

[DRAFT]



# Care service inspection report

Full inspection

## North Argyll House Care Home Service

Bealach-An-Righ  
Dunollie Road  
Oban



HAPPY TO TRANSLATE

Service provided by: North Argyll Eventide Home Association

Service provider number: SP2003000073

Care service number: CS2003000435

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	4	Good
Quality of staffing	5	Very Good
Quality of management and leadership	4	Good

### What the service does well

The staff within the service showed care and commitment for the service users they cared for and supported. The service offers a safe and homely service to the people living here.

The manager had recognised there were some improvements required to improve standards in the home. She, along with the staff aimed to achieve good quality care and support by working as a team and implementing new processes and procedures in order to improve standards within the home.

### What the service could do better

The staff should make sure that service user's suggestions are followed through with quicker and clearer timeframes for action taken. The staff should improve the range of activities available and document the positive outcomes achieved.

The management should improve how the service is audited to make sure this identifies things that need changed to provide them with a clear action plan to sustain and improve standards.

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

Staff have continued to expand with their training to enhance opportunities for service users to participate in service delivery with clear evidence available.

**Conclusion**

In conclusion, we have found through talking to service users, relatives, staff and looking at documents that the service continued to provide a service which most people were satisfied with. However, there was a need to look in more detail at how well each person's needs are being met and how these could be improved. All staff interviewed were able to identify positive outcomes for people they supported.

# 1 About the service we inspected

North Argyll House is run by a local non-profit making organisation (North Argyll Eventide Home Association). The building is a large detached house situated on the edge of Oban with wonderful views over Oban Bay. The home provides single en-suite accommodation with a variety of communal sitting rooms. The home has a well tended garden which is accessible to residents and their families.

The information leaflet states that "Our aim is to provide the highest standard of care for elderly people in a comfortable and secure environment. Our residents' independence and dignity are of paramount importance to us ....."

At the time of the inspection there were 26 people living at the home.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.scswis.com](http://www.scswis.com). It will award grades for services based on the findings of inspections.

## 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 4 - Good**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 4 - Good**

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

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

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

We wrote this report following an unannounced inspection that took place over three periods on the 31 July 2015 from 9am to 5pm, 1 August 2015 from 7.30pm to 10.20pm and on the 25 September 2015 with feedback to the manager from 9.30am to 11.30am. The inspection was carried out by two Care Inspectors.

When we plan how we will inspect a service we review the intelligence we hold about the service.

This will include:

- The self-assessment we ask the service to complete, where they evaluate how they are performing.
- The 'Annual Return' we ask the service to complete where they provide information about the needs of their service users and detail their staff team.
- Notifications the service provides to us informing us of events that impact upon the service.
- Any Complaints the Care Inspectorate has received.
- Recommendations and Requirements made through Inspection or Complaints.
- The risk assessment we complete.

This information informs the intensity of the inspection. In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents including:

- Observation of staff practice and interactions with service users,
- Nine care staff interviewed,
- Three family members interviewed,
- Risk assessments,
- Provider's aims and objectives,
- Staff induction checklist,

- Accident/incident analysis,
- Maintenance contracts and records,
- Staff Induction policy,
- Staff Handbook,
- Staff personnel files
- Supervision minutes,
- Annual report 2015,
- Falls analysis,
- Dependency tools used,
- Notice boards,
- Training plans for 2015,
- Activities records and plans,
- Review minutes,
- Accidents and incident records,
- Care plan information including daily notes and monthly evaluation notes,
- Six staff, 16 relative/friends and four service user's Care Inspectorate questionnaires received,
- Six service users interviewed,
- Recent service user meetings,
- Recent carer meetings,
- Staff team minutes,
- Senior staff minutes,
- Environmental audits,
- Organisational audits,
- Four care plans of service users,
- Registration certificate,
- Service's participation information such as 'Sparkle'.

### **Grading the service against quality themes and statements**

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

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



## **Inspection Focus Areas (IFAs)**

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

## **Fire safety issues**

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

## The annual return

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

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

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

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 inspector reviews this before inspection and reviews some of the evidence that the provider says they have to evidence their performance.

We discussed the self assessment with the management team and provided examples of how the self assessment could be more meaningful and outcome focused.

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

Comments were generally positive, people felt that they were empowered and supported to live a lifestyle of their own choice. No one interviewed raised any issues.

Comments from service users during this inspection included:

"Staff have been very approachable."

