

DUNDEE CITY COUNCIL

REPORT TO: SCRUTINY COMMITTEE - 13TH JUNE 2012

REPORT ON: UNANNOUNCED INSPECTION OF TURRIFF HOUSE CARE HOME FOR OLDER PEOPLE BY SOCIAL CARE AND SOCIAL WORK IMPROVEMENT SCOTLAND - 18 NOVEMBER 2011 AND 14 FEBRUARY 2012

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 227 - 2012

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to report on the findings of the unannounced inspections of Turriff House Care Home carried out on 2 and 3 November 2011, and on 14 February 2012.

2.0 RECOMMENDATIONS

It is recommended that the Scrutiny Committee:

2.1 notes the contents of this report; and

2.2 requests that the Director of Social Work monitor the progress made towards improving this service and notes the improvement in grades at the February 2012 inspection.

3.0 FINANCIAL IMPLICATIONS

3.1 None

4.0 MAIN TEXT

4.1 Turriff House received unannounced inspections on the 2 and 3 November 2011, and on 14 February 2012 by the Care Inspectorate. The report of the findings were published on 18 November 2011, and on 14 February 2012.

At the time of the inspections there were 32 older people resident at Turriff House.

The Care Inspectorate focus of inspection targeted the following Quality Themes;

- Quality of Care and Support (statements 1.1, 1.3)
- Quality of Staffing (statements 3.1, 3.3)
- Quality of Management and Leadership (statements 4.1, 4.4)

4.2 Outcome of the unannounced inspections

4.2.1 At the February 2012 inspection the service received a very positive report. The summary of the report stated:

'What the service does well

The care home is clean, well maintained and visitors are made welcome. There is open visiting which means people can see their families and friends at times which

are convenient to all. Staff were observed to have a good rapport with residents and this contributes to the welcoming atmosphere in the care home. There are suitable arrangements for residents to access services from a range of healthcare professionals. Residents told us they were comfortable in the home and said they receive good care and support from a friendly staff team'.

The conclusion of the report stated:

'This was a positive inspection. Residents and relatives told us that Turriff House staff provided good standards of care and support. The service should continue to maintain and improve the good quality outcomes evidenced at this inspection'.

The Care Inspectorate identified key strengths in the areas which were inspected some of which are outlined below:

- 'The service continues to promote and encourage residents and their relatives participation and involvement in all aspects of decision making. It was confirmed that the service has a comprehensive participation strategy which clearly details the ethos of the service to actively involve residents and relatives. There is ongoing commitment to ensuring residents views are sought on all aspects of the care service provided by Turriff House. Review of records and discussions with residents, family members and visiting professionals confirmed people are given a range of choices which enable them to be involved and influence the daily support they receive.
- 'Examination of the care files identified they were informative and contained details of health and social care, risk assessments and care plans. This information provides staff with guidance as to the level of support they should provide the residents'
- 'We evidenced that the service ensured residents had access to a range of professionals, including GP's, chiropodists, dentists, community psychiatric nurse, dieticians and opticians. Risk assessments were up to date and cross referenced with care plans'.
- 'Since the last inspection we found that the service had consulted with residents on the appointment of staff. The residents met the applicants and a relative gathered their views and opinions regarding the persons suitability for the post. Comments and views of the residents were recorded and taken into account by the selection panel. We thought this was very good practice'.
- 'We received extremely positive feedback from residents and relatives regarding the staff group. Comments included;
 - "The staff really care".
 - "Staff are very helpful".
 - "The staff work very hard".
 - "You are always made welcome".

4.2.2 At the November 2011 inspection the service received very positive comments. The summary of the report stated:

What the service does well

They had very positive comments about the quality of care, environment, staff and management from residents and relatives, and that there was good day to day practice and care by staff with residents. However there were a number of improvements to be made with regard to the weak standards of care records and weak evidence of in-house quality assurance monitoring.

The improvements were all undertaken, and this was reflected in the February 2012 report, and in the grades awarded in February 2012.

Whilst identifying a number of improvements to be made the report also identified key strengths in the areas which were inspected some of which are outlined below:

- Good levels of performance were evidenced.
- The service had continued to encourage and support residents and their relatives to be involved in assessing the quality of the care and support provided. A range of helpful information was available including leaflets and DVD's regarding life at the care home, and details of how to access advocacy and how to complain.
- A personal care plan was in place for each resident. 5 personal plans were seen. These were seen to be person centred and included biographical information and an overview of the person's social and health care needs, any assistance required and how this was to be provided.
- Care reviews take place 6 monthly and a record of the meeting kept in the personal plan.
- Good contacts with GP's, district nurses, podiatrists, community dental services and other health services were evidenced. Resident and relatives confirmed visits from GP takes places when necessary or on request. A record of visits and communication with health services was maintained.
- The evidence confirmed a generally high level of satisfaction with staff.
- Residents and relatives told the care inspectorate that staff were approachable, listened to them and responded to requests.
- Staff had a clear understanding of their role, philosophy of the service and expected standards of practice. They confirmed they had access to copies of SSSC Code of Conduct and National Care Standards
- Staff had a good understanding of individual residents, what they liked and what level of support was needed. They said they enjoyed working in Turriff House and thought they worked well as a team

Comments regarding staff included;

- "Staff are very friendly"
- "They are very good here"
- "I am completely satisfied with the care and love shown to xx by all of the management and staff at Turriff House"
- "Turriff House is an excellent home and the staff are very friendly, dedicated and committed to caring for the residents"

4.3 **Evaluation**

The Care Commission can apply the following to Services:

- Enforcement Action
- Requirements
- Recommendations

Turriff House received six requirements and two recommendations following the November 2011 Inspection. The requirements and recommendations are included on the action plan attached as Appendix 1 to this report. The requirements and recommendations were all met prior to the February 2012 inspection.

