss individual care plans. The opportunity was taken at the review to ask for any suggestions to improve care. In addition there were monthly evaluations of care plans and risk assessments in which people could also be involved. When we looked at care reviews we saw that relatives attended reviews. This helps to keep relatives involved and know what was happening.

Staff told us of the importance of listening to what people wanted to be able to understand their individual needs. When we spoke and observed staff working with residents we saw that they were aware of individual needs.

Recording in care plans and information shared at daily staff shift handover also demonstrated that staff were able to pick up on non verbal communication. This is important in gaining feedback from residents who have difficulty in verbally communicating their needs.

The service had a complaints procedure in place. This identified the process for people to complain within the service, to the organisation and to the Care Inspectorate. People we spoke with said they were comfortable to raise concerns should they have any and were confident that their concerns would be properly dealt with.

Information on advocacy services, which are independent services which can help people to voice their opinions, was available. Staff were aware of this service and how to access this for individual residents. Most of the residents

had family or friends who could speak for them if they needed support. The home would help residents to contact an advocacy service if they wanted support from someone independent.

Individual wishes were catered for and activities and outings planned in accordance with residents' preferences. We saw that there was discussion and detailed planning with residents about activities and outings. We saw that activity provision was very good. Residents looked happy and were engaged by the activities. A copy of the weekly activities being offered was displayed. This helped people to feel involved and make choices about activities they might want to attend.

Residents and relatives told us there was very good communication with the staff. They described the manager's door as always being open to them. We saw that there was an open style of management and people spoke of feeling being confident that anything they brought up would be listened to and appropriate action taken.

We saw that staff wore name badges. This helps residents, relatives and visitors to identify staff and their individual roles.

We saw that menu audits were undertaken in order to gain feedback and make menu changes.

We saw that there was an open style of management and people spoke of feeling comfortable to speak with the manager. They were confident that anything they brought up would be listened to and appropriate action taken. Where people made suggestions for improvement we saw that the manager took action to improve the service and this formed part of the quality assurance system.

Inspection Volunteer's observations;

I spoke to one resident who was sitting looking out into the garden who pointed out a birds nest in the tree and said "last year we had two black birds". The Manager joined us and mentioned to the resident that the hairdressers was in today and a party was taking place that afternoon, the resident seemed to enjoy the chat and agreed that they needed a haircut.

I spoke to a couple of residents as they returned from the hairdresser who said "they were happy to have had their hair done".

I observed lunch being served in one of the dining rooms which had two tables nicely set, a menu was on the wall showing what was for lunch that day, residents had soft drinks in front of them and I sat with two residents who said their soup was lovely.

I observed two residents having their lunch in the lounge, in my opinion staff watched over, assisted and encouraged the residents with food where necessary.

Residents choose the menu in advance but if they change their mind they can get something else, the kitchen staff member made sure everyone was happy with what they had to eat before they took the trolley away. In my opinion the meals were set out well and served nicely, even the sandwiches were cut up nicely.

In my opinion there was a nice atmosphere in the room, the staff chatting to the residents and staff seemed to know what the residents liked.

Comments from residents:

- Food - "Day before, you get a choice" "plenty to eat". "mince, meat, baked beans and fish"
- Food - "get a choice cold or luke warm, I like mine really hot they don't heat up, prefer my food piping hot"
- "I like my porridge in the morning"
- "I don't eat much at lunch time, choose what I want"
- "No complaints"
- "Everything okay, fine"

There are four members of staff who run the activities and in my opinion this is a well run group which involves the residents and takes on board their comments.

The events calendar is delivered to residents rooms, I was shown one by a resident in their room and another resident had it in their pocket. Activities take place seven days a week morning and afternoon.

After lunch I watched an entertainer along with the activities team who were dressed up for the occasion. Residents were encouraged to attend if they wanted to and some relatives were also there. In my opinion this was a well supported event.

In the morning I sat with five ladies outside the day room who said they preferred the quiet, "no TV in this area".

Comments from residents

- Do you get to choose what you want to do - "Oh Yes"
- "Go to bed when I want"
- "Held a rabbit a couple of times"
- "I always go out in the bus"
- "I love singing"
- "Staff keep us occupied"

Areas for improvement

We saw that the quest for continued improvement was high on the service agenda and there was a genuine commitment to improvement. These actions help ensure standards are being maintained, improved where necessary and residents receive the care and attention they need.

