

Fidra House Care Home Service

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North Berwick
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Type of inspection: Unannounced
Inspection completed on: 20 December 2016

Service provided by:
Randolph Hill Care Homes Ltd

Service provider number:
SP2003002451

Care service number:
CS2008179811

About the service

Fidra House is a care home service, registered to provide care and accommodation for up to 60 older people. During our inspection there were 57 residents.

The home is situated in its own grounds, in a residential area, set back from the main road into North Berwick. The area on two sides of the building is maintained as gardens for residents' use. Parking spaces are available within the grounds of the home.

Residents' accommodation is provided over three floors, with stairs and lifts giving access to the upper floors. All bedrooms are single occupancy, and have ensuite shower, toilet and wash hand basin. There is an open plan lounge and dining area on each floor, with a small pantry where staff can prepare snacks and drinks for residents.

The service is owned and operated by Randolph Hill Care Homes Limited ("the provider"). In their brochure, the provider notes that: "Randolph Hill believes passionately in treating each person as an individual" and that "We are fully committed to providing professional and empathetic individual care for every single one of our residents".

What people told us

During our inspection we spoke with 10 residents in detail about their experience of living at Fidra House. We sent out 20 questionnaires for residents, but did not get any returned. We also engaged in general conversation with several residents, and observed the interactions between staff and residents. Mainly, residents seemed relaxed with staff, although at times we saw people getting cross or frustrated. Residents generally spoke positively about the staff, although a few said that they found that some staff were better than others.

Comments that residents made to us included the following:

- "Never enjoyed it here";
- "Rubbish food ... it's the quality where the food comes from";
- "Don't listen to what I say";
- "Nice here, staff are nice, food is fine";
- "Don't like it here staff not bad ... they're not unkind";
- "Food is ok if it was cooked better";
- "Never force you to do anything you don't want to do";
- "Care ok, short of staff";
- "When I want to lie down after meals, they're busy tidying up and I have to wait";
- "Food is hit or miss, generally fresh";
- "They don't listen to what you say";
- "I've lived here for a while, I like it";
- "Happy, everything is ok";
- "Don't like it here, I'm not a patient, I'm a prisoner".

During our visits we spoke with three relatives, and we received 2 completed questionnaires from the 20 that we sent out. The two people who completed the questionnaire said that generally, they were satisfied with the care their relative received. One commented that the home had been too hot during the summer, with no effective way of cooling down.

Relatives we spoke with directly were less happy with the care provided. Comments included the following:

- "Very unhappy with care";
- "You don't get a proper replies when you speak (to staff)";
- "Issues with personal care";
- "My (relative) is not getting enough stimulation";
- "Not enough staff, can't get things right - have to keep reminding them";
- "Feel care is not good";
- "(Relative) has been depressed, (staff) don't encourage (my relative).

Self assessment

The service completed a detailed self assessment before our inspection, as they are asked to do each year. The provider graded the service as "excellent" or "very good" in all areas of care. However, the evidence we found at inspection did not support those grades.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	3 - Adequate
Quality of staffing	2 - Weak
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

We found that the standard of care provided at Fidra House was weak.

Staff worked hard to provide care. We saw some warm interactions between staff and residents. However, this was often limited by time constraints, as staff rushed to carry out care tasks. On some occasions, such as mealtimes, there were more opportunities for staff to engage and socialise with residents, as they served meals and assisted residents. However, staff did not always take those opportunities.

Staff were generally warm and respectful towards residents. We saw many staff working in a way that was caring and supportive of residents, including those with dementia. However, some of the leadership and role-modelling we saw did not support a positive culture towards people with dementia, and this resulted in some areas of poor practice in the staff team.

The new activities team was enthusiastic and motivated, and we got positive feedback about the activities and outings they provided. Residents enjoyed going on outings.

Staff provided care in a way that was very task orientated and often driven by working routines, rather than the individual needs of residents. This sometimes limited choices and opportunities for residents.

Some of the staff we spoke with were not well informed about residents' care needs, and did not always respond positively to our concerns.

Sometimes we saw residents having to wait for assistance with personal care, which left them frustrated and uncomfortable.