"Should be more activities."

"I choose what I want to do."

"I'm happy and settled here."

"I am very happy."

"Staff are lovely."

"You get a good laugh with some staff."

"Too quiet."  
"Food good."  
"Staff are well trained."  
"No concerns at all."

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

Carers in this context include relatives, friends and advocates. They do not include staff or other professionals.

Carers' comments were very complimentary regarding the standard of daily care provided:

"Can go to management any time."  
"The quality of care that staff give is a very good level."  
"There have been times when staffing has been short but the staff just gets on with it."  
"Staff are all lovely and friendly."  
"Should have more activities to keep the people "alert" and "enjoying their last days."  
"The manager is very good."

From interviews comments included:

"Family sitting area would be good."  
"Very happy since.....came in."  
"Staff are all great."  
"Cleaning staff work well."  
"All staff work very hard, think they could do with more."  
"Sometimes they do take on our opinions."  
"Could be more activities."

## 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

We assessed how the service involved and responded to service users', relatives' and stakeholders' participation.

To do this we:

- Sampled some documents made available to us such as minutes of meetings, activities, medication administration, newsletters and care plans.
- Met with several service users and relatives and a cross section of the staff team.
- Observed the way that staff supported and listened to service users and relatives.
- Reviewed the Care Standard Questionnaires returned to us by service users, relatives and staff. Feedback from service users, management team and staff and examination of relevant documents, indicated a very good performance by the service in relation to this statement.

The service had copies of relevant policies and procedures which were readily available to people living there and their representatives/relatives.

Both service users and relatives also stated that consultation and communication was good and felt that there was an inclusive approach to care issues. Some comments included: "The care in here is excellent and staff are very attentive."

One person stated that since their relative was transferred to the home, she had become more relaxed and contented with the level of care and support that was being provided. Another relative stated that staff had consulted well with the family regarding care issues.

There were several thank you cards with genuine complimentary comments from family members about the quality of care and support delivered by staff to their relatives.

We looked at the recent meetings and found that there was discussion in relation to:

- Minutes of meetings.
- Activities.
- Newsletters.
- Care plans.

We found that the service's inspection report was also discussed within the meetings. We found that this could have been used more effectively by the service to evidence service users, their carers' / friends' input to review progress in relation to the care and support provided.

We looked at the service's guide/website and found that this provided good information for service users, their carers/friends.

We observed staff members chatting with service users throughout the inspection visit. We found that staff members prompted conversation with a service user who was looking at family photographs, spending time discussing photographs. The service had received letters of thanks from carers and particular praise was given to the staff for their care and attention of service users.

Comments from service users and relatives included:

"Staff are very caring."

"No problem coming in at any time."

"Staff are so caring and patient."

"Paperwork used is always explained about what staff are doing."

"They are so pleasant at all times."

"Manager is friendly."

"Very high standard of care from all members of staff."

The kitchen was found to be clean and free from clutter.

## Areas for improvement

Although the service gathered information from service users, management and staff should continue to seek further ways in which service users can be explicitly involved in the assessment of the quality of care and support provided using the grading system.

There is also a need to consider who best to obtain the views of those who may have communication difficulties or cannot take part in a meeting or fill in a survey. The service could introduce a form about 'You said, We did' into care files, to evidence where staff had responded to individual requests. The service should continue to explore a variety of care planning formats to enhance understanding and should therefore be clearer regarding their purpose/future goals.

The manager should further develop and improve the opportunities for the people who use the service and their representatives to assess and improve the quality of care and support.

To do this they should:

- Survey the people who use the service and their families.
- Analyse the results of the surveys and use these to develop the service.
- Feedback to people they surveyed where comments and suggestions were used to affect changes in the service. (Please see recommendation 1).

The Manager advised that the Participation Strategy had not yet completed.

## **Grade**

5 - Very Good

**Number of requirements - 0**

## **Recommendations**

**Number of recommendations - 1**

1. Recommendation with reference to Theme 1, Statement 1:

The manager should further develop and improve the opportunities for the people who use the service and their representatives to assess and improve the quality of all aspects of service delivery.

To do this they should:

- Survey the people who use the service and their families.
- implement their participation plan.
- Analyse the results of the surveys and use these to develop the service.
- Feedback to people they surveyed where comments and suggestions should be used to affect changes in the service, for example in their newsletters.

This is in accordance with National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements and Standard.

