

South Lodge Care Home Service

29 Racecourse Road
Ayr
KA7 2TF

Telephone: 01292 268289

Type of inspection:

Unannounced

Completed on:

4 July 2018

Service provided by:

South Ayrshire Council

Service provider number:

SP2003003269

Service no:

CS2003001315

About the service

South Lodge is a care home for older people located close to the seafront and approximately half a mile from the centre of Ayr.

The service provider is South Ayrshire Health and Social Care Partnership.

The service can accommodate up to 39 residents. However, the top floor had been closed and the service was operating at reduced capacity.

There were 17 people living within the service during the inspection period.

The building has three floors with the main hub of the service being on the ground floor. All bedrooms are single with wash hand basin, there are no en-suite toilet facilities. Communal bathrooms and shower facilities were available on each floor.

The property has ramped access and a passenger lift. The large surrounding gardens and grounds are level. There is ease of access to a nice outside sitting area just off the main foyer. The dining room had been recently refurbished and offered a pleasant area for meals.

There were a variety of sitting areas and a small hair dressing salon.

The stated aim of South Lodge is:

'To promote and provide a suitable homely environment for older people, to enable them to live as independently as possible'.

What people told us

Prior to the inspection we sent out satisfaction questionnaires to help gauge people's views of the service. Ten people using the service returned questionnaires of these nine "strongly agreed" and one "agreed" that overall they were happy with the quality of care provided.

All comments were positive such as " I can't think of any way the service could improve"; "I couldn't ask for more"; "I'm settled here and wouldn't want to be anywhere else."

Five relatives returned questionnaires. Of these four "strongly agreed" and one "agreed" they were happy with the quality of care provided.

Again most comments were positive such as "in the last few months I've seen improvements in staff, environment and atmosphere, the current manager seems to be bringing the place back to the standards my relative experienced previously, our confidence is returning."

"My relative is well cared for and happy at South Lodge"

"My relatives care and welfare are second to none in every aspect."

"I cannot praise the staff highly enough, the care home is perfectly aligned with my relatives care needs and I am reassured of this with every visit."

Self assessment

The service were not asked to complete a self assessment prior to this inspection.

From this inspection we graded this service as:

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

Quality of care and support

Findings from the inspection

Residents should expect to feel safe and protected, treated as individuals and with respect. We observed very calm and respectful interactions between staff and residents. Residents told us they felt reassured by the fact staff knew them well and understood their needs. There were regular residents and relatives meetings. Also a survey was used to help obtain views. Action plans showed the service acted on suggestions. This meant residents' views were heard and responded to positively.

Residents' wellbeing is enhanced if they can live life as they want to. We observed choices being offered and plans to support individual preferences. The personal plans we sampled were detailed and easy to follow. This helps staff to support residents in ways they prefer taking account of individual needs.

Residents were able to enjoy regular trips out. This was popular and all residents were able to have a turn as the vehicle accommodated wheelchair users as well as more able people. There were chances to engage in activities and regular entertainment took place. This helped residents feel engaged with the local community.

The standard of food and choices provided was of a high quality. Residents told us they enjoyed the meals and snacks provided.

In order to support resident's health and well-being better, elements of the personal plans could be improved. These included use of the nutritional risk assessment, plans to reduce pressure sores and falls risk and prevention plans. See recommendation 1.

Residents or their representative should be supported to express their views as to what should happen in the event of a sudden deterioration in their health. Staff had not had sufficient training and records were not in place to ensure everyone was aware of how such events should be managed. See recommendation 2.

There were a small number of residents who could not manage their own finances and needed support from the care provider. These residents should expect regular discussions to be held to inform them of how much money they have and assist them to spend their money in their own best interest. We could not see this subject being brought up at reviews for discussion or how the care home manager could assist as the care provider lacked systems to ensure this would happen. This needed improvement to ensure residents' rights are protected and they can live life as fully as possible. See recommendation 3.

Residents should expect medication to be managed safely in a way that can be fully tracked and audited. This helps to ensure medications can be accounted for and have been administered correctly. We found deficits in how controlled medications were recorded as they arrived and were used within the service. Standard medications could also not be tracked easily due to the system in use. Discussion took place as to how to improve this and guidance was supplied. See Requirement 1.