We saw examples of practice which failed to recognise the individuality of the resident and what was important to them, and their right to have their choices and their dignity respected

Care was not provided to a standard that met the expectations of the National Care Standards, current best practice, or the provider's own expectations as set out in their brochure for the home. We had particular concerns about:

- how staff planned care;
- support residents got to maintain healthy levels of eating and drinking;
- dining experience and how choice was provided to residents;
- skin care given to prevent pressure damage;
- wound care;
- promoting continence and care given to manage incontinence;
- support with personal care, and the opportunity for residents to make choices about how they would like this kind of care to be provided;
- the way staff assessed and managed residents' need for pain relief;
- the way staff managed medication.

Care planning should be detailed and done in a way that makes sure that it addresses each resident's needs and wishes. Information from a variety of sources, including accurately completed assessment tools, should be considered and used to plan care. There should be regular reviews of care which involve residents and their families, and give them the opportunity to influence how care is provided. We did not see that this was happening routinely at Fidra House.

Some examples of poor standards of care that we saw included:

- night staff putting a resident back to bed in their clothes after attending to their continence needs early in the morning, to save the day staff from having to help with dressing later;
- a resident not getting pain relief for almost three weeks because staff had not asked the resident's GP to consider alternative ways of relieving her pain when she was able to take pills;
- other residents not getting pain relief because staff had not ordered their medication in time;
- a resident who had lost a large amount of weight over the previous year had no care plan to tell staff how he should be supported to eat well.

Requirements

Number of requirements: 2

1. The provider must ensure that the health, wellbeing and safety needs of all residents are met, including but 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;
- e) 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.

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.

Recommendations

Number of recommendations: 2

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 takes into account the National Care Standards Care Homes for Older People Standard 13 - Eating Well, the Royal Institute of Public Health's "Eating for Health in Care Homes: A Practical Nutrition Handbook" 2007, the University of Stirling's "Hearing, sound and the acoustic environment for people with dementia" 2010, and the University of Stirling's "Light and lighting design for people with dementia" 2010.

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 takes into account the National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements, the Scottish Government's "Standards of Care for Dementia in Scotland" 2011, the NMC's "The Code: Professional standards of practice and behaviour for nurses and midwives" 2015 Standard 1, and the SSSC Code of Practice for Social Service Workers Section 1.

Grade: 2 - weak

Quality of environment

Findings from the inspection

We judged that the quality of the environment of the home, and the way it was maintained and used, was weak.

Bedrooms were generally clean and pleasantly furnished, and personalised to reflect the personality and preferences of the occupant. We found though that some beds were not properly made, and the residents were left with crumpled sheets. This is not only uncomfortable, but can increase the risk of skin damage.

There were issues about standards of cleanliness in other communal areas of the home, especially the small kitchen pantries, which were very dirty. We saw from minutes of a meeting that staff had raised concerns about this in November. We spoke to the manager about these on the first day of our inspection, and had anticipated that they would be clean when we returned several days later. We found that, while the fridges had been

cleaned, other areas of the pantries were still dirty. The manager has since told us that arrangements are now in place to have the pantries deep cleaned.

We noted a malodour in various locations in the home.

We spoke with some of the domestic staff, and they told us that the cleaning schedules were not clear about what the work to be done. These need to be detailed, and give staff clear guidance about their work.

We saw that at times staff did not follow best practice guidance in relation to handwashing. This is important to prevent the spread of infection. We also noted that residents were not given an opportunity to wash their hands before eating.

Some items were stored inappropriately, which again meant that there was an increased risk of spreading infection. Some domestic chemicals were not stored securely.

There were systems in place for repairs and maintenance of the environment and equipment. We also saw that legal requirements for regular testing of equipment used for lifting and transferring residents had been met.

There was a legionella risk assessment in place. However, we did not see records to show that the necessary preventative measures were being carried out.

We considered whether or not the home provided an environment that was helpful to residents with dementia. There was some good use of appropriate signage, which helped residents with dementia to feel more confident about finding their way independently around the home. Photographs outside bedroom doors were also used to help residents to recognise their own bedrooms. However, the provider and staff need to consider noise levels, sound and lighting in the home, to see how these can be improved, as all can cause difficulties for residents with dementia.