4.4 Quality Indicators

Scottish Commission For The Regulation Of Care reports use a six-point scale for reporting performance:

6	excellent
5	very good
4	good
3	adequate
2	weak
1	unsatisfactory

The following quality statements based on the National Care Standards were evaluated as detailed below for the October 2010, November 2011 and February 2012 inspections:

Quality Assessed	Themes/Statements	Grade October 2010	Grade November 2011	Grade February 2012
1.1 - Quality of Care and Support		Not Inspected	5 - Very Good	5 - Very Good
1.3 - Quality of Care and Support		Not Inspected	2 - Weak	4 - Good
2.1 - Quality of Environment		6 - Excellent	Not Inspected	Not Inspected
2.2 - Quality of Environment		5 - Very Good	Not Inspected	Not Inspected
3.1 - Quality of Staffing		Not Inspected	4 - Good	5 - Very Good
3.3 - Quality of Staffing		Not Inspected	3 - Adequate	4 - Good
4.1 - Quality of Management and Leadership		Not Inspected	5 - Very Good	5 - Very Good
4.4 - Quality of Management and Leadership		Not Inspected	2 - Weak	4 - Good

These grades are then translated into the grade for the Quality Theme and are detailed below for the October 2010, November 2011 and February 2012 inspections:

Quality Theme	Overall Grade - October 2010	Overall Grade - Nov 2011	Overall Grade February 2012
Quality of care and support	not assessed	2	4
Quality of environment or information	5	not assessed	not assessed
Quality of staffing	not assessed	3	4
Quality of management and leadership	not assessed	2	4

This demonstrates that although a lower grade was awarded at the November 2011 inspection, the required improvements were made and the grade improved at the February 2012 inspection.

5.0 POLICY IMPLICATIONS

5.1 This report has been screened for any implications in respect of Sustainability, Strategic Environment Assessment, Anti-Poverty and Equality Impact Assessment and Risk Management. There are no major issues

6.0 CONSULTATION

6.1 The Chief Executive Director of Corporate Services and Head of Democratic and Legal Services have consulted in preparation of this report

7.0 BACKGROUND PAPERS

7.1 The following Background Paper was relied upon in preparation of this report:

- Inspection Report Dundee City Council - Turriff House - November 2011 (Attached)
- Inspection Report Dundee City Council - Turriff House - February 2012 (Attached)

Alan G Baird
Director of Social Work

Date: 31st May 2012

Care service inspection report

Turriff House

Care Home Service Adults

4 Rannoch Road

Dundee

DD3 8RB

Telephone: 01382 436419

Inspected by: Carole Kennedy

Aileen Scobbie

Type of inspection: Unannounced

Inspection completed on: 18 November 2011



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Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2003000479

Contact details for the inspector who inspected this service:

Carole Kennedy

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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	2	Weak
Quality of Environment		N/A
Quality of Staffing	3	Adequate
Quality of Management and Leadership	2	Weak

What the service does well

Turriff House care home provides a welcoming and homely atmosphere. Staff are friendly and were observed to treat residents and visitors with respect. Residents, relatives and staff views are sought regarding the service and how it can be improved. Residents told us they were very happy living in the home and feel comfortable about expressing their opinions.

What the service could do better

As a result of this inspection and a recent complaint investigation requirements have been made in regard to the quality of information recorded in care files, risk assessments, medication records, staff training and quality assurance. The service provider must take prompt and appropriate action to address these requirements.

What the service has done since the last inspection

Since the last inspection relatives of residents in Turriff House had been interviewed as part of a focus group run by an officer from a branch of the Local Authority independent from Community Care Services. The group discussed the four quality themes which SCSWIS assess. Participants had been encouraged to give their views and grade the service against the quality themes.

Conclusion

We got very positive comments about the quality of care, environment, staff and management from residents and relatives. What is otherwise good day to day practice and care by staff with residents is undermined by the weak standard of care records and weak evidence of in-house quality assurance monitoring.

Who did this inspection

Carole Kennedy

Aileen Scobbie

1 About the service we inspected

Turriff House is a care home service run by Dundee City Council's Social Work Department. The home is registered to provide care for 32 older people. It does not provide nursing care.

The accommodation is purpose built, being provided within four individual units, each housing eight residents. All residents have access to a range of communal rooms and facilities. Each unit consists of eight en-suite bedrooms opening onto a lounge and dining area. All units are on ground floor level and have access into the garden grounds, which have been designed with the needs of the residents in mind. The accommodation has been finished to a high standard, with all rooms individually decorated and furnished. There are pleasant areas to sit in around the house and grounds, good access into the house and parking for visitors.

The people who live in Turriff House prefer to be known as residents therefore this term has been used throughout this report.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 2 - Weak

Quality of Environment - N/A

Quality of Staffing - Grade 3 - Adequate

Quality of Management and Leadership - Grade 2 - Weak

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.scswis.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

This report was written following an unannounced inspection which took place on 2 & 3 November 2011. The service submitted a completed Annual Return and a self assessment form as requested by SCSWIS and this information was used in preparation and during the visit. The inspection was carried out by Inspectors Carole Kennedy and Aileen Scobbie.

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

During this inspection we sampled information from various sources including;

The up to date Self Assessment

Talking to residents and relatives/visitors.

