

Care service inspection report

North Argyll House

Care Home Service Adults

Bealach-An-Righ

Dunollie Road

Oban

PA34 5TG

Telephone: 01631 562168

Type of inspection: Unannounced

Inspection completed on: 6 August 2014



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Service provided by:

North Argyll Eventide Home Association

Service provider number:

SP2003000073

Care service number:

CS2003000435

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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	5	Very Good

What the service does well

The service offers a safe and caring service to the residents. The building has been made homely and comfortable and visitors are made welcome at any time.

What the service could do better

We found that the service requires to develop the planned activities for the residents. We spoke with the Manager and the Chair of the Board and they told us that there are plans to develop this role.

The service must ensure that when a new member of staff is employed they always use their own Recruitment policies to safeguard the residents.

What the service has done since the last inspection

There is now a separate sluice room which prevents cross infection and allows staff to clean commode seats etc in a safe identified room.

We saw an improvement in residents' personal care plans. They are more clearly set out, well organised and there is evidence in the plans that other Health Care Professionals are involved with the care of the residents.

Conclusion

North Argyll House offers a homely, caring, personal service to the residents.

1 About the service we inspected

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

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

Requirements and recommendations

If we are concerned about some aspect of a service, or think it could do more to improve, we may make a recommendation or requirement.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service, but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate

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 24 residents living at the home.

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 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

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

What we did during the inspection

During this inspection we looked at:

- the registration documentation
- the insurance certificate
- maintenance records including fire tests
- policies and procedures including Infection Control and Protection of Vulnerable Adults
- the menus and the Quality Control system used in the kitchen
- 5 staff files including supervision and personal development
- 5 residents' care plans including reviews of service and involvement of Health Professionals for example optician, dentist and speech therapist.
- minutes of meetings including residents and relatives, staff and management.
- the Quality Assurance methods used by the manager to ensure that the standards of cleanliness in the home are achieved
- questionnaires given to residents and their relatives
- the service's website and the information book given to potential residents and their families
- minutes of the last AGM
- the training plan for the staff

We spoke with:

- the manager of the service
- the Chair of the Board
- the Treasurer of the service
- the chef and the assistant chef
- 5 carers
- 2 senior members of staff
- 2 domestic members of staff
- 20 residents and one relative
- one of the gardeners

We observed the premises and the garden and the way the staff interacted with the residents and with each other as a team. We also observed the staff changeover meeting.

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.firelawscotland.org

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

The practice of using the sluice for storage and domestic services should cease and a separate room should be used for domestic services.

National Care Standards Care Homes for Older People, Standard 4.3 Your Environment.

The service now has a separate sluice which is operational and the storage of domestic services is now also in a separate room.

The recommendation has been fully met.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

We received a self assessment from the service and this proved accurate to our findings on the day of inspection.

Taking the views of people using the care service into account

"(the chefs name) is a super chef"

"the food is very nourishing and varied"

"I prefer a knife and fork meal. It used to be sandwiches on a Sunday but we are now getting them on other nights"

"I don't mind the sandwiches. I like a meat sandwich and there is always a choice of sandwiches"

"you can choose when you get up. I am an early riser"

"It depends on what is on the telly. If it's good I'll go to bed later"

"I find the time long"

"it's good to sit outside in the fresh air"

"there is not enough stimulation, we can go for weeks without something going on"

"I'd like more things to do"

"I have a postal vote"

"we're looked after very well"

"you can see that the place is spotless. That's due to the cleaners, they work really hard here"

"the staff are lovely. They accept us for what we are. It's like a big family here"

Taking carers' views into account

"really enjoy working here. I feel that I have received a lot of training and can do my job well"

"You can speak to any of the staff and I know they would listen to me if I had any concerns"

"the staff sometimes have bingo and board games with the residents"

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 saw that the service is very good at involving residents and their relatives and we awarded the service a very good grade for this Quality Statement. We decided this after we spoke with the manager of the service, staff members, a relative and residents. We also looked at minutes of various meetings including staff, residents and relatives and a residents' meeting about the menu.

We saw yearly questionnaires which had been recently returned to the service and were being collated. They all appeared to report that most people were very happy with the service and felt that they were consulted about the service delivered. This was also reported in the Care Inspectorate's Care Standards Questionnaires which were returned to this office.

Residents and relatives told us that the manager has an open door policy and staff were also available to residents at any time. We saw the manager acting quickly to support a resident and we were told that this is a normal response.

We found evidence in the residents' personal files of regular 6 monthly reviews of their service. It was also clear that relatives and other professionals also attended where appropriate.

We were told that the manager listens to concerns from residents. A resident told us that a request for a room with a view was discussed with the manager and when one became vacant this was offered to the resident.

Residents told us they felt involved with the service and stated that they had been involved in the planning for the future structural development of the home.

The manager told us that the Participation Strategy is almost completed.