We discussed independent facilitation of meetings. This gives people the opportunity to discuss issues with someone who is not directly involved in the service. This was to be considered.

The management gave a commitment to further encourage and support residents and relatives in the regular quality monitoring of the home.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

The home demonstrated a very good level of evidence in support of this Statement. We gathered information through:

- sampling personal plans
- sampling records
- observing practice and speaking with residents, relatives and staff.

Residents we met with looked well, and there was good attention to personal appearance. We observed staff delivering personal care ensuring the residents' dignity was maintained.

We examined a sample of seven personal plans. We found that a range of health assessments had been carried out at agreed and regular intervals. Where these highlighted a support need a relevant care plan had been put in place.

We saw that the home had regular contacts with other health professionals and sought their input where required. This included podiatrists, GP, dietitians and speech and language therapists.

Staff were aware of changes to people's care and support needs and were responsive to them.

Residents with skin conditions had a care plan in place. There was a range of pressure relieving equipment available to support people at risk of pressure ulcers.

We observed staff were supporting people who could not move independently to change their position regularly when seated. This helped reduce the likelihood of tissue damage. We sampled five wound care plans and saw that the wounds were being treated timeously as per the treatment plans.

Most residents were maintaining their weight appropriately and where there were any concerns, appropriate monitoring using food and fluid charts were being kept. We saw that the service contacted the dietitian where they had concerns.

We carried out a medication check to ensure that residents were receiving their prescribed medication. Generally the medication management systems were satisfactory. Issues were identified with record keeping, see Quality Theme 3:3 for details of issues identified.

Meals appeared to be appetising and were nicely presented. Residents we spoke with told us that they enjoyed the meals. We observed mealtimes during the inspection visit. We saw that mealtimes were calm and unhurried; staff were appropriately deployed to assist residents on a one to one basis and to prompt and support residents who could eat more independently. Snacks and drinks were available outwith main mealtimes.

Review of staffing rotas confirmed staffing levels were being maintained. Staff spoken with said staffing levels were always maintained and based on dependency levels of residents.

Relatives spoken with confirmed they were confident the service looked after their loved ones very well and had no worries.

Areas for improvement

Examination of fluid balance charts identified a number of inconsistencies in the way staff were recording intakes, daily optimum intakes were not routinely being completed and staff were not always signing to indicate they had evaluated the completed chart. A recommendation 1 is made.

Good record keeping is an integral part of practice and is essential to the provision of safe and effective care. Management agreed to address with staff the issues we identified immediately.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. Staff must consistently and accurately complete the fluid intake charts, evaluate the content of the charts and plan care accordingly.

Reference: National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements and Standard 13 - Eating well

Quality Theme 2: Quality of environment

Grade awarded for this theme: 5 - Very Good

Statement 2

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

Service strengths

Services undertake a self-assessment before an inspection. The self-assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators. The service evaluated their performance under this quality statement as 'very good'. Through evaluation, we agreed with this grade..

To assess this statement we:

- Assessed the documents made available to us
- Observed staff practice
- Assessed the general environment (considering how residents were kept safe and the cleanliness and maintenance of the building)
- Had discussions with the residents, relatives and the staff we met.

We looked at some records and checks which were carried out to make sure the environment was safe and residents were protected. This included some of the care planning and risk assessments reported on under theme 1, statement 3. The manager could evidence the visual checks of the environment that were carried out regularly and how these were recorded and managed.

The home has a controlled entry system and a signing in/out book. This ensured that unauthorised people did not enter the home and for people who were at risk if they left the building unattended, their safety was promoted.

Notice boards are prominently sited in the home and a range of information is displayed to inform residents and visitors of important information. The registration certificate, insurance certificate and staffing schedule are on display in the foyer. Information regarding the Care Inspectorate, the complaints procedure and the participation strategy are also available for everyone to access.

We found the environment was comfortable and communal areas well-arranged and free from obstacles that could make mobility difficult.

We found the home fresh and free from odours. These measures help ensure people are safe and comfortable living in their home.