Discussion with the senior social care worker and staff.

Examination of a sample of the policies, procedures, health & safety records which the service is required to maintain.

Review of a sample of residents personal care files to check how staff assess needs and how these are met.

Check of the building and environment to make sure it is well maintained, safe and free from hazards.

Observation of staff practices.

Questionnaires were supplied for residents and relatives/visitors to the home and the information provided was used to write this report. Some comments recorded on questionnaires have been included in the body of this report. Prior to the inspection 4 completed questionnaires were returned from relatives and 7 from residents. 4 of the questionnaires returned from residents had been completed on their behalf by a relative.

Feedback was given at the end of the inspection to the Care Home Manager, Senior Manager and Senior Social Care Officer.

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

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.

A fully completed self assessment document was submitted by the manager of the care service. This was completed to a good standard and gave relevant information for each of the quality Themes and Statements. The service identified what they thought they did well, some areas for future development and how they planned to implement changes and further develop the service. It also included information on how service users participated in the process.

Taking the views of people using the care service into account

We observed daily practice during the inspection and spoke with six residents. We also received 8 questionnaires which had been completed by or on behalf of residents. Comments and opinions offered by residents were positive and complimentary and have been included in the body of this report

Taking carers' views into account

We received 11 completed questionnaires, 8 of which had been completed by a relative/carer. 6 people recorded that they either strongly agreed or agreed that overall, they were happy with the quality of care provided. Two relatives/carers disagreed or strongly disagreed that they were happy with the quality of care provided in Turriff House. Four people identified staffing levels in the home as a problem. We also spoke with 5 relatives/carers during the inspection. They told us they were very satisfied with the care and support provided to their relatives who live in Turriff House. Comments and opinions have been included in the body of this report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Overall grade awarded for this theme: 2 - Weak

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 evidenced very good levels of performance in regard to this quality statement. We found that the service had continued to encourage and support residents and their relatives to be involved in assessing the quality of the care and support provided. This meant that the residents and their relatives had various opportunities to provide feedback on the service which contributed to ongoing improvements in quality. Strategies used to involve residents, relatives/carers and seek their views on the service provided included;

Various group meetings, one to one discussions and 6 monthly review meetings. From discussion with residents and relatives and review of minutes of meetings, it was confirmed that appropriate action had been taken in response to suggestions and comments received. For example items including flat screen televisions, bird feeders and garden activities had been provided.

Information leaflets and a DVD were available; these contained a range of helpful information regarding life in the care home and included details of advocacy and how to complain. Information on how to access advocacy services was also prominently displayed in the communal areas of the home.

Since the last inspection relatives of residents in Turriff House had been interviewed as part of a focus group run by an officer from a branch of the Local Authority independent from Community Care Services. The group discussed the four quality themes which SCSWIS assess. Participants had been encouraged to give their views and grade the service against the quality themes. Various suggestions have been identified for the service to take forward including more frequent meetings to discuss individuals care, greater choice of lunch menu and more social outings and trips. Comments from residents and relatives included;

"I strongly believe the standard of care given to xx is first class"

"We're kept fully updated"
"Very glad dad's here"
"Can access the careplan anytime".
"Get invited to review meetings"
"The standard of care is 100%".

A resident said, "I like it here. They are good to you".

Areas for improvement

The self assessment completed by the manager identifies ongoing commitment to continuous development in all areas of the service. It is expected that the manager will draw up and implement an action plan to address the issues and suggestions raised by the relatives focus group.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

A personal care plan was in place for each resident. We sampled five personal plans. These were seen to be person centred and included biographical information and an overview of the persons social and health care needs, any assistance required and how this was to be provided.

Care reviews take place 6 monthly and a record of the meeting was kept in the personal plan. We evidenced the service has good contacts with local GP's, district nurses, podiatrist, community dental service and other health services. Residents and relatives confirmed visits from the GP take place when necessary or on request. A record of visits and communication with health services was maintained.

Areas for improvement

While there are a number of strengths identified in this quality statement our review of resident's care files and the care service's Medication Management Systems identified a number of areas of weak practice.

Care plans examined were not all up to date. The personal hygiene needs and wishes of two residents were recorded in the care files but we could not evidence that their wishes were being routinely met. This means the personal files do not provide staff with an accurate account of the resident's current abilities and needs and the level of monitoring and support needed. A requirement is made.

One resident received nutritional supplements due to dietary concerns but had only been weighed three times in 2011. There was no evidence that a nutritional assessment had been completed and no record of the introduction of a food/fluid monitoring chart. Resident's nutritional and hydration status should be regularly assessed by competent staff as it is known older people are vulnerable to malnutrition which can have serious consequences on their health and quality of life. The information from the assessment's must be accurate and should be used to clearly identify actions to be taken to address the nutritional and hydration problems. A requirement is made.

It was not clear how frequently risk assessments had to be reviewed and updated. Some had not been reviewed in the past year. There were also instances of risk assessments not being dated. A falls risk assessment was in place for each resident but these were noted to be generic and did not consider each person's individual risk. Good practice indicates that assessing a resident's risk of falls in conjunction with personalised care planning to manage risk, is key to fall and fracture prevention. It also contributes to residents wellbeing and quality of life. A requirement is made.

Review of medication management systems identified;

There were records of daily temperature checks of the medicines refrigerator but they were incomplete. The records indicated the maximum temperature of the refrigerator was regularly recorded as being higher than the safe range of 2-8C. The refrigerator was not being regularly defrosted and there was a significant build up of ice evident. Some medicines may lose their effectiveness quickly if they become too hot or too cold.