### Statement 3

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

#### Service strengths

We assessed how the service involved and responded to service users, relatives and stakeholders relating to health and welfare.

To do this we:

- Sampled some documents made available to us including four care plans and risk assessments, falls analysis, accidents/incidents, medication audits, observations of competencies and dementia training.
- Met with several service users and relatives and a cross section of the staff team.
- Observed the way that staff supported and listened to service users and relatives.
- Reviewed the Care Standard Questionnaires returned to us by service users, relatives and staff.

Feedback from service users, management team and staff and examination of relevant documents, indicated a very good performance by the service in relation to this statement.

From paperwork sampled there had been clear forward planning for people new to the service to have been fully consulted with information shared in a systematic way. Records held confirmed that the key worker and the service user met regularly to try and keep information regarding lifestyle choices up-to-date. Staff were observed to have had positive interactions with service users.

Service users' views with regards to how well the staff communicated with them were sought through customer satisfaction surveys.



Both carers and service users spoken with commented positively about how well staff communicated with them. We sampled four care plans during the inspection visit. We found that care plan information was generally in a good level of detail. Each person had a care plan with some information about them and their life before coming into the home. Risk assessment in relation to service users' safety, fire safety, slips trips and falls, medication, moving and assisting and outings were in place. We noted that updated review minutes were held.

We found that daily notes were completed, which provided updated information on the service users' health and support needs. We looked at care plan information and associated documentation. The contents of personal plans varied dependent upon the agreed needs of the person using the service.

Sampled plans contained clear information on issues such as:

- health promotion,
- socialising.

We were pleased to see that the house offered Music for Hospitals to the people living in the home, with people having regular information from their paper 'the Sparkle'. We were impressed with the minutes produced by one senior member of staff relating to staff supervision as they were informative, clearly identifying future actions and signed and dated.

Through interviews the chef knows all the service users well and is constantly checking their likes and dislikes. He updates people's allergies with staff on a regular basis. Meal choices each day are plated and people can choose which they wish to eat. Everyone we spoke with stated that the meals were of a good quality and choice was always on offer. Through discussion with staff, it was found that they were aware of the dietary needs of individuals with clear communication between kitchen and care staff.

We noted that people had the option of sitting where they preferred. This supported conversation at mealtimes. Service users could choose where and when to eat. Aids were available to service users as required, to assist with eating.

People who required support with eating were observed to have this provided. Meal times were seen to be calm and unhurried. Fresh fruits were available and service users could request hot or cold drinks at any point.

Staff were aware of the need to monitor service users' dietary needs. General Practitioners and Dieticians visited the service and were consulted as required. Individual care plans reflected people's food preferences and special dietary requirements. The plans were monitored and reviewed on a regular basis.

Staff undertook nutritional assessment of service users and reviewed this on a monthly basis. The Body Mass Index (BMI) of individuals was recorded, monitored and reviewed on a monthly basis. It allowed staff to be aware of any changes in the residents in this area.

We found that staff members were supportive at mealtimes, offering assistance and support where necessary. Staff members encouraged fluid intake and nutritional support.

There was evidence to suggest that the Manager and staff team were keen on anti-discriminatory practice. Service users interviewed indicated that they were encouraged and supported if they wished to practice their social, religious and cultural beliefs.

We found that staff members were attentive and were available within sitting areas to provide prompt support where necessary.

### **Areas for improvement**

In order to manage risks effectively they should be further developed to highlight the strategies put into place to help reduce risk and make paperwork more person centred. The service should also explore various formats for care planning to help them become more Person Centred.

(Please see Recommendation 1 below).

Although there was evidence that activities were available for service users to participate in there needed to be more choices available. We were sorry to be told that although the funding for an Activities Co-ordinator has been agreed this post has not yet been advertised. The importance of activities to older people cannot be stressed enough and several of the service users we spoke with said they were "bored" and found their "time long". Several relatives stated that more live music, which is appropriate to the service users' era and tradition should be supplied.

Service users could have become more involved in identifying local resources to tap into if the service used more inventive ways of highlighting options for people through creative use of symbols, words and pictures located in accessible areas throughout the service.

It would be beneficial for the service user if the person who has most to do with the person i.e., the key worker, was invited to the review of that person's service. This would ensure that the person who works on a regular basis with the service user was aware of the needs and future plans for the person.