Areas for improvement

The manager should complete the services Participation Strategy as soon as possible and arrange staff training to enable staff to fully implement this strategy.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found that the service was very good at ensuring the residents' health and welfare needs were being met. We decided this after we spoke with the manager and staff and the residents and looked at personal plans, risk assessments, minutes of review meetings and menu planning.

We saw in residents' individual plans that each resident had a signed contract of residency. We also saw that up to date care planning took place which included when necessary risk assessments, dependency assessments with evidence that staffing levels have been increased to meet increasing needs.

We saw that where there were concerns fluid charts were kept and saw that juice, squash or water were available in the lounges. The staff came round with tea, coffee or hot chocolate at regular intervals.

We saw that each resident had an identified key worker who was responsible for keeping the individual care plans and files up to date. Residents knew their key worker.

We spoke with the chef and he showed us the individual information he had gathered on residents' likes and dislikes, allergies, special diets and special textured foods. We observed residents at lunch and breakfast and the food was well presented and the residents were clearly enjoying their meal. Residents told us that "the food is always good and there's always a choice" and "the soup is excellent". We saw staff assisting residents in a calm unhurried manner and when the resident required assistance with eating this was carried out in a dignified, caring way.

Due to the increasing level of residents suffering from Dementia staff and management are attending a Stirling University course in Dementia. The manager told us that so far four members of staff have completed this course.

We spoke with the maintenance staff and saw that fire tests were undertaken weekly and recorded. We were told that there is an individual evacuation plan for each resident.

We saw the new sluice in operation and staff told us of the cleaning routine regarding the equipment.

We saw that all residents were very clean and tidy and their clothing was freshly laundered and consideration had been given to matching their clothes.

Areas for improvement

The manager should continue to develop the very good work identified above.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

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

The service was awarded a good grade for this Quality Statement. We decided this after we spoke with the Manager and staff and looked at the environment.

When we visited the home was very clean and odourless. We saw residents clothing was folded away neatly in their drawers and residents were happy with the laundry service.

We saw the well decorated lounges and individual rooms with the residents stating that they were consulted in choosing the colours and paper.

We looked at maintenance records for equipment for example hoists and wheelchairs and found the records to be up to date and the equipment was well maintained and in good repair.

We were told by some residents that they liked living in the home and enjoyed choosing the decoration for their rooms. One resident told us that she enjoyed looking out her window as she could see most of Oban and the view to the bay.

We were shown records of fire training and this was ongoing and fire drills carried out weekly.

Fire alarms are tested weekly and all doors and windows checked and recorded. Emergency lighting was also tested and recorded.

We saw the entrance gate was secure by means of a dementia safe lock and we observed staff taking residents out into the safe garden.

We saw that staff knew the residents well and we observed a member of staff watching a resident to ensure that if she was unable to get up from her chair the staff member would help. This allowed the resident a measure of independence while ensuring her safety.

Areas for improvement

We saw that some of the doors on the bottom floor required painting.

We saw that a part-time admin assistant was being employed to work within the home without the service using their own recruitment procedure which would ensure the safety of residents.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

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.

Statement 3

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

Service strengths

We decided that the service would be awarded a good grade for this Quality Statement. We decided this after we spoke with residents, the manager and staff and looked at the notice boards.

We saw that birthdays and special occasions are celebrated and residents stated they enjoyed those.

We saw that the service has an open door policy which allows relatives and friends to visit at any time.

We looked at minutes of residents' and relatives' meetings and staff meetings and found that staff were looking at ways to improve the residents lives by making them more enjoyable and interesting. Activities that were suggested and had taken place included music in hospitals and Sparkle reminiscence afternoons and while acknowledging those activities were interesting some residents stated to us that this area needs further development.

We were told that there is a loop system installed in the building which will benefit residents who have hearing difficulties.

We were told that a new call system has been installed which is user friendly allowing service users more independence without compromising their freedom.

Staff meetings take place and the minutes are displayed in the staff room. Any member of staff who has been unable to attend must read and sign as read the minutes. This allows all staff to be up to date with any discussion and decisions that have taken place.

Areas for improvement

Some residents told us that the manager and staff need to look at activities for them to do as "the days can be long". The manager and staff should look at identifying each resident's skills and interests to enable an activities service developed around the identified interests of the residents. The residents would also benefit from individual outings to places important to them.

It is very important that residents still feel that they are part of the community and we discussed various ways that this could be achieved including looking for volunteer drivers to take the residents down the town to events etc.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The manager should develop activities which meet the needs and wishes of the resident and helps to stimulate and interest them.

National Care Standards Lifestyle - social, cultural and religious beliefs or faith, Standard 12

This should be completed within 4 months of this report.

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 decided that the service would be awarded a very good grade for this Quality Statement. We decided this after we spoke with staff and looked at their personal files. We also spoke with the manager and looked at the training plan for the service. We observed staff working with and supporting residents.

We saw staff working with residents and treating them with care, respect and dignity. We also saw staff having a laugh with residents and being thoughtful and caring while assisting them to eat.