Requirements

Number of requirements: 1

1. The service provider must ensure there are accurate records of medicines [including stock balances] for the use of service users.

- This includes medicines which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service.
- Review the medication policy and procedures to ensure this reflects best practice.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people and Scottish Statutory Instrument 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale for improvement: By 30 October 2018.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.24 Any treatment or intervention that I experience is safe and effective.

Recommendations

Number of recommendations: 3

1. The service provider should review elements of the personal plans to ensure they are effective in identifying risks, setting out clear plans of care and use records which record day to day care as needed.

This is with particular reference to use of:

- MUST nutritional risk assessment tool, food and fluid charts.
- Skin records, some used unnecessarily and needs more regular use if needed.
- Multi-factorial risk assessment for falls prevention. Needs to be better understood as a tool for developing a falls prevention plan.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.15 My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

2. The service provider should ensure advance care planning is introduced. This may involve links with external support to assist in staff training and agree the format to be used. Information should be supplied to the G.P. so

that everyone is aware of agreements reached as to what should happen in the event of a sudden deterioration in condition.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.7 I am supported to discuss significant changes in my life, including death or dying, and this is handled sensitively.

1.14 My future care and support needs are anticipated as part of my assessment.

3. The service provider should ensure residents who need support to manage their finances have regular points of discussion as to how this is going and ensure spending can take place in the individual's best interest. This may enable the identification of aspirational goals which the service can help the individual to meet.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

1.6 I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential.

2.5 If I need help managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We found significant improvements to the environment of South Lodge since our last inspection. Residents benefited from easy access to a pleasant outdoor courtyard and could spend time in the garden. The open doors, nice seating and interesting plants encourages people to get outside which is beneficial to health and well-being. We saw this was well used in the nice weather.

The dining room and foyer sitting area were refurbished and residents commented they liked the new décor and were involved in choosing it. This helps to give a sense of involvement.

Residents should expect the care home to be safe and well maintained. We found most areas were nicely decorated and well kept. Health and safety checks in place to ensure resident's safety. An improvement was in progress with the installation of steriliser machines for toileting equipment, this helps with infection control. Some small areas of redecoration were still in progress in the upstairs areas. Staff practices in terms of pad disposal and tipping dirty water from mop buckets needed improvement. This will be checked at the next inspection.

Residents should expect the design of the home to be suitable to meet their needs. There were good aspects to the design in terms of the mix of private and communal spaces available. The shared bathrooms were of a high standard with adapted baths and good space for showering. Some further improvement could be made by increasing the provision of adapted shower/ commode chairs to improve access from bedrooms to shared facilities. See recommendation 1.

Most residents have dementia or other forms of cognitive impairment and so should expect the layout to be adapted to suit their needs. Some signage was in place to help with way finding and further adaption could take place. For example by reviewing the use of sensor lights which may cause confusion and increasing the use of colour and contrast.

With the reduced numbers of residents the service was calm and homely. Consideration should be given to future use of the upstairs spaces. These could be enhanced by creating more dining spaces with access to drink/snack making facilities. This helps support a small group living setting which can help residents feel safe and increase independence.

Further improvement could be made to the facilities by the provision of en-suite toilets. This could increase the privacy and dignity for toilet use and reduce the need to use commodes.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service provider should increase the provision of wheeled shower/commode chairs to provide ease of access to shared facilities.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

5.2 I can easily access a toilet from the rooms I use and can use this when I need to.

5.16 The premises have been adapted, equipped and furnished to meet my needs and wishes.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We heard very positive comments about staff from residents and relatives. There were positive relationships and this helped residents feel confident in the staff group. There was little change to the staff group and this stability helped as resident's needs and preferences were well known.

Residents should expect staff to be trained competent and skilled. On speaking with staff we heard improvements had resulted in better morale and team work. Examples included reviews of roles and reintroduction of keyworkers. Staff we spoke with were clear about their roles, had the necessary qualifications and registration with Scottish Social Services Council. This helps provide public reassurance and ensure standards of care are consistent.

In order to be able to meet residents' needs we expect staff to be deployed appropriately. Changes had been made to the use of the building and the top floor closed off. A daily allocation helped staff to be deployed to where

they were most needed. Staffing numbers were suitable to meet people's needs as there were a reduced number of residents living at the service.