Medication Administration Record Sheets (MARS) must provide a true and accurate account of all medications administered or withheld. Examination of the MARS identified handwritten entries which had not been signed by the person transcribing the instruction.

Our examination of the Controlled Drug Register identified;

Some pages did not have the name of the drug and strength recorded on the heading.

Two drug stock balances were incorrect.

Homely remedies were found to be out of date. The care service immediately removed the items and advised us that the service would no longer use homely remedies and would ask residents GP's to review and prescribe medicines for PRN use if needed.

A requirement is made.

Grade awarded for this statement: 2 - Weak

Number of requirements: 4

Number of recommendations: 0

Requirements

1. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure care records are accurate, complete and contain sufficient detail to inform and direct staff practice. The care records must be subject to regular review, evaluation and update.
This is in order to comply with:
SSI 2011/110 Regulation 4(1)(a) - Welfare of users
Timescale: 4 weeks from receipt of this report.
2. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;
 - The service provider must ensure there are comprehensive policy and procedures in place to direct staff practice. The policies and procedures must clearly detail how service user's food, fluid and nutritional care is supported.
 - Staff must adhere to the policy and procedures and maintain accurate records which provide a true account of the daily food and fluid intake/output for service users who are required to have their intake/output monitored.
 - Service users weights and nutritional status must be monitored and a record of this maintained.
 - Ensure there is a system in place to monitor and evaluate that service user's Nutrition and Fluid needs are being met.This is in order to comply with:
SSI 2011/110 Regulation 4(1)(a) - Welfare of users
Timescale:4 weeks from receipt of this report.
3. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;
 - Risk assessments are recorded which are person centred and reflect individuality,
 - cross reference to careplans and clearly evidence actions which must be taken to reduce or manage the risk.
 - the risk assessments must be subject to regular review and updating.This is in order to comply with:
SSI 2011/110 Regulation 4(1)(a) - Welfare of users
Timescale:4 weeks from receipt of this report.
4. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure ;
 - Where handwritten instructions have been added to the MAR sheet these must

Inspection report continued

be signed and dated by the authorising GP or the member of staff who transcribes the doctors instructions.

- Record on a daily basis the maximum and minimum temperature of the medicines fridge over the previous 24 hours and take remedial action if the medicines fridge temperatures are out with the recommended limits.
- ensure that staff are following up-to-date best practice, are fully aware of the home's systems for giving medication, know how to store and administer medicines safely and keep accurate medication records.

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

Timescale: 24 hours from receipt of this report.

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

Statement 1

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

Service Strengths

As previously noted in Quality Statement 1.1 the service uses a well established range of strategies, appropriate to the individual needs of residents to involve them, their relatives/carers and other stakeholders to gather their views on the quality of the staffing arrangements. Residents have opportunity to give their views on staffing via questionnaires, various group meetings, one to one discussions, 6 monthly review meetings and a regular newsletter. Residents are also encouraged to be involved in the recruitment process of new staff. We sampled care records, minutes of meetings, completed SCSWIS questionnaires and spoke with residents and relatives. We also observed staff interacting directly with residents and relatives. The evidence confirmed a generally high level of satisfaction with staff. Residents and relatives told us the staff were approachable, listened to them and responded to requests. Comments regarding staff included;

"Staff are very friendly"

"They are very good here"

"I am completely satisfied with the care and love shown to xx by all of the management and staff at Turriff House"

"Turriff House is an excellent home and the staff are very friendly, dedicated and committed to caring for the residents".

Three returned questionnaires identified that there are not enough trained and skilled staff on duty. They identified that there had been staff shortages over the past few months "The staff at Turriff House have done an amazing job with the staffing levels as they have been"

"Too few staff"

"I feel additional staff are needed to make sure residents needs are met"

"I am sure that the staff are doing the best they can under the circumstances. The problem is they need more carers".

The service was found to have a good performance in relation to this statement.

Areas for improvement

The inspection identified that residents and their relatives were aware that the staff team had been less stable over the previous months and there had been reliance on agency staff. People also felt staff were often too busy and this had restricted opportunities for social trips and outings.

The service could consider seeking the opinions and views of residents and their relatives/representatives and formally involving them in the staff supervision and appraisal management systems.

The manager should ensure the annual staff training plan includes topics which are based upon meeting the needs of the residents. The manager could consider how relatives and residents may if they wish, participate in some training events.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

Staff spoken with had a clear understanding of their role, philosophy of the service and expected standards of practice. They confirmed they have access to copies of SSSC code of conduct and National Care Standards. Staff knowledge of the code of conduct and care standards is also included in SVQ training. It was confirmed by a new member of staff that they had received induction training. The member of staff told us this included becoming familiar with the service provider's policies and procedures, fire safety and 2 weeks shadowing an experienced colleague. The employee gave a good account of infection control practices and described affording residents dignity and choice. Moving and handling training for the new employee had not yet taken place but was scheduled for the following week. This means staff will have a good awareness of safe working practices to promote resident's welfare and minimise any identified risks. We evidenced that staff meetings take place and staff confirmed they receive supervision meetings. We saw that any issues raised in the meetings were noted and actions taken were discussed at the following meeting. We noted that staff spoken with had good knowledge and understanding of individual residents, what they liked and what level of support was needed. They chatted comfortably with residents using their preferred name. Staff members were observed to be friendly and supportive towards residents and their visitors.

Staff told us they enjoyed working in Turriff House and they thought they worked well as a team.