Requirements

Number of requirements: 2

1. 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.

2. 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.

Recommendations

Number of recommendations: 1

1. 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 takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, Stirling University's "Hearing, Sound and the Acoustic Environment for People with Dementia (2010)", "Designing Interiors for People with Dementia" (2012) and "Light and Lighting Design for People with Dementia" (2010).

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found that the service operated at a weak level in relation to the quality of staffing.

Staff were well-intentioned but appeared to lack appropriate and effective leadership.

As we noted earlier, we saw that sometimes residents had to wait an unreasonable time for assistance. This would suggest that there were not enough staff available to meet the needs of the residents.

We saw some examples of caring and professional practice, from some staff. Residents told us that some staff were better than others, and this matched our observations. However, the concerns about poor care that we described in Quality of Care and Support illustrated a need for significant improvement in staff practice in most areas of care.

Staff worked in a way that was focused on routines, and this sometimes limited opportunities for residents. For example, evening activities had been reduced because staff felt that they interfered with staff routines.

Generally, the provider followed safer recruitment guidelines when recruiting new staff. This helped to ensure that residents were safe. However, in order to further improve the recruitment process, the provider should:

- evidence that any gaps in employment history, or issues related to previous employment that are apparent in the candidates application, have been fully and satisfactorily explored;
- evidence that they have verified themselves of the candidate's right to work in the UK;
- ensure that references from previous employers give sufficient detail to enable them to confidently make a decision about that candidate's suitability, and where this is not possible, seek additional character references.

The provider had identified a range of training that they considered essential for all staff, depending on their role. Records showed that not all staff were up-to-date with this training.

All staff had received basic training in dementia care. However, given the concerns we had at this inspection about the approach of some staff towards residents with dementia, we assessed that the provider needed to prioritise training that was in more depth for the care and nursing staff. The provider was in discussion with a local university to provide this training.

There was no consistently applied system of one-to-one supervision for staff. This meant that not all staff had the opportunity to review their performance and receive the support they need to improve.

Staff meetings were infrequent, which meant that staff did not have regular opportunities for peer support, or to share experience and learning.

Requirements

Number of requirements: 3

1. 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.

2. 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.

3. 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.

Recommendations

Number of recommendations: 1

1. 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.

Grade: 2 - weak

Quality of management and leadership

Findings from the inspection

We found that management and leadership in the service was weak.

There were some systems in place to help the management to gather information about the service and assess the quality of care. There were also planned regular visits from external managers. However, we were concerned that the provider's own systems of audit and monitoring had not identified the areas for improvement that we found during our inspection. There was no evidence of formal monitoring of staff practice, or of the resident experience, to help to identify or address deficiencies.

Where checks or audits had been used to gather information about the service, we did not see evidence that the information they provided had been used to bring about improvement. For example, we saw that a medication audit had been done, and an action plan drawn up. The plan had been shared with all nursing staff, but there was no follow-up to make sure that the necessary actions had been carried out, and the improvements achieved. Similarly, where remedial action was identified as necessary during checks on equipment, there was nothing recorded to say that the necessary action had been taken.

We have already noted in Quality of Staffing that one-to-one supervision of staff was not being provided consistently. This meant that managers were not taking opportunities available to them to help staff to improve their practice.

We also saw some evidence that new staff were not given the support they needed to be effective in their role.

Overall, we found there was a lack of oversight and leadership, not only from the management team, but also from the experienced nurses and senior carers on the units, who also have a responsibility to act as positive role models, and to monitor and oversee the quality of the service. As a result, residents were experiencing a poor standard of care. We have made a recommendation about leadership in Quality of Care and Support, and a requirement about monitoring staff performance and practice in Quality of Staffing.

Requirements

Number of requirements: 1

1. 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.

Recommendations

Number of recommendations: 1

1. 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

Grade: 2 - weak

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

Staff and the management team should ensure that visual choices are provided for residents at each meal time (where appropriate) to promote people's opportunities to make meaningful choices in their everyday lives.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

This had not been done.