We expect staff to interact positively and have an understanding of people with dementia. During one period of mealtime observation we found most interactions were quite neutral. This meant residents may have benefited from more interaction to explain the choices. For example using real life examples of meal options. We signposted the manager to an observational tool which could be used with staff to help build confidence in this area.

Some further development in key subject areas such as dementia care, infection control and palliative care would be beneficial. See recommendation 1.

Although there was a record of staff training this did not include sessional staff. We could not be sure of what training had been completed or when. This needed to be improved so residents can be sure all staff have the skills to meet their needs. See recommendation 2.

It is good practice to have one to one sessions with staff to support practice development. Progress was being made in the introduction of a supervision and appraisal framework. However, this system was in early stages and it was not possible to fully assess what impact this was having on outcomes for residents. Some further development was needed to ensure dates were tracked and reallocated if necessary as some sessions had not happened as planned. This will be checked at the next inspection.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service provider should further develop staff skills in key subject areas such as dementia care, infection control and palliative care. In order to do this consideration should be given to use of "champions" or "leads" to help drive improvement.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

2. The service provider should review how training is tracked and delivered to ensure agreed mandatory subjects are kept up to date and additional desirable subjects added to ensure all staff have the necessary skills to care for people.

In order to do this:

- Decisions should be made on which type of training is sufficient and how often it should be refreshed.
- Tracking systems should be revised to show rates of completion and ensure monitoring and chase up can be completed easily.

- Sessional staff should be included within the training system as these staff are used regularly and form an essential component of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

4.11 I experience high quality care and support based on relevant evidence, guidance and best practice.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

People told us there was increasing confidence in the way the service was managed and led.

Resident's views had been collated and were contributing to improvement plans for the service. This meant residents could be confident their views were listened to.

An improvement plan was in use but this was in the early stages of development and it was hard to assess the impact on outcomes at this inspection.

Key staff were working on the Step into Leadership programme. This helps staff to increase their skills and supports them to be more effective in the roles they have.

Residents should expect the service to have quality assurance systems in place that help ensure safe, positive and improving outcomes. Although there were elements of quality assurance taking place this needed further development. For example there was no overarching quality assurance policy setting out how the service was to be monitored and what methods would be used.

Audits are often used to drive up standards. However, the service had not used these to best effect. For example the medication audit had not highlighted deficiency in record keeping. A review of how audits are used and development of a responsive audit cycle would be beneficial if used correctly.

A new external management audit had recently been introduced and this provided an improved approach which could be built on.

See Requirement 1.

Requirements

Number of requirements: 1

1. The provider must review quality assurance systems and processes to ensure the quality of the service is improved.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale: By 30 October 2018.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

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

Previous requirements

Requirement 1

The provider must improve the assessment of resident needs and care planning processes to reflect the current needs of residents, in accordance with best practice guidance, with evidence on how service user needs are being consistently met with the plan being followed on a daily basis. This includes:

- a) completion of the appropriate best practice assessment tools and personal risk assessments, including but not limited to MUST (a nutritional screening tool), falls risk assessment and pressure area care;
- b) implementation and updating of care planning documentation for all residents, including advice provided by health professionals;
- c) continuation on development of the content in personal plans, to ensure plans fully address and provide staff with guidance on how needs of residents are to be met, in accordance with individual preferences. This includes any legal documentation, such as Adults with Incapacity certificates, Do Not Resuscitate, Power of Attorney information; and
- d) ensuring use of a robust care plan audit tool to ensure care plans are monitored regularly.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - a requirement to make the proper provision for the health, welfare and safety of service users.

This requirement was made on 22 September 2016.

Action taken on previous requirement

Personal plans were of a good quality. However, further improvements could be made. A recommendation has been made in this report.