Areas for improvement

Staff told us that the home had, over the previous months, regularly used agency staff to ensure staffing levels were maintained. They said this had adversely affected team morale but this was now improving due to the recent recruitment of new staff.

While residents and relatives told us they had noticed the use of agency staff no negative comments were made about staff attitude. Staff said there had been poor provision of training in the past year and refresher training 'doesn't always happen'. Training records viewed confirmed only 2 people had received medication training in 2011 and a requirement regarding staff training was made following a recent complaint investigation. Moving and Handling training had since been introduced for all staff and this will be completed shortly. We noted that 3 staff had received 'cooksafes' training for the safe management of food and food equipment/handling. However we could not evidence that the staff group had received any recent training in infection prevention and control, nutrition, continence or care planning/record keeping. Providing staff with appropriate training will help them to understand risks, put more effective care plans in place and promote people's welfare. A further requirement and a recommendation is made.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The service provider must ensure that staff are appropriately trained in the work they are to perform. This includes training in:
Infection Control, Continence Management, Nutrition, Care Planning/Record keeping.
The provider should maintain records to evidence the training attended and any training planned.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - Welfare of Users and SSI 2011/210 Regulation 15(a) and (b) - Staffing

Timescale: 4 weeks from receipt of this report

Recommendations

1. To ensure staff training needs are identified and they receive appropriate training to meet the needs of their job, the manager should draw up and implement an annual training matrix.
National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

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

As already noted previously in this report under statement 1.1 the service uses a range of methods to seek the views of residents and their relatives and encourage their participation in assessing and improving all aspects of the service provided, including management and leadership.

The manager and staff encourage and support participation with residents and their relatives and seek feedback from them on all aspects of the service provided. Minutes of meetings confirmed this and residents and relatives told us they were generally confident that any requests or suggestions made by them would be actioned. In discussion with residents and relatives they confirmed that they were aware of how to complain and to whom if they have any concerns.

"Know the manager, I wouldn't hesitate raising a complaint if I had one"

"Know the manager and seniors. I know all the staff by name".

"Everything is fine, I am kept informed".

Areas for improvement

As already recorded under Quality Statement 1.1, the self assessment identifies ongoing commitment to seeking the views of residents and involving them in all aspects of the service provided at Turriff House. The management team should continue to promote and evidence the effective involvement of residents, their families and other stakeholders in assessing and improving the quality of all aspects of the service including management and leadership.

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 care service seeks the views of residents and their relatives to provide feedback on the quality of care and services provided. The complaints procedure was prominently displayed and easy to understand. Residents are encouraged to give their opinions or raise any concerns in their personal care review meetings, via keyworker meetings and at various residents' group meetings. This helps ensure residents and their relatives are kept up to date and care needs are recognised and met.

The service provider developed and introduced an action plan in response to the requirements made as a result of a complaint investigation to ensure they were appropriately addressed. This is ongoing and progress in addressing the requirements will be monitored at the next inspection.

Servicing and maintenance of appliances, the environment and essential machinery, aids and services is undertaken by the service provider and records of this are kept. This means that the house is comfortable and residents are provided with a hazard free environment.

Areas for improvement

Although there are a number of strengths in place aspects of the Quality Statement are not met and this gives cause for concern. We were unable to evidence that the service carries out any in-house audits to check and evaluate the quality of the service and evidence that any problems identified are properly addressed. A recommendation is made. The service had systems in place to record medication management and the community pharmacist carried out a pharmacy audit in January 2011. Our examination of medication management systems and samples of record keeping identified some staff are not following the service provider's procedures and errors have occurred. The service maintains a record of the occurrence of accidents and incidents but does not regularly audit this. We found that the service had recorded 6 medication incidents had occurred in September and October 2011. The service took action in response to the individual incidents but there was no record of the service informing the residents' family or GP and no notifications were submitted to SCSWIS. A requirement is made.

The issues identified by the inspection were discussed with the Senior Social Care Officer. She acknowledged the findings and introduced the following;

an index at the front of each resident's care file to guide staff and provide more clarity and consistency of presentation.

A medication check record was drawn up and was to be used weekly. This will help the service identify errors and enable prompt remedial action to be taken.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The service provider must without delay bring to the attention of the medical practitioner, service users relative/ representative, SCSWIS and other relevant stakeholders any serious issues which may have a detrimental effect on the health and wellbeing of a service user.

This is in order to comply with;

SSI 2011/210 SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision

for health and welfare of service users. SSI 2002/114 Regulation 21 - Notification of death and other events.

Timescale: 24 hours from receipt of this report.

Recommendations

1. It is recommended that the service management introduce a systematic process to objectively assess and evaluate the quality of the service, identify any problems and evidence that they are properly addressed.

National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

4 Other information

Complaints

There has been one complaint upheld or partially upheld about this service since the commencement of SCSWIS on 1 April 2011. Since the service was last inspected there has been no complaints which the Care Commission upheld or partially upheld. You can find information about complaints that have been upheld or partially upheld on our website www.scswis.com.

These complaints may have affected the service's grades.