Service users' physical needs have increased and more regular assessments of those needs should take place and this would assist the concerns expressed by staff, relatives and people living in the home, of the staff being extremely busy and of staff feeling that they did not get as much job satisfaction as they had in previous years due to the pressure of their workload. Reviews of the service users' care are held on a six month basis by senior staff. This monitoring process would benefit from more relatives' participation. There is a key worker system in the service and service users we spoke with were all aware of this and could name their key worker.

We looked at minutes of various meetings including staff, service users' and relatives' and service users' meetings which included input from the chef. The dates of meetings do not appear to be as planned and regular as before and the service would benefit from those being identified to take place in advance and held on a more regular planned basis.

There was an incident where a staff member oversubscribed a person's medication. It appears that the policy for this was not followed and the manager should ensure that in future this is strictly adhered to. The service would benefit with clear written guidance for any errors in service. This should clearly define timescales and actions to be carried out which would supplement the policy.

We were told that there is enormous pressure for the home to take people from hospital following assessment, where the service do not feel equipped to meet identified needs safely. Nursing staff insisting that the person is returned as "they need the bed."

When we looked at service users' files they were clearly marked and all up-to-date. We noted however, that there is a lot of information being repeated in the files and it would benefit this process if the senior management team looked at how this could be reduced. Information was up-to-date and as already stated more regular assessments of those service users with progressive illnesses would more effectively identify the needs of the staffing levels. Files tended to be medically led and more social information would be advantageous to the welfare of the service users.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. Recommendation with reference to Theme 1, Statement 3:

The service should continue to develop care plan information which records and implements the individual likes, dislikes, preferences and needs in relation to their care and support in greater depth.

Risk assessment documentation should be used to inform care plans more effectively to evidence progress/deterioration over the period and changes in care practice.

This is in accordance with National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements and Standard.

## Quality Theme 2: Quality of environment

Grade awarded for this theme: 4 - Good

### Statement 2

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

#### Service strengths

We assessed how the service involved and responded to service users, relatives and stakeholders relating to both the internal and external environment.

To do this we:

- Sampled some documents made available to us including four care plans, risk assessments, management team, environmental audits, observed the environment, care staff and quality assurance audits.
- Met with several service users and relatives and a cross section of the staff team.
- Observed the way that staff supported and listened to service users and relatives.
- Reviewed the Care Standard Questionnaires returned to us by service users, relatives and staff.

Following consideration of sampled written evidence and feedback from management, staff and service users, this service was found to have a good performance in relation to this statement.

The home was odour free. Standards of cleanliness and hygiene throughout the service were excellent overall. Staff observed while helping service users, were cheerful. The home continued to seek the views of both staff interviewed were clear on everyone's health and safety responsibilities.

We found that the environment was clean and generally tidy. We found that, people who use the service were very satisfied with the quality of the environment. The opinions and comments made by users of the service have been used as sources of evidence within this report. Service users told us that they got a say in how their rooms looked. We found rooms personalised in décor and to individual taste for all service users by bringing in small items of furniture, ornaments, pictures and photographs. We also found evidence that they had been consulted in the decoration of the communal areas. Service users commented on the domestic staff being thorough in their approach to cleanliness regarding their rooms and communal areas. Relatives interviewed also commented on the overall high standards within the home and stated that this was one of the features that influenced their decision regarding the choice of home for their relative.

Records of the service examined indicated that the service were complying with the relevant legislation and guidance with regard to fire, health and safety procedures and risk management. For example, there were regular fire drills and risk assessments of the premises and for outings.

Comments from questionnaires included:

"Cleanliness, hygiene are of a very high standard."

"Never been aware of unpleasant smells."

"Homely and clean, and very friendly staff."

"Whole home is odour free, not like other care homes I visited first."

"Provides excellent service and care in all aspects."

"I am delighted that.....is spending his last years in such a peaceful respectful environment."

"Happy friendly home."

"Everything is so clean and tidy."

Positive interactions between all staff and service users were consistently observed. The staff team responded to questions from service users appropriately and sensitively. The staff team involved people in respectful interaction, explaining why they were carrying out an activity.

We observed staff knocking on service users' doors and asking if they could come in. We observed staff treating people with care and respect and informing the person what they were going to support the person with. We saw very caring interaction from the staff when assisting service users to eat and offering encouragement.

The house is a well-appointed building with service users each having their own rooms. On the whole it is well decorated but the doors urgently need to be painted as highlighted in the last inspection. The manager told us that she had obtained an estimate but the Board had not yet approved this work.