The home has access to maintenance support. Routine maintenance and health and safety checks are undertaken and a record of this is maintained, along with details of any remedial action taken. Maintenance and service contracts are in place for utilities and essential equipment.

Personal Protective Equipment (PPE) such as disposable gloves, wipes, aprons, soap and hand towels were readily available and used appropriately by staff. These measures helped reduce risk of infection. We found that communal toilets, bathrooms and showers were cleaned to a good standard.

Through looking at accident and incident records we could see that an overview was recorded and that residents' health and well-being was monitored and evaluated after an injury or incident. These records were then reviewed by the manager.

We also saw that if concerns were raised about residents' health and well-being or staff's conduct, these were managed effectively. Again, these measures help ensure people are safe and comfortable living in the care home.

Areas for improvement

There were perishable items in the fridge which had not been labelled or dated on opening. A requirement 1 is made.

Not all sluice rooms were locked. A requirement 2 is made.

The seriousness of the above issues was discussed with the manager who acknowledged and agreed to address immediately.

The manager recognised the need to monitor the systems in place, together with staff performance to ensure the safety of people using the service.

Grade

5 - Very Good

Requirements

Number of requirements - 2

1. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this, the provider must ensure:

Foodstuffs are labelled and stored appropriately and safely to make sure it is safe for consumption.

This is in order to comply with:

SSI 2011/210 Regulation 4(1) - Welfare of Users and takes account of the National Care Standards, Care Homes for Older People. Standard 4 - your environment.

Timescale: This was addressed immediately.

2. The provider must make proper provision for the health, welfare and safety of service users. In order to do this, they must ensure:

Sluice facilities where harmful chemicals and equipment are stored, are kept locked.

This is in order to comply with;

SSI 2011/210 Regulation 4(1) (a) Welfare of Users and takes account of the National Care Standards, Care Homes for Older People. Standard 4 - your environment.

Timescale: This was addressed immediately.

Number of recommendations - 0

Statement 3

“The environment allows service users to have as positive a quality of life as possible.”

Service strengths

The ethos of Blenham House was friendly and welcoming. The management and staff teams demonstrated a commitment to maintaining a homely and comfortable environment for residents.

Throughout the care there were a variety of comfortable sitting rooms where most residents spent the majority of their day. We saw that there were many bedrooms which were personalised with personal items of furniture, pictures and photographs.

There was space available throughout the care home for residents to meet with relatives in private and for having quiet time.

The home had a very good level of cleanliness; this was positively commented on by residents and relatives.

The home had a well-tended garden areas and patio areas which were accessible.

The home offers single, ensuite bedroom accommodation. There are sufficient toilet and bathrooms available for residents use.

Residents were able to request a key for their bedroom. We noted that bedroom doors were kept closed when residents were in the sitting room; this offered more privacy for resident's personal space. We saw that staff knocked on bedroom doors before entering.

Residents had access to the telephone in the office if they wished to use it. Some residents had telephones installed in their bedrooms for their own use.

Inspection Volunteer's observations included;

I visited this home in November 2014 and in my opinion standards are still excellent and this was reiterated to me by speaking to the residents and two family members.

The Reception and Manager's office are directly beside the entrance and with the manager's office door open she can observe people passing. I observed fire regulation notices etc, hand gel on offer. Straight ahead next to the lifts was the activities board and in my opinion quite eye catching. Nice pictures are on the wall showing residents enjoying activity events.

In my opinion the home is well laid out with lovely views from upstairs bedrooms and sitting rooms. In the corridors there are water machines, sofas, chairs and coffee tables.

In my opinion resident's rooms are a reasonable size and very clean. The home has a lovely garden where the residents can sit inside or outside, enjoy views and observe people passing.

Comments from residents:

- Room - "Nice"
- "This is the quiet area, no TV we like sitting here"
- "Brought my own furniture in"
- Do you feel safe here "pretty much"
- "Bed not comfortable but good that it rises".
- "Single bed all I need"

Areas for improvement

Redecoration of the home is ongoing and improvements in the overall quality of the environment are planned. The management team are committed to ensuring residents and their relatives are fully involved in all future developments.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

Statement 2

"We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff."

Service strengths

During the inspection we undertook an audit of the services' systems to ensure that staff were safely recruited following best practice guidance.