Enforcements

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

Additional Information

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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 2 - Weak	
Statement 1	5 - Very Good
Statement 3	2 - Weak
Quality of Environment - Not Assessed	
Quality of Staffing - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate
Quality of Management and Leadership - 2 - Weak	
Statement 1	5 - Very Good
Statement 4	2 - Weak

6 Inspection and grading history

Date	Type	Gradings
26 Oct 2010	Unannounced	Care and support Not Assessed Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
17 Jun 2010	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
25 Feb 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing 5 - Very Good Management and Leadership Not Assessed
9 Sep 2009	Announced	Care and support 5 - Very Good Environment 5 - Very Good

Inspection report continued

		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
7 Jan 2009	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
20 May 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

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

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Care service inspection report

Turriff House

Care Home Service Adults

4 Rannoch Road

Dundee

DD3 8RB

Telephone: 01382 436419

Inspected by: Carole Kennedy

Aileen Scobbie

Type of inspection: Unannounced

Inspection completed on: 14 February 2012



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Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2003000479

Contact details for the inspector who inspected this service:

Carole Kennedy

Telephone 01383 841100

Email enquiries@scswis.com

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	4	Good
Quality of Environment		N/A
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The care home is clean, well maintained and visitors are made welcome. There is open visiting which means people can see their families and friends at times which are convenient to all. Staff were observed to have a good rapport with residents and this contributes to the welcoming atmosphere in the care home. There are suitable arrangements for residents to access services from a range of healthcare professionals. Residents told us they were comfortable in the home and said they received good care and support from a friendly staff team.

What the service could do better

The service should continue to build on the improved standards of care and support demonstrated at this inspection.

What the service has done since the last inspection

The service has taken steps to address requirements and recommendations identified at the last inspection and following a complaint investigation. We were pleased to find that improvement had been made in the management of medicines, staff training, quality assurance and care recording with risk assessments and care plans up to date in the files sampled. Continued progress in these areas will be monitored at the next inspection.

Conclusion

This was a positive inspection. Residents and relatives told us that Turriff House staff provide good standards of care and support. The service should continue to maintain and further improve the good quality outcomes evidenced at this inspection.

Who did this inspection

Carole Kennedy

Aileen Scobbie

1 About the service we inspected

Turriff House is a care home service run by Dundee City Council's Social Work Department. The home is registered to provide care for 32 older people. It does not provide nursing care.

The accommodation is purpose built, being provided within four individual units, each housing eight residents. All residents have access to a range of communal rooms and facilities. Each unit consists of eight en-suite bedrooms opening onto a lounge and dining area. All units are on ground floor level and have access into the garden grounds, which have been designed with the needs of the residents in mind. The accommodation has been finished to a high standard, with all rooms individually decorated and furnished. There are pleasant areas to sit in around the house and grounds, good access into the house and parking for visitors.

There were 31 people resident in the home on the day of inspection.

The people who live in Turriff House prefer to be known as residents therefore this term has been used throughout this report.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good

Quality of Environment - N/A

Quality of Staffing - Grade 4 - 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.scswis.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 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

This report was written following an unannounced inspection which took place on 14 February 2012. The inspection focused on how the service has developed since the previous inspection which took place on 18 November 2011. The inspection was carried out by Inspectors Carole Kennedy and Aileen Scobbie. Feedback was given at the end of the inspection to the manager and senior social care worker.

During this inspection we sampled information from various sources including;

- Talking to residents and relatives.
- Discussion with the manager, senior social care worker, 3 staff and a visiting professional.
- Examination of a sample of the policies, procedures, health & safety records which the service is required to maintain.
- Examination of medication management systems to check residents are receiving their prescribed medicines.
- Review of a sample of residents personal care files to check how staff assess needs and how these are met.
- Check of the building and environment to make sure it is well maintained, safe and free from hazards.
- Observation of staff practices.

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 requirements we made at our last inspection

The requirement

The provider must make proper provision for the health, welfare and safety of service users.

In order to achieve this the provider must ensure care records are accurate, complete and contain sufficient detail to inform and direct staff practice. The care records must be subject to regular review, evaluation and update.

This is in order to comply with: SSI 2011/110 Regulation 4(1)(a) - Welfare of users
Timescale: 4 weeks from receipt of this report.

What the service did to meet the requirement

Examination of a sample of personal care files identified risk assessments and care plans were informative, up to date and subject to regular review and evaluation.

The requirement is: Met

The requirement

The provider must make proper provision for the health, welfare and safety of service users.

In order to achieve this the provider must ensure;

- The service provider must ensure there are comprehensive policy and procedures in place to direct staff practice. The policies and procedures must clearly detail how service user's food, fluid and nutritional care is supported.
- Staff must adhere to the policy and procedures and maintain accurate records which provide a true account of the daily food and fluid intake/output for service users who are required to have their intake/output monitored.
- Service users weights and nutritional status must be monitored and a record of this maintained.
- Ensure there is a system in place to monitor and evaluate that service user's Nutrition and Fluid needs are being met.

This is in order to comply with: SSI 2011/110 Regulation 4(1)(a) - Welfare of users
Timescale:4 weeks from receipt of this report.

What the service did to meet the requirement

Evidence that the service had sought advice from NHS Dietetic Service and individual residents nutritional status and needs had been reviewed.

The requirement is: Met

The requirement

The provider must make proper provision for the health, welfare and safety of service users.

In order to achieve this the provider must ensure;

- Risk assessments are recorded which are person centred and reflect individuality.
- Cross reference to care plans and clearly evidence actions which must be taken to reduce or manage the risk.
- The risk assessments must be subject to regular review and updating.

This is in order to comply with: SSI 2011/110 Regulation 4(1)(a) - Welfare of users
Timescale:4 weeks from receipt of this report.

What the service did to meet the requirement

This inspection evidenced that risk assessments were in place, cross referenced to care plans and were subject to regular review and evaluation.

The requirement is: Met

The requirement

The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users.