Recommendation 2

Where residents and relatives are involved in assessing the quality of the service or parts of the service, their views, the action planned in response to their feedback, with timescales should be developed. This should be used to inform residents and relatives of planned actions which will be taken in response to their views.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

We did not see evidence of this. Some relatives told us that they did not feel their views were listened to.

Recommendation 3

The provider should review the provision of food and fluids at Fidra House over the 24 hour period to ensure that this meets the assessed needs of residents. This review should involve residents, relatives and staff to support the provider to evaluate the provision of food and fluids for all residents.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

The provider had set up a nutritional group to look at the provision of food and drinks at Fidra House. We saw the minutes of the meetings, and could see that various ideas were being put forward to make improvements. However, these improvements were not yet being put into practice, and we remained identified areas for improvement in relation to eating and drinking that the provider needs to address. We have talked about this in Quality of Care and Support.

Recommendation 4

Medication practice within the home must improve. The outcome of the internal audit and the action identified must be concluded in a satisfactory manner. Medication should not run out and there should be no gaps in the recording on MAR sheets. Staff must follow best practice guidance when recording and administering medication.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

Medication management had not improved and we have made a requirement about this in Quality of Care and Support.

Recommendation 5

The provider and service should ensure that charts are used effectively to record the care delivered for residents who are at risk of poor nutrition, skin breakdown and any other assessed risks affecting residents.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

This recommendation had not been met. Charts were still not being completed accurately, and information from them was not being used to inform the way care was planned. We have talked about this in Quality of Care and Support, and we have made a requirement about care planning and delivery.

Recommendation 6

The management team should ensure that the analysis of accidents and incidents includes new approaches to managing risks and records referrals to and advice from specialist teams.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

We saw that there was some analysis of accident and incident reports, and staff deployment had changed slightly as a result of this. However, we did not see evidence of new approaches to managing risk, or any referrals as a result of such analysis.

Recommendation 7

It is recommended that the service reviews the storage arrangements in the small offices located at the far end of each unit.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

This had been done.

Recommendation 8

The management team should ensure that staff are following best practice when recording in medication records or care plans. Training and competency checks, to include observation of medication administration, should be completed regularly for all staff who administer medication.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

We did not see any evidence of this. We found that staff practice in relation to medication management was poor. We have written about it in Quality of Care and Support, and we have made requirements about medication management and about monitoring staff practice.

Recommendation 9

The provider and management team should develop a training matrix which identifies mandatory and additional training. The training matrix should record when each staff member completed training and the date they will be due to update this training.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

The manager had developed a training matrix. This was not up-to-date when we carried out our inspection, and when we were given an updated copy, it showed that significant numbers of staff had not updated their mandatory training.

Recommendation 10

The provider and management team should carry out an assessment of staffing levels and deployment and how these meet the needs of residents throughout the 24 hour period 7 days per week at Fidra House. A copy of this assessment should be sent to the Care Inspectorate for review.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

No assessment was sent to the Care Inspectorate by the specified date, and we were not shown any evidence at inspection to show that the assessment had been carried out.

Recommendation 11

The service should develop an overview and audit for each of the risks affecting residents at the service. This should include nutrition and hydration, falls, pressure area care, dependency levels and the deployment of staff.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

This had not been done.

Recommendation 12

The service should ensure that documentation that shows who holds welfare powers is available in care plans and is accessible to all staff who are providing care.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

The service had a good system for recording information about proxy legal arrangements, such as power of attorney or welfare guardianship. However, we did not always see that this information was accurately recorded in care plans.

Recommendation 13

Complaints should be identified, recorded, investigated and resolved in accordance with the providers policy.

This recommendation was made on 29 March 2016.

Action taken on previous recommendation

We saw complaints records which noted the complainant, when the complaint was made, what the complaint was about, and the status of the investigation. We also saw that outcomes were being recorded and shared with the complainant. We assessed that this recommendation had been met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
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
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

Date	Type	Gradings	
31 Jul 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed 5 - Very good
21 Mar 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
23 Jan 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 2 - Weak 4 - Good 4 - Good
9 Jul 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
21 Apr 2010	Announced	Care and support Environment Staffing Management and leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
4 Feb 2010	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
16 Jul 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good

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

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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۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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