Met - outwith timescales

Requirement 2

The provider must:

- a) set up an effective, safe storage system for medication in accordance with best practice and current legislation. This includes the daily monitoring of temperatures within the environment in which they are stored to promote maximum efficacy of the medication and handling of medication keys;
- (b) ensure there is no ambiguity around the instruction on the prescription, medication record, dispensing label and care plan information. Handwritten amendments must be appropriately recorded on the MAR chart;
- (c) ensure that staff have received appropriate training to support them to safely administer medications and understand accurate information, which allows them to monitor residents' medication and the condition it has been prescribed for. This might include when a medicine is started, who prescribed it, what it is for, where it has to be applied (ointment, eye drops, etc.), how long it has to be used for, when it should be reviewed, any tests or monitoring needed or if an accompanying behavioural chart, pain chart etc., is needed. Use of carers notes should reflect when medication has not been administered or when medication has been administered outwith routine administration times. This should be supported by the use of an 'as required administration protocol';
- (d) ensure medication is administered as instructed by the prescriber. In order to achieve this, they must ensure that medication is available at the care service at the time it is due for administration. Where a regular medicine is not given as prescribed, a reason for this must be clearly annotated on the MAR chart;
- (e) ensure there are accurate and current records of medicines [including stock balances] for the use of service users. This includes medicines which are received, carried over from a previous month, administered, refused, destroyed or transferred out of the service; and
- (f) ensure medication policy reflect best practice, appropriate legislation and is implemented within the service.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people and Scottish Statutory Instrument 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents and National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements and Standard 15: Keeping well - medication.

This requirement was made on 22 September 2016.

Action taken on previous requirement

Elements e and f of this requirement were not met. A new requirement reflecting these elements has been made in this report.

Met - outwith timescales

Requirement 3

The provider must ensure that all staff have a clear understanding of their roles and responsibilities to use appropriate knowledge and skills to undertake the role for which they are employed.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of people; Scottish Statutory Instrument 2002/114 Regulation 9 (2)(b) a person who does not have the qualifications, skills and experience necessary for the work that the person is to perform and Regulation 15 (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This requirement was made on 22 September 2016.

Action taken on previous requirement

Staff demonstrated clear understanding of their roles and responsibilities.

Met - outwith timescales

Requirement 4

The provider must identify appropriate numbers of staff to provide appropriate care and supports to service users through use of assessment of levels of dependency. To enable this, the provider must:

- keep individual records for all service users of four weekly assessments of physical, social, psychological and recreational needs and choices and show how this will inform the direct care hours for the individual;
- keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four-week period. This will take into account the aggregated information of the physical, social;
- psychological and recreational needs and choices in relation to the delivery of care for all individuals over any 24-hour period, also taking into consideration the physical layout of the building; and
- the provider must review current staffing levels in the service over the 24-hour period to ensure that there are sufficient staffing in such numbers as to meet the care needs of service users; and - ensure that the overall assessment of staffing levels with appropriate deployment is made available to any visitor to the service and everyone using it.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 15 (a) Staffing. SSI 2011/210 Regulation 4 (1) (a) Welfare of Service users.

This requirement was made on 6 August 2015.

Action taken on previous requirement

Appropriate numbers of staff were available to meet residents needs.

Met - outwith timescales

Requirement 5

The provider must ensure that at all times appropriate staff are employed to work within the service, who have appropriate knowledge and skills to provide relevant and consistent care and support to residents in a safe and robust manner.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 15(a) – a requirement for a provider to ensure that at all times suitable qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare and safety of service users and National Care Standards, care homes for older people – Standard 5: Management and staffing.

This requirement was made on 7 August 2017.

Action taken on previous requirement

Training records did not include sessional staff. A recommendation has been made in this report.

Met – outwith timescales

Requirement 6

The provider must review quality assurance systems and processes to ensure the quality of this service is improved.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 3 – Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users and affords them choice in the way in which the service is provided to them.

This requirement was made on 22 September 2016.

Action taken on previous requirement

A new management audit had been introduced. However, there had not been sufficient review of quality assurance systems. We found deficits in medication recording which had not been picked up through internal audit. Some issues exist regarding tracking of supervision and training. These elements should be improved and linked to a more robust management report which can then be escalated to regional manager and provide an overview of the service. Improvement plan still needed to develop.

An overarching quality assurance policy could be helpful in setting out what checks will be done, by what method and how frequently.