In order to achieve this the provider must ensure;

- Where handwritten instructions have been added to the MAR sheet these must be signed and dated by the authorising GP or the member of staff who transcribes the doctors instructions.
- Record on a daily basis the maximum and minimum temperature of the medicines fridge over the previous 24 hours and take remedial action if the medicines fridge temperatures are out with the recommended limits. - Ensure that staff are following up-to-date best practice, are fully aware of the home's systems for giving medication, know how to store and administer medicines safely and keep accurate medication records.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents. Timescale: 24 hours from receipt of this report.

What the service did to meet the requirement

Review of medication management identified improvements to practice and better in-house monitoring, there were no concerns noted at this inspection.

The requirement is: Met

The requirement

The service provider must ensure that staff are appropriately trained in the work they are to perform.

This includes training in: Infection Control, Continence Management, Nutrition, Care Planning/Record keeping. The provider should maintain records to evidence the training attended and any training planned.

This is in order to comply with: SSI 2011/210 Regulation 4(1)(a) - Welfare of Users and SSI 2011/210 Regulation 15(a) and (b) - Staffing Timescale: 4 weeks from receipt of this report.

What the service did to meet the requirement

The service had reviewed the training needs of staff, an annual training plan had been implemented and a programme of events scheduled. Refresher training in safe practice in manual handling had taken place. Workshops on infection control, care

planning and medication management had taken place in January and a session dealing with Parkinson's Disease was scheduled for February.

The requirement is: Met

The requirement

The service provider must without delay bring to the attention of the medical practitioner, service users relative/ representative, SCSWIS and other relevant stakeholders any serious issues which may have a detrimental effect on the health and wellbeing of a service user.

This is in order to comply with; SSI 2011/210 SSI 2011/210 Regulation 4(1)(a) - a requirement to make proper provision for health and welfare of service users. SSI 2002/114 Regulation 21 - Notification of death and other events. Timescale: 24 hours from receipt of this report.

What the service did to meet the requirement

The service had provided staff with information and guidance. Review of notifications and discussion with relatives evidenced that this requirement had been addressed.

The requirement is: Met

The requirement

This requirement was made following a partially upheld complaint investigation.

The provider must ensure that service users are provided with care and support which affords them choice. In particular, the provider must ensure that choices and preferences in relation to rising in the morning are fully recorded and that the care provided reflects these choices.

This is in order to comply with; SSI 2011/210 Regulation 4(1)(a) Welfare of Users and Regulation 3 Principles.

What the service did to meet the requirement

Review of a sample of personal files, care plans and discussion with staff and residents evidenced that this requirement had been addressed.

The requirement is: Met

The requirement

This requirement was made following a partially upheld complaint investigation.

The provider must ensure that staff receive training in relation to the work they are to perform. This must include;
An induction programme which confirms competencies in relation to care and support and core training including Safe Manual Handling.

This is in order to comply with; SSI 2011/210 Regulation 4(1)(a) Welfare of Users and Regulation 15 (b)(i) - Staffing.

What the service did to meet the requirement

Review of staff training records evidenced that this requirement had been addressed.

The requirement is: Met

The requirement

This requirement was made following a partially upheld complaint investigation.

The provider must ensure that service users are provided with care which promotes safety and security. This must include;

The development of a clear and consistent security procedure.

The identification and consistent review of risk in relation to service users who are at risk when out alone.

The recording of investigation and outcome/actions following incidents.

The identification and recording of measures to be taken by staff to reduce the risk to service users and prevent further incidents.

This is in order to comply with; SSI 2011/210 Regulation 4(1)(a) Welfare of Users.

What the service did to meet the requirement

Evidence gathered during this inspection confirmed that this requirement is met. Risk assessments had been reviewed for residents at risk of leaving the building unnoticed. Additional observation of the entrance area in the evenings had been introduced and a controlled entry system was in progress of being installed.

The requirement is: 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.

A fully completed self assessment was submitted prior to the last inspection and commented on in the inspection report dated 18 November 2011.

Taking the views of people using the care service into account

In the course of this inspection we spoke with 5 residents. We also observed the relationship between staff and residents and how staff supported residents. Staff and residents were seen to be relaxed in each other's company and it was evident they were having fun together. Comments from residents we spoke with and returned questionnaires were also commented on in the last inspection report. This report should be read in conjunction with the last inspection report dated 18 November 2011. People told us the staff were very friendly and they were very comfortable in Turriff House. Comments included;

"Everything is fine."

"The girls are very nice."

"Plenty to do."

Taking carers' views into account

We spoke with 5 relatives and a visiting professional. Comments from relatives we spoke with and returned questionnaires were also commented on in the last inspection report. This report should be read in conjunction with the last inspection report dated 18 November 2011.

Comments included;

"Everything is fine."

"Staff are very helpful."

"Always kept up to date."

"There's things going on every day."

"We think this is a really good place."

"No complaints but we would raise them if we did."

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: 4 - 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

Not all aspects of this quality statement were examined at this inspection.

This inspection identified that the service continues to promote and encourage residents and their relatives participation and involvement in all aspects of decision making. It was confirmed that the service has a comprehensive participation strategy which clearly details the ethos of the service to actively involve residents and relatives. There is ongoing commitment to ensuring residents views are sought on all aspects of the care service provided by Turriff House. Residents take an active part chairing group meetings. We saw that suggestions made by residents had been acted on. For example residents are visiting the garden centre to select bird feeders and plants for the garden. Review of records and discussion with residents, family members and a visiting professional confirmed people are given a range of choices which enable them to be involved and influence the daily support they receive.