### Areas for improvement

The care home had a regular newsletter, with copies up on the notice boards in the day service. However, this could be developed further to evidence how service users benefited from activities and events in the care home. People living in the service could be more clearly involved in the production of the newsletters to demonstrate clearly everyone who is invited to contribute. (Please see Recommendation 1 below).

Relatives and service users all stated that the staff were "lovely" and "did their best" and we observed one lady who was in the lounge (after 10.30pm) and wanted to go to her bed. She was told, all be it very kindly, that she would have a wait till staff were available. She appeared upset by this.

Several service users and their relatives stated that staff members should have name badges. This would allow the service users to call the member of staff by their name which would make them feel more in control of the situation.

Generally more effective signage throughout the home should be explored to help people living there to safely orientate themselves around the home.



**Grade**

4 - Good

**Number of requirements - 0****Recommendations****Number of recommendations - 1**

1. Recommendation with reference to Theme 2, Statement 2:

The newsletter could be developed further to evidence how service users benefited from activities and events in the care home. People living in the service could be more clearly involved in the production of this to demonstrate clearly everyone who is invited to contribute. This is in accordance with National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements and Standard.

## Statement 4

“The accommodation we provide ensures that the privacy of service users is respected.”

### Service strengths

We assessed how the service involved and responded to service users, relatives and stakeholders relating to both the internal and external environment.

To do this we:

- Sampled some documents made available to us including four care plans, risk assessments, management team, environmental audits, observed the environment, care staff and quality assurance audits.
- Met with several service users and relatives and a cross section of the staff team.
- Observed the way that staff supported and listened to service users and relatives.
- Reviewed the Care Standard Questionnaires returned to us by service users, relatives and staff.

Following consideration of sampled written evidence, and feedback from management, staff and service users, this service was found to have a very good performance in relation to this statement.

We concluded this after we:

- spoke to the manager,
- care staff,
- reviewed care plans,
- talked to people who use the service,
- minutes of various meetings.

Service users confirmed that their lifestyle was respected and people were encouraged to make their own choices with privacy respected.

Overall we found the environment to be safe. Staff had been diligent in ensuring kitchen tools had been stored safely. Food safety checks were in accordance with food safety requirements. All areas within the kitchen were clean and maintained to a high standard. The laundry was clean and with necessary equipment and well organised. The premises were found to be warm, comfortable and inviting.

The external grounds were well maintained and attractive in appearance. Garden areas outside had significant attention, which made it pleasant for people to sit in. Service users and relatives stated that they had the opportunity to sit in the garden in good weather.

Service users confirmed that they understood about complaints and who to complain to. The staff team confirmed that where possible service users were encouraged to contribute to the care planning process and were supported to meet their own identified goals. Service users and carers spoken with expressed satisfaction with the environment. Service users confirmed they felt safe within the service. A signing in book for all visitors was in place.

### **Areas for improvement**

The service needed to record with greater accuracy people's likes, dislikes and preferences and where possible have fuller information regarding people's life histories. This was of particular relevance to service users who did not use words to communicate would have provided the staff team with more accurate information to facilitate chosen lifestyles. Activities planned need to be recorded more effectively to evidence outcomes met. (Please see Recommendation 1 below).

**Grade**

5 - Very Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 1**

1. Recommendation with reference to Theme 2, Statement 4:

The service should review its activities programme to ensure it is varied and includes enough opportunities for outings. External activities should be prioritised and increased in frequency for all service users who wish to participate with satisfactory frequency. This is in accordance with National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements and Standard

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

### Statement 3

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

#### Service strengths

We assessed how the service involved and responded to service users, relatives and stakeholders relating to staffing.

To do this we:

- Sampled some documents made available to us including care plans, risk assessments, management team, training audits, observed the staff practices, gathered feedback from external agencies, reviewed recruitment and induction packs for staff, care staff and quality assurance audits.
- Met with several service users and relatives and a cross section of the staff team.
- Observed the way that staff supported and listened to service users and relatives.
- Reviewed the Care Standard Questionnaires returned to us by service users, relatives and staff.

Following consideration of sampled written evidence and feedback from management, staff and service users, this service was found to have a very good performance in relation to this statement.

In relation to the strengths identified earlier in the report, this service also: According to the staff we spoke with they said they felt supported and had supervisions and training appropriate to their roles and responsibilities.

They felt the training they received was appropriate to meet the care needs of the service users they cared for and provided them with enhanced knowledge and skills.