Not met

Requirement 7

The provider must ensure that the quality of management and leadership for the service is improved. Managers and seniors must have a clear overview of the different elements of the service and ensure that staff are aware of their roles and responsibilities, that systems and routines are person-centred, efficient and effective and there are strong leadership values promoted throughout the staff group.

This is in order to comply with Scottish Statutory Instrument 2011/210 Regulation 4 (1) (a) welfare of service users.

Timescales for implementation: Within one month on publication of this report.

This requirement was made on 6 August 2015.

Action taken on previous requirement

Step into Leadership programme now underway. Greater stability of management. Improvements were seen which indicate greater confidence in management and leadership of the service.

Met - outwith timescales

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

Previous recommendations

Recommendation 1

Planning and delivery of support should consider the needs, beliefs and interests of residents to assist them to achieve their potential.

National Care Standards, care homes for older people - Standard 6: Support arrangements, Standard 8: Making choices and Standard 14: Keeping well - healthcare.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

Aspirational goals could be teased out to a greater extent. Reviews show some outcome focus and this is positive.

Recommendation met.

Recommendation 2

A consistent staff team should be available who are appropriately trained to complete appropriate documentation, including assessment tools to meet the needs of residents.

National Care Standards, care homes for older people - Standard 6: Support arrangements and Standard 14: Keeping well - healthcare.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

Staff team was more settled and working well together.

Recommendation met.

Recommendation 3

The role of the keyworker should be clarified to support staff as they strive to achieve the best outcomes for individual residents.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

This recommendation was made on 21 September 2017.

Action taken on previous recommendation

Keyworkers could describe their roles confidently.

Recommendation met.

Recommendation 4

Updates to training for staff on best practice guidance and legislative requirements should be made available to improve outcomes for residents. This includes Mental Welfare Commission guidance.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

Documents were in place to support clarity of residents legal status. No issues identified.

Recommendation met.

Recommendation 5

Promotion of safety through monitoring of door entry system would enhance wellbeing of residents.

National Care Standards, care homes for older people – Standard 5: Management and staffing arrangements and Standard 4: Your environment.

This recommendation was made on 21 September 2017.

Action taken on previous recommendation

No issues identified.

Recommendation met.

Recommendation 6

The service should use the Kings Fund Environmental Tool to assist in improving the environment, including residents with sensory impairments.

National Care Standards, care homes for older people – Standard 4: Your environment.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

The service should further consider lighting and signage around the home. Progress was seen.

Recommendation met.

Recommendation 7

Infection control training for staff should be updated to ensure appropriate procedures are implemented. Staff should be aware of and implement company policies and procedures for infection control and health and safety.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements and Standard 4: Your environment.

This recommendation was made on 21 September 2017.

Action taken on previous recommendation

Issues with transport of used pads and lack of double bagging but otherwise no issues noted. Improvement made to sluice room and hand wash facility.

Recommendation met.

Recommendation 8

The service manager should ensure that all staff receive regular and consistent formal one-to-one supervision sessions to gain oversight and knowledge of staff strengths, and knowledge to monitor how this is demonstrated through practice to ensure resident needs are met. Details of discussions held and actions to be taken should be recorded and signed by both parties. Learning and development plans should be written for each individual staff member as a part of the supervision and appraisal process, which should link in with service user need and best practice and provide staff the opportunity to reflect on their practice.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

A framework was in place for staff supervision. Some of this had not been carried out as planned. Further development is needed to improve tracking and quality of supervisions. This will be checked at future inspections.

Recommendation met.

Recommendation 9

The manager should promote ongoing training for each staff member relevant to their job role.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

This recommendation was made on 21 September 2017.

Action taken on previous recommendation

Staff had SVQ and HNC qualifications. There was regular mandatory and other training available. Some of this was on-line and some was face to face. We noted these different types of training made it hard to track who had completed what and it was unclear what training gaps existed. We have made a revised recommendation in this report.

Recommendation 10

To support positive outcomes for residents, the manager should monitor the effectiveness of team working between all disciplines of staff.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

This recommendation was made on 21 September 2017.

Action taken on previous recommendation

Positive feedback from residents, relatives and staff on all aspects of care and support. Appears positive outcomes are being met.

Recommendation met.

