

**DUNDEE CITY COUNCIL**

**REPORT TO: SCRUTINY COMMITTEE - 20 JANUARY 2010**

**REPORT ON: ANNOUNCED INSPECTION OF CRAIGIE HOUSE CARE HOME FOR OLDER PEOPLE BY THE SCOTTISH COMMISSION FOR THE REGULTION OF CARE**

**REPORT BY: DIRECTOR OF SOCIAL WORK**

**REPORT NO: 32-2010**

**1.0 PURPOSE OF REPORT**

**1.1** The purpose of this report is to report on the findings of the Inspection of Craigie House Care Home carried out on 27 and 28 August 2009.

**2.0 RECOMMENDATIONS**

**2.1** It is recommended that the Scrutiny Committee:

- i) notes the contents of this report; and
- ii) requests that the Director of Social Work monitor the continued progress towards improving this service.

**3.0 FINANCIAL IMPLICATIONS**

**3.1** None.

**4.0 MAIN TEXT**

**4.1** Craigie House was inspected on the 27th and 28th August 2009 by the Scottish Commission for The Regulation Of Care. A report of the findings was published on 28th October 2009. At the time of the inspection there were 34 older people residing on a permanent basis at Craigie House and a further 8 older people residing on a residential respite care basis.

**4.2** The Care Commission's focus of inspection targeted the following Quality Themes.

- Quality of Care and Support
- Quality of Environment
- Quality of Staffing
- Quality of Management and Leadership.

Each Quality theme is made up of several quality statements and this inspection focussed on eight of these quality statements. The service distributed 88 questionnaires on behalf of the Care Commission to residents and relatives inviting them to make comment on the service, care and support they had received. Sixteen completed questionnaires were received by the Care Commission.

**4.3** The Care Commission identified the following strengths at Craigie House from the quality themes and statements inspected.

- The service involved residents and relatives to a very good level in assessing and improving all parts of the quality of the services.
- Residents overall had good choices in their daily lives and were supported to maintain their independence.
- There was good evidence that residents and those who used the respite service were encouraged to participate in care planning.
- The environment of the care home meant very good outcomes for residents' quality of life.
- There was a good induction programme for new staff and very good delegation of decision making to care staff of responsibility for residents care and to senior staff for the quality of the service.
- There was evidence of very good communication between care staff and senior staff.
- The service had changes its admission procedures based upon a survey of resident's experiences of moving into the home.
- There was evidence of very good outcomes for residents and relatives.
- The service was identified as having very good practice in a number of areas including the use of technology to support residents who were identified as being at risk of falls and injury, the provision of private areas for relatives who required to be in the care home for extended periods and displays of staff photographs and names supported communication between resident's, carers and staff.
- Areas of the home used by residents and visitors were personalised.
- The service had very good involvement of residents and relatives in assessing and improving the quality of the staffing in the care home.
- There was very good evidence of the involvement of residents and relatives in assessing and improving the quality of the management and leadership of the care home.

**4.4 Evaluation**

The Care Commission can apply the following to Services:

- Enforcement Action
- Requirements
- Recommendations

Craigie House did not receive any enforcement actions; however, 2 requirements and 4 recommendations were made following the Inspection. Two of the four recommendations were Corporate.

**Requirements:**

1. The provider must ensure that all personal plans state how residents' needs are to be met by the service.
2. The provider must ensure that all forms of restraint are assessed and the personal plan states how the restraint is to be used to protect the interests of the resident using best practice guidance as set out by the Mental Welfare Commission.

### Recommendations:

1. Residents' personal plans should reflect their wishes and choices in practical, easy to understand terms.
2. The induction and ongoing assessment of staff competence should be evidence based and evaluate a wider range of day to day practice.

### Corporate Recommendations: Safer Recruitment - Inspection Focus Area Outcome

#### Standard 5 - Management and staffing arrangements

3. It is recommended that the provider ensure that a formal application process is followed for each period of employment. (Scottish Social Services Council Code of Practice - Employer 'Make sure people are suitable to enter the workplace 1.1. and National Care Standards, Care homes for older people.)