We saw the training plan for the service and saw the evidence in staff files of them attending training and obtaining qualifications. Staff spoken with during this inspection all stated that they felt that their training had enabled them to feel confident in carrying out their duties with confidence.

We looked at individual staff files and saw that they were well organised and included evidence of supervision and personal development taking place.

Staff returning from sick leave received a return to work interview which was recorded. This ensures that the staff member is fit to resume work and safeguards the residents and other staff members.

Care staff and domestic staff all receive vocational training and complete evaluation forms on the appropriateness of the training.

We were told that senior staff are undertaking an HNC (Higher National Certificate) in Dementia and this will be completed later this year.

Staff meetings take place and minutes are distributed to all staff.

Areas for improvement

The manager should have a date plan for all supervision and those should take place on a more regular basis. Minutes should be produced and signed and dated by the supervisor and the supervisee as being an accurate record of the discussion. The date of the next supervision should also be recorded.

Training in supervision and personal development should be offered to senior staff. This will enable the distribution of supervision to be shared among all senior staff.

The manager of the service should receive regular support and supervision from the Chair of the Board. This should be a 1 to 1 meeting and should be minuted. This should take place possibly on a six week basis or more often if required. This will not only offer support to the manager but ensure that she is able to discuss any issues with her manager.

The service would benefit from more discussion at team meetings of the National Care Standards.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

We saw that the staff were performing at a very good standard and awarded them a very good grade for this Quality Statement. We decided this after we observed staff providing a service to the residents and working together.

We observed staff working as a team and supporting and encouraging each other to deliver the best service to the residents.

All staff have copies of the SSSC code of practice.

We observed some very caring support being given to residents, for example staff getting down to the same level as the person in the chair to talk with them and waiting to be answered when they knocked on a resident's room door in the morning. We also heard the resident being asked if they wanted their curtains opened or not.

We were told by the Lay Inspector that she observed the staff as being "cheerful, patient and treating residents with care and respect".

Areas for improvement

The service should continue to develop respect towards each other and residents.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

We found that the service was operating at a very good level in the way residents, relatives, staff and external stakeholders were involved in assessing the quality of the service. We decided this after we spoke with residents and their relatives and staff.

Yearly questionnaires are issued to residents, relatives, staff and visiting health professionals. Those ask about the quality of the service provided.

Residents and relatives are informed of discussion at meetings by minutes of those meetings being made available for them to read. The manager welcomes comments and suggestions which could improve the quality of the service.

We were told that a resident takes part in Management committee meetings and reports back to other residents.

The management hold a yearly Annual General Meeting and residents and their carers can attend. Minutes are available if anyone asks for them.

We looked at the services Policies and Procedures and found them up to date and appropriate. Those looked at included Whistleblowing Policy, Health and Safety, Nutritional Policy, Infection Control and Protection of Vulnerable Adults.

We were told that the service's website is now available and people can use it to gather information about the service.

Areas for improvement

In the service questionnaires the manager should include a question about her role in the service. This could be achieved by residents and their relatives being asked how her role could be developed.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The service was awarded a very good grade for this Quality Statement. We decided this after speaking with the manager and looking at the finances held within the home. We also saw the quality control systems the manager uses to ensure that the resident receives the best possible service.

We saw the quality control used to ensure that the home is clean and we observed the manager checking on the level of cleanliness.

We saw the 6 weekly quality control used by the kitchen to ensure that the high level of cleanliness is maintained.

We were told that residents' personal plans were reviewed by senior staff on a monthly basis and any action required taken. We saw evidence of this in the personal files.

We heard that residents are aware of the complaints procedure. They all stated that they would discuss it with the manager before they took any formal steps.

We were told that the chef has tasting sessions and residents reported they enjoyed those.

We saw the minutes of a meeting regarding the quality of the food being served to the residents.

We looked at the funds held by the manager and her staff and saw that the invoices tallied with the amount in the float held. The treasurer of the management committee is responsible for invoicing and receiving monies for the service. We were told that this is audited yearly and presented at the yearly Annual General Meeting for the Board to approve.

Areas for improvement

The service should continue to develop the quality assurance recording presently being used.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Due to the change in the chef's hours sandwich teas are served about three nights a week. This has been discussed with the residents and their relatives and some of the residents do not enjoy those teas. The management are presently looking at ways of again providing "fork and knife teas" seven days a week.

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 4 - Good	
Statement 2	4 - Good
Statement 3	4 - Good
Quality of Staffing - 5 - Very Good	
Statement 3	5 - Very Good
Statement 4	5 - Very Good
Quality of Management and Leadership - 5 - Very Good	
Statement 1	5 - Very Good
Statement 4	5 - Very Good

6 Inspection and grading history

Date	Type	Gradings	
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	5 - Very Good
		Environment	4 - Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
14 Dec 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed

Inspection report continued

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

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ہے بایتسرد می ونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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

ی.رخأ تاغل بو تا قیسن تب بلطلا دن ع رفاوتم روشنملا اذه

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Telephone: 0845 600 9527

Email: enquiries@careinspectorate.com

Web: www.careinspectorate.com