Recommendation 11

The provider should use the Promoting Excellence Framework, Scottish Government 2011 to review staff training and development to ensure that staff have the necessary knowledge and skills to meet the needs of people with dementia. This should include training at skilled and enhanced level for all staff working directly with residents.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements and Promoting Excellence Framework, Scottish Government 2011.

This recommendation was made on 6 August 2015.

Action taken on previous recommendation

Staff had been working through all five modules with the training being supported by an external professional. Further development on care for people with dementia should take place to ensure awareness of the dementia standards and continue to build the skills of staff.

Recommendation met.

Recommendation 12

To streamline information contained within files would ensure appropriate information was more easily accessible to ensure service users are protected.

National Care Standards, care homes for older people - Standard 5: Management and staffing arrangements.

This recommendation was made on 21 September 2017.

Action taken on previous recommendation

New format of personal plans had been introduced and was continually being developed. There was a monthly personal plan audit in place.

Recommendation met.

Recommendation 13

The manager and provider should review and enhance the development plan for the service with acknowledgement of issues raised through the quality assurance system.

National Care Standards, care homes for older people - Standard 4: Your environment, Standard 5: Management and staffing arrangements and Standard 9: Feeling safe and secure.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

An improvement plan was in place this was in the early stages of development. Further work was needed to ensure outputs of audit and checking were recognised and fed into the improvement plan. This links with Management and Leadership section and Requirement made in this report to improve quality assurance systems.

Recommendation 14

Appropriate review of procedures for acceptance of longer term residents or those on respite should be reviewed with clear criteria to meet the needs of all service users.

National Care Standards, care homes for older people - Standard 1: Informing and deciding, Standard 5: Management and staffing arrangements and Standard 6: Support arrangements.

This recommendation was made on 22 September 2016.

Action taken on previous recommendation

This recommendation was not applicable as there had been no new admissions or residents attending for respite.

Recommendation 15

The provider should make improvements to the review system by:

- developing a clear system of tracking and scheduling; and
- ensure that minutes of reviews are available timeously and that assessments and care plans are updated to reflect the most recent review.

National Care Standards, care homes for older people - Standard 11: Expressing your views.

This recommendation was made on 6 August 2015.

Action taken on previous recommendation

A review schedule was in place and being monitored by the care home manager.

Recommendation met.

Recommendation 16

The provider should ensure that quality surveys are evaluated and action plans produced to show how issues raised or suggestions made will be addressed and how this information is communicated to all stakeholders concerned.

National Care Standards, care homes for older people - Standard 11: Expressing your views.

This recommendation was made on 6 August 2015.

Action taken on previous recommendation

Surveys had been undertaken in 2018. Some of the results had been fed into the improvement plan.

Recommendation 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 Jan 2018	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
7 Aug 2017	Unannounced	Care and support Environment Staffing Management and leadership
		2 - Weak 2 - Weak 2 - Weak 2 - Weak
10 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
12 Aug 2016	Unannounced	Care and support Environment Staffing Management and leadership
		2 - Weak 2 - Weak 2 - Weak 2 - Weak

Date	Type	Gradings
9 Mar 2016	Unannounced	Care and support Environment Staffing Management and leadership
		Not assessed Not assessed Not assessed Not assessed
6 Aug 2015	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
25 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 2 - Weak 3 - Adequate 2 - Weak
10 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 4 - Good 4 - Good
15 Oct 2013	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 3 - Adequate 4 - Good 4 - Good
16 Oct 2012	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 3 - Adequate 3 - Adequate 4 - Good
25 Jan 2012	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate Not assessed Not assessed
9 Aug 2011	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate Not assessed Not assessed

Date	Type	Gradings
29 Oct 2010	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership Not assessed
26 Jul 2010	Announced	Care and support 3 - Adequate Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
9 Feb 2010	Unannounced	Care and support 5 - Very good Environment Not assessed Staffing 4 - Good Management and leadership Not assessed
21 Aug 2009	Announced	Care and support 5 - Very good Environment 5 - Very good Staffing 4 - Good Management and leadership 5 - Very good
26 Jan 2009	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 4 - Good Management and leadership 4 - Good
28 Aug 2008	Announced	Care and support 4 - Good Environment 5 - Very good Staffing 4 - Good Management and leadership 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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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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