Staff said they attended meetings which they found helpful and felt that their views were taken into account.

We looked at induction information which included training and support in:

- Adult support and protection legislation and practice.
- Fire safety- and practice.
- Common induction standards.
- Supervision training.
- Health and safety.
- Infection Control.
- Food safety.
- Moving and assisting.
- Medication training.
- Control of substances Hazardous to health.

We found that a comprehensive induction programme was completed. We found that the service also provided other practical training, such as adult support and protection, continence training and team working. We saw through records, and speaking to staff that good training was in place to ensure that they had the skills to deal with dementia, frailty and life limiting conditions, risk assessment, and other training events designed around meeting the service users' needs. Training included, infection control and appropriate medication training which assists staff understanding of medication prescribing and good practice according to roles and responsibilities.

The staff team confirmed that they are benefiting from a range of both internal and external training opportunities to develop their skills and knowledge. Staff had access to, and were guided by Policies and Procedures and best practice guidance including Whistle blowing. Staff records included information about professional development and training.

All service users spoken with were very complimentary about staff who were described as very skilled, experienced and appropriately trained. They also stated that staff had an empathic understanding of the problems being experienced by service users.

All records sampled were seen to be respectfully written and detailed.

Staff spoken with, as part of this inspection demonstrated a clear understanding of their role in ensuring privacy. Staff were observed to offer support to service users in a manner which respected their dignity and privacy.

### **Areas for improvement**

Areas for improvement identified in this inspection were for the management team to clearly evidence a complete skills and knowledge audit with each staff member. (Please see recommendation 1 below).

Supervision of senior staff is undertaken by the manager with the senior staff undertaking the reviews of service users. The service required to take a more structured approach to supervision and yearly appraisals. The service and staff would benefit from a clearly planned approach with full date of the next supervision being identified. The notes of those meetings should include work identified with who has to complete this and the date that this has to be completed. Workers should all receive notes of those meetings which are signed by both parties. We saw on some supervision minutes evidence of the Codes of Practice and National Care Standards being discussed.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Recommendations**

**Number of recommendations - 1**

1. Recommendation with reference to Theme 3, Statement 3:

In order to develop the key worker role more effectively, the manager should ensure that a development plan is in place for each member of staff to address identified gaps in skills and knowledge. This should then enable all key workers to take part in the review process. This training plan should then be developed and delivered. This is in accordance with National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements and Standard



## Statement 4

“We ensure that everyone working in the service has an ethos of respect towards service users and each other.”

### Service strengths

We assessed how the service involved and responded to service users, relatives and stakeholders relating to staff being trained and motivated.

To do this we:

- Sampled some documents made available to us including life stories, risk assessments, management team, training audits, observed the staff practices, gathered feedback from external agencies, various minutes from meetings, care staff, reviewed recruitment and induction packs for staff and quality assurance audits.
- Met with several service users and relatives and a cross section of the staff team.
- Observed the way that staff supported and listened to service users and relatives.
- Reviewed the Care Standard Questionnaires returned to us by service users, relatives and staff.

Following consideration of sampled written evidence and feedback from management, staff and service users, this service was found to have a very good performance in relation to this statement.

There was a stable group of staff. Many have been working at this service for many years. All staff interviewed demonstrated a good knowledge of service user needs and how to meet them. Staff at all levels are accessing training to reflect their changing roles and individual needs. Specific training is organised where a gap in knowledge is identified.

**Areas for improvement**

The dementia training planned should continue to be prioritised to involve higher numbers of staff in order for the service to have a staff team who are all up-to-date with best practice information and are then better placed to make suggestions to the home being more dementia friendly.

**Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 4 - Good

### Statement 3

“To encourage good quality care, we promote leadership values throughout the workforce.”

#### Service strengths

We assessed how the service involved and responded to service users, relatives and stakeholders relating to management and leadership.

To do this we:

- Sampled some documents made available to us including four care plans, risk assessments, management team, training audits, observed the staff practices, gathered feedback from external agencies, various minutes from meetings, care staff, reviewed quality assurance audits.
- Met with several service users and relatives and a cross section of the staff team.
- Observed the way that staff supported and listened to service users and relatives.
- Reviewed the Care Standard Questionnaires returned to us by service users, relatives and staff.

Following consideration of sampled written evidence and feedback from management, staff and service users, this service was found to have a very good performance in relation to this statement.