#### Standard 5 - Management and staffing arrangements.

4. It is recommended that the provider audits the procedures for the recording of staff skills and qualification records. (Scottish Social Services Council - Code of Practice - Employer' Make sure people are suitable to enter the workplace - 1.1.)

### 4.5 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:

1.1 - Quality of Care and Support	5 - Very Good
1.3 - Quality of Care and Support	4 - Good
2.1 - Quality of Environment	5 - Very Good
2.2 - Quality of Environment	5 - Very Good
3.1 - Quality of Staffing	5 - Very Good
3.2 - Quality of Staffing	4 - Good

4.1 - Quality of Management and Leadership	5 - Very Good
4.4 - Quality of Management and Leadership	5 - Very Good

These grades are then translated into the grade for the Quality Theme and are as follows:

Quality Theme	Overall Grade
Quality of care and support	4
Quality of environment or information	5
Quality of staffing	4
Quality of management and leadership	5

## 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.

5.2 There are no major issues.

## 6.0 CONSULTATION

6.1 This report has been subject to consultation with the Chief Executive, Depute Chief Executive (Support Services), Assistant Chief Executive and Director of Finance.

## 7.0 BACKGROUND PAPERS

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

- Inspection Report Dundee City Council - Craigie House.

**Alan G Baird**  
**Director of Social Work**

**30 December 2009**





# Inspection report

## Craigie House Care Home Service Adults

25 Southampton Road  
DUNDEE  
DD4 7PN  
01382 431148

**Inspected by:** Patrick Sweeney  
**(Care Commission officer)**

**Type of inspection:** Announced

**Inspection completed on:** 28 August 2009

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**Service provided by:**  
Dundee City Council

**Service provider number:**  
SP2003004034

**Care service number:**  
CS2003000470

**Contact details for the Care Commission officer who inspected this service:**

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## Easy read summary of this inspection report

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We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:

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

### We gave the service these grades

Quality of Care and Support  **4** Good

Quality of Environment  **5** Very Good

Quality of Staffing  **4** Good

Quality of Management and Leadership  **5** Very Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

### What the service does well

The service involved residents and relatives to a very good level in assessing and improving all parts of the quality of the service. Residents overall had good choices in their daily lives and support to maintain their independence. The environment of the care home meant very good



outcomes for residents' quality of life. There was a good induction programme for new staff and very good delegation to care staff of responsibility residents' care and to senior staff for the quality of the service. The service had changed its admission procedures based upon a survey of residents' experiences of moving into the home.

## **What the service could do better**

Residents' personal plans must say how their needs will be met. Restraining measures for residents' safety must be fully assessed. Residents' personal plans should reflect their wishes and choices in practical terms. The service's staff induction should have more evidence and judgements about a wider range of day to day care practice.

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

There had been a period of one month over the summer when the service had to rely upon relief and agency staff to meet its essential staffing levels. Relatives said this had affected continuity for residents. The service had since recruited permanent staff to ensure continuity of care for residents.

## **Conclusion**

Almost all residents and relatives strongly agreed they were happy with the quality of care in the care home and their views on the quality of the service were taken seriously by the management. One resident said; "I am contented here. The staff keep an eye out for you and you get help quickly." And a relative said; "Since my relative moved into Craigie House she has thrived within this caring environment."

## **Who did this inspection**

**Lead Care Commission Officer**  
Patrick Sweeney

**Other Care Commission Officers**

Not applicable.

**Lay Assessor**

Not applicable.

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Blackwells Bookshop  
53-62 South Bridge Edinburgh  
EH1 1YS  
Telephone: 0131 662 8283  
Email: [Edinburgh@blackwells.co.uk](mailto:Edinburgh@blackwells.co.uk)

# What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

## **Recommendations, requirements and complaints**

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

## How we decided what to inspect

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### **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

### **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

# What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.



## About the service we inspected

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Craigie House is registered as a care home for older people by the Care Commission since 1 April 2002. The care home is run by Dundee City Council. The care home is registered to provide care for 44 residents. This includes up to ten residents who have short stay respite breaks. The respite service will accommodate people who need a stay to be arranged at the last minute in urgent situations. The care home is in the east end of Dundee.