People told us;

"I attend meetings to discuss care and go through the care plans."

"Get invited to relatives meetings."

"The door is always open if we need to speak to anyone."

"I don't think the last grades were fair, we are very happy."

Areas for improvement

The service identified in the self assessment commitment to ongoing development and will continue to seek the views of residents and relatives. The service should ensure they are rigorous in identifying any areas for improvement and implementing action plans to address these.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

This statement was considered in more depth at the last inspection. This report should be read together with the report of the inspection dated 18 November 2011.

We looked at a sample of three residents care files in relation to this statement. Since the last inspection we found the service had improved the quality of record keeping. The service management acknowledge that good record keeping helps to protect the welfare of residents. Examination of the care files identified they were informative and contained details of health and social care, risk assessments and care plans. This information provides staff with guidance as to the level of support they should provide the resident.

We evidenced that the service ensured residents had access to a range of professionals, including GPs, chiropodists, dentists, community psychiatric nurse, dietitians and opticians. Risk assessments were up to date and cross referenced with care plans. We noted that there had been auditing of care plans and evidence that care plans had been reviewed in consultation with the resident or their relatives. The home has an activities programme in place which helps to provide stimulation through social activities and outings for residents.

Comments from relatives included;

"Getting her health needs attended to."

"We feel she is safe here."

"Kept well informed of everything that is going on."

Areas for improvement

To support accurate assessment and monitoring of residents nutritional status and wellbeing, the service should continue to introduce and implement the Malnutrition Universal Screening Tool (MUST).

Some Waterlow assessment tools were found to be incomplete with no date or signature recorded. A recommendation is made.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Staff should take care to ensure they complete, sign and date all assessments.

**National Care Standards, Care Homes for Older People, Standard 5.5 -
Management and staffing arrangements.**

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

As previously noted in Quality Theme 1, Statement 1 the service provided a range of methods for residents and relatives to participate in assessing and improving the quality of the service including the staffing. Since the last inspection we found that the service had consulted with residents on the appointment of staff. The residents met the applicants and a relative gathered their views and opinions regarding the person's suitability for the post. Comments and views of the residents were recorded and taken into account by the selection panel. We thought this was good practice.

We received extremely positive feedback from residents and relatives regarding the staff group. Comments included;

"The staff really care."

"Staff are very helpful."

"The staff work very hard."

"You are always made welcome."

Areas for improvement

The service could seek the views of residents and relatives on what topics they would like included in the staff training programme. The service could also consider offering residents and relatives opportunity to take part in some training events.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We found that the service had a good level of performance in relation to this statement.

Since the last inspection the service had reviewed the training needs of staff, an annual training plan had been implemented and a programme of events scheduled. Refresher training in safe practice in manual handling had taken place. Workshops on infection control, care planning and medication management had taken place in January and a session dealing with Parkinson's Disease was scheduled for February. It was confirmed that all staff are given copies of the National Care Standards and SSSC Codes of Practice. This ensures staff have knowledge which supports their practice.

Areas for improvement

The management will continue to implement the training schedule and evaluate and monitor the impact training has on staff practice to ensure improved outcomes for residents.

Grade awarded for this statement: 4 - 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 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

As detailed in the previous inspection report dated 18 November 2011, the service uses a range of methods to ensure residents and their families have opportunities to give their views and influence service development.

We briefly reviewed this statement and confirmed the grade awarded at the last inspection.

Areas for improvement

As identified in the previous inspection report, the management team should continue to promote and evidence the effective involvement of residents, families and other stakeholders in assessing and improving the quality of all aspects of the service including management and leadership.

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

We found that the service had made improvements in relation to this statement.

A range of evidence was sampled and the performance of the service was found to be good in relation to this statement.

The service has a complaint procedure and details of this are provided to residents and their relatives/carers. This means that people know how to raise a complaint if they are unhappy with any aspect of the care service.

Individual care reviews are carried out every six months, at which the views of the resident and their relatives/carers are sought. The resident or their relative/carer

signs to confirm they have been consulted and are in agreement with the contents of the personal plan.

The service uses the IORN (Indicator of Relative Needs) to identify and monitor dependency levels. This is used to inform staffing numbers and skill mix.

We thought that the services quality assurance processes had improved and that they were now more robust. We know this because we identified improvements in medication management and administration records, personal plans and staff training (please also refer to the information in Quality Theme 1, Statement 3 and Quality Theme 3, Statement 3.)

The service provider developed and introduced an action plan in response to the requirements and recommendations from the previous inspection and a complaint to ensure these were appropriately addressed.

Areas for improvement

The manager gave commitment to continue to monitor, assess, review and evaluate the quality assurance processes currently in place to ensure that the service further improves on the good standards achieved in all aspects of care delivery.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

There has been one complaint upheld or partially upheld about this service since the commencement of SCSWIS on 1 April 2011. Since the service was last inspected there has been no complaints which the Care Commission upheld or partially upheld.

You can find information about complaints that have been upheld or partially upheld on our website www.scswis.com

These complaints may have affected the service's grades.

Enforcements

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

Additional Information

Not applicable.

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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Environment - Not Assessed	
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
18 Nov 2011	Unannounced	Care and support 2 - Weak Environment Not Assessed Staffing 3 - Adequate Management and Leadership 2 - Weak
26 Oct 2010	Unannounced	Care and support Not Assessed Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
17 Jun 2010	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
25 Feb 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed

Inspection report continued

		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
9 Sep 2009	Announced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
7 Jan 2009	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
20 May 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

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