In addition to the strengths identified under theme 1, statement 1, the complaints procedure was accessible to everyone and there was also a system in place that asked for any suggestions or opinions which allowed another avenue for assessing the provision of care. The manager had a high profile within the service.

We observed very good interactions between staff and service users in terms of providing care and support which were relaxed with a very good atmosphere. Comments from questionnaires from relatives and service users included:

Staff comments regarding management and leadership included:

"All staff are encouraged to attend training within and outwith the care home."

"I have had excellent encouragement and support."

## Areas for improvement

The surveys did not have an action plan. Such follow up plans should be used to be clear what action has been taken and ensure that no issues get 'lost' or forgotten about.

There is also a need to consider who best to obtain the views of those who may have communication difficulties or cannot take part in a meeting or fill in a survey. This action would assist to evidence staff's, service users' and carers' participation in the quality of management and leadership. (Please see recommendation 1 below).

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. Recommendation with reference to Theme 4, Statement 3:

To continue to develop leadership skills among all members of the staff team to enhance the key worker system, see Scottish Social Services Council's (SSSC) website for leadership guidance This is in accordance with National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing Arrangements and Standard.

## 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

We assessed how the service involved and responded to service users, relatives and stakeholders relating to management and leadership.

To do this we:

- Sampled some documents made available to us including life stories, risk assessments, management team, training audits, observed the staff practices, gathered feedback from external agencies, various minutes from meetings, care staff, reviewed quality assurance audits including falls analysis, accidents/incidents, medication audits, observations of competencies, AGM report 2015 and dementia training.
- Met with several service users and relatives and a cross section of the staff team.
- Observed the way that staff supported and listened to service users and relatives.
- Reviewed the Care Standard Questionnaires returned to us by service users, relatives and staff.

Following consideration of sampled written evidence and feedback from management, staff and service users, this service was found to have a good performance in relation to this statement.

Staff presented as being knowledgeable, committed and motivated to improving the lives of service users.

Quality assurance systems included surveys, a comments and suggestion scheme and external management monitor aspects of the service were undertaken to a good level. Quality Assurance monitoring systems have continued to be developed. Plans are being developed to consult with staff and people using the service as part of their ongoing self assessment.

The management team were aware of their responsibility to provide appropriate information and report relevant incidents to the care inspectorate. The management team used this to monitor aspects of the service, including accidents or incidents. This mechanism should be able to continue that the service are able to benchmark improvements with service delivery.

## Areas for improvement

All of the relatives interviewed stated that the manager is very approachable and visible in the house. She has an open door policy and is consistently available for relatives. They all stated that they felt that she listens to them and "did what she could".

The quality assurance systems used helped identify early gaps in meeting health care; however, audits could be further developed to assist in evidencing clearly positive outcomes for people living in this service.

## Grade

4 - Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. Recommendation with reference to Theme 4, Statement 4:

The quality assurance systems should be further developed to more effectively evidence service users' positive outcomes. This is to evidence that people living in the service have a staff team who effectively assess, meet and manage appropriately recent increased changing needs.

Planned systems are carried out at the frequency needed to drive up and maintain standards. National Care Standards, Care Homes for Older People, Standard 5: Management and Staffing arrangements.

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

### Previous requirements

1. The board members and the manager of the service must ensure that the service uses the recruitment procedure when employing anyone to work in the home. This is to ensure the fitness of the worker and the safety of residents.

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210): Regulation 9 "A provider must not employ any person in the provision of a care service unless that person is fit to be so employed."

Timescale: Immediately upon receipt of this report.

This requirement was made on 06 August 2014

Through discussion with the manager and evidence contained in staff files, this requirement has been met.

**Met - Within Timescales**

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

### Previous recommendations

1. The manager should develop activities which meet the needs and wishes of the residents and helps to stimulate and interest them. National Care Standards

**Lifestyle - social, cultural and religious beliefs or faith, Standard 12.**

**This recommendation was made on 06 August 2015**

Progress has been made however, people indicated that at times there was still little to do, therefore this recommendation has been repeated in this report.

## 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	
6 Aug 2014	Unannounced	Care and support	5 - Very Good
		Environment	4 - Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
3 Sep 2013	Unannounced	Care and support	5 - Very Good
		Environment	4 - Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good



11 Sep 2012	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 5 - Very Good 5 - Very Good
14 Dec 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
19 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
27 Jul 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 5 - Very Good
10 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
4 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
20 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed 4 - Good
10 Jul 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 3 - Adequate

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