We saw that the organisations recruitment policy and procedure followed best practice guidance regarding safe recruitment and was supported by an equal opportunities policy.

The service has a stable core staff group.

We spoke with the manager of the service about the recruitment process. She demonstrated a very good knowledge of safer recruitment policy and practice and could detail how all recruitment of staff adhered to the organisations policy and procedure.

The induction programme included information about the organisation and the home to ensure that new staff were made aware of the policies and procedures of the organisation and their role and responsibilities.

There was a staff handbook available for new staff to provide guidance on the policies and procedures of the service.

To ensure that people who use care services are protected and high standards of practice are promoted nursing and care staff need to be registered with either the Nursing and Midwifery Council (NMC) or the Scottish Social Services Council (SSSC).

The service had records of checks carried out to ensure that all staff had valid and up to date registration with the NMC or SSSC.

We saw that personnel information was stored and managed in line with the organisations confidentiality policy.

Areas for improvement

The manager must ensure that new staff apply to be registered with the SSSC as soon as they commence their employment.

The service identified in their self assessment that they are currently formulating a system of feedback to assess the effectiveness of the current induction process to ensure staff have gained the knowledge and skills they require to carry out their role effectively. Progress in this will be monitored at future inspections.

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

From examination of the evidence presented in respect of this Quality Statement we assessed that the service were operating at a very good level of performance.

We received many positive comments from residents and relatives regarding the quality of the staff employed in the care home.

People told us staff listened to what was said and attended to their needs appropriately. Staff spoken with told us they had a strong team and felt confident in the management team and the supportive they gave.

There were regular opportunities for staff to share information and give their views. This included supervisions, appraisals and staff meetings.

Review of minutes and discussion with staff indicated that the service was proactive in sharing information and addressing any issues identified.

All staff had identified core training requirements that they needed to complete for their role in accordance with the Nursing and Midwifery Council Codes of Practice and Scottish Social Services Council Codes of Practice. There was a wide number of training courses available to staff in relation to their work. Staff also had opportunity to complete a Scottish Vocational Qualification (SVQ) if this was appropriate to their role, e.g. SVQ II or SVQ III. Records were kept of training completed. Staff training needs were discussed and reviewed. Staff spoken with thought that training opportunities were good.

There has been a range of relevant training conducted, including; Medication management, Adult Support and Protection, Wound care, Nutrition, Moving and Handling and Infection control updates.

Staff told us the training had been very useful and had improved their understanding of a resident's needs and how they could meet them. Staff were confident in their practice and spoke freely to us about the key underpinning values of what they do. They had knowledge and awareness of the National Care Standards and SSSC Code of Conduct

Comments from residents and relatives included;

'I think the staff are excellent, they go the extra mile'

'Nothing is ever a bother for any of them, I never feel I'm a burden'

Inspection Volunteer's observations included;
In my opinion staff were attentive, caring and had a good relationship with the residents, they addressed them nicely, smiled and reassured them if they seemed anxious.

Comments from residents:

- Staff - "yes nice" "very friendly"
- "Get on well with staff most of them"
- "So far never had any problem with them."
- Do they look after you - "Oh yes" "very good"
- "Black people especially good"
- "If I want anything they get it for me"
- "They wave to me, keep an eye on me"

Areas for improvement

Review of medication management systems identified;

The Registered Nurse had not followed the Providers policies and procedures and NMC Guidelines on the Safe Administration of Medications. Although the morning and lunchtime medications had been administered neither had been signed for as being administered. A requirement 1 is made.

The service should continue to provide training based on best practice to ensure staff knowledge and skills meet the needs of residents.

The manager is committed to ensuring supervision and monitoring of staff practice is ongoing.

Grade

5 - Very Good

Requirements

Number of requirements - 1

1. The management of medications needs to be improved so that staff follow policy and best practice. In order to achieve this, the provider must:

- demonstrate that staff follow policy and best practice about record keeping and documentation

This is in order to comply with

SSI 2011/210 Regulations 19 (j) a regulation regarding records registered care services must keep, 4 (1) (a) a regulation regarding the health, welfare and safety of service users and 15 (b) (i) a regulation regarding staffing

In making this requirement account has been taken of the National Care Standards, care homes for older people, standard 5 - Management and staffing arrangements and standard 15 - Keeping well - medication.

Timescale: On receipt of this report

Number of recommendations - 0

Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 5 - Very 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

All relatives and residents felt confident in raising concerns with the manager. It was evident that all residents and relatives knew the manager. We observed that the manager interacted naturally with residents and adapted their approach dependent upon people's needs and personality. The staff team told us that the manager was very approachable and would respond to their concerns.

Comments from residents and relatives included;

'The manager is exceptional'

'I would have no hesitation speaking with the manager about anything'

'She's always around, chatting with us and making sure everything is alright'

Inspection Volunteer's observations included;

I spoke with two relatives who said they had no issues with the home, they knew the staff and manager. One commented that if they had any issues they would speak to the manager direct.

Comments from residents:

- Do you know the manager - "Yes, I think I know the lady" then said her name.
- "They do have some meetings but I don't go. resident knew manager's name,
- One resident commented that the staff change on floors.
- "Manager comes and chats to us" (knew her name)

I enjoyed visiting this home and speaking to the residents who in my opinion seemed to enjoy the activities and felt safe.

Areas for improvement

The service should continue to progress the development of this aspect of the service.

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

Services undertake a self-assessment before an inspection. The self-assessment details strengths, areas for improvement and grades the service has awarded itself based on its performance under quality indicators. The service evaluated their performance under this quality statement as 'very good'. Through evaluation, we agreed with this evaluation.

The strengths identified under Theme 1, Statement 3, Theme 2, Statement 2 and Theme 3, Statement 3 should be considered as they are relevant to this statement.

We found that a combination of quality assurance systems was used by the service and the provider to measure their performance and identify where improvements or developments were needed.

Some of the areas that we considered included:

Records of concern and complaint. These demonstrated that the management

responded quickly to complaints within appropriate timescales. Where complaints were investigated, people were informed of the outcome of the complaint. Two internal complaints had been made since the last inspection. We could see clear evidence of regular communication with relatives if concerns were raised - and how these concerns were managed. Where appropriate, relevant bodies such as the Social Work Department and the Care Inspectorate were informed.

We assessed how the service managed residents' finances. This included:

- How many residents the service held money for
- Where it was kept
- Who has access to it
- How often is it checked
- What was the procedure and policy on how much money the service would keep on residents behalf
- Do residents/families get receipts?

The service had a system in place for signing in/out residents' monies and regular 'audits' were carried out. Residents could access their money at any time and families could pay in to their relatives' funds at any time. All 'spot checks' on finances evidenced that money balances were correct and monies signed for appropriately. For all expenditures, dated receipts were in place.

There is evidence that quality assurance systems support services in improving their practice which can result in improved outcomes for residents, relatives and the staff team. Audits were carried out in specific areas. The aims of the audits were to make sure standards were maintained and any areas for improvement identified and acted upon. The manager carried out regular quality assurance audits in the home, including medication management (alongside an independent pharmacy audit) personal care plans and health and safety. Action plans were developed and introduced when required. As reported under Theme 2, Statement 2, we evidenced regular environmental safety checks were undertaken and accident and incident reports were maintained and monitored by the manager.

On a monthly basis management reports were provided to allow the provider of the service to measure and monitor the performance of the service. Information

provided included accidents and incidents, falls, concerns/complaints raised and any outbreaks of infection.

This meant that the provider could assess and evaluate how well residents were being supported and identify areas where support or resources could be required.

We found that the manager had a very good overview of the development needs of the service, including the staff needs and identified ways that more structure would be put in place to support this.

Areas for improvement

The management gave a commitment to address the requirement and recommendation made in QT1 and QT3 and to continue to build on the improvements made and further encourage and support residents and relatives in the regular quality monitoring of the home.

Grade

5 - Very Good

Number of requirements - 0

Number of recommendations - 0

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

There are no outstanding recommendations.

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	
4 Dec 2014	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
27 Nov 2013	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
7 Mar 2013	Unannounced	Care and support	4 - Good

		Environment Staffing Management and Leadership	4 - Good Not Assessed 5 - Very Good
22 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 5 - Very Good Not Assessed
20 Dec 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good 5 - Very Good
6 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed Not Assessed
2 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good Not Assessed Not Assessed
31 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
24 Aug 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 4 - Good
19 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

27 May 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 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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