The care home is on two levels. Residents all have single bedrooms with en-suite toilets. Two bedrooms have en-suite showers.

The care home is divided into five areas, called suites, four suites are for ten residents each and is has four residents. Each suite has;

- \* a lounge
- \* an assisted bathroom
- \* additional toilets
- \* a small kitchen to make snacks and drinks.

There is a communal dining room where residents take their meals, and entertainments are put on.

There is a very large secure garden area on two sides of the care home where residents can sit out. There is a shelter and summerhouse to provide residents with comfort when sitting out. There is also an enclosed sensory garden with raised beds and seating.

The home has a designated smoke room for residents' use.

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

<b>Quality of Care and Support</b>	<b>4 - Good</b>
<b>Quality of Environment</b>	<b>5 - Very Good</b>
<b>Quality of Staffing</b>	<b>4 - Good</b>
<b>Quality of Management and Leadership</b>	<b>5 - Very Good</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

Grades for this care service may change after this inspection due to other regulatory activity; for example, if we have to take enforcement action to improve the service, or if we investigate and agree with a complaint someone makes about the service.

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

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 activities did we undertake during the inspection**

This report was written following an announced inspection on Thursday 27 and Friday 28 August 2009, by a Care Commission officer. The inspection findings were given in a meeting with the manager on 28 August.

#### The Annual Return

The service submitted an annual return as requested by the Care Commission.

#### The Self Assessment

The service submitted a self assessment form as requested by the Care Commission.

#### Views of Service Users

The service gave out 88 questionnaires to residents and relatives. Sixteen questionnaires were returned to the Care Commission.

#### Regulatory Support Assessment

The inspection plan for this service was decided after a Regulatory Support Assessment (RSA) was carried out to determine the intensity of the inspection necessary. This assessment resulted in a low RSA score and so a low intensity inspection was required. The inspection was based on a sample of two Quality Statements under each of the four Quality Themes, relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection, evidence was gathered from a number of sources including:

A review of a range of policies, procedures and records and other documentation including; residents' and staff records.

Examination of the environment, including the premises and equipment used.

Observation of interactions between the staff and residents.

Interviews with the manager, five staff, four residents and two relatives.

All the above information was taken into account during the inspection process and was used to assess the performance of the service in relation to the Quality Statements, the relevant Inspection Focus Area and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

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

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care Act (Scotland) 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

### **Annual Return Received**

Yes - Electronic

### **Comments on Self Assessment**

We received a fully completed self assessment document from the service. We were satisfied with the way the service had completed this and with the relevant information for each Quality Statement to be graded.

The service identified what they thought they did well, some areas for development and

any changes they planned. The service told us how the people who used the care service and their carers had taken part in the self assessment process. The service made very good use of anonymised examples of important outcomes for residents.

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

We received six questionnaires from residents. Almost all residents strongly agreed, and one agreed, that they were happy with the quality of care in the care home. No one was unhappy with the service. Most residents agreed, and two strongly agreed, that they could give their views on the quality of the service and the management took these seriously. No one disagreed with this.

When we interviewed residents they said ;

\* "Everyone likes each other. "

\* "This is the first time I've stayed there. It gives my daughter a break. The staff are kind. The food is wonderful. The dining room is noisy when the dishes are put away. I go out into the garden. I love to walk I would like to come again."

\* "I'm well looked after. I come here to give my daughter a break. I've no complaints."

\* "I am contented here. My room is perfect. The lounge is nice. The staff keep an eye out for you and you get help quickly."

\* "I would like to go out."

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

A relative told us in interviews that;

"The care is very good. The staff are very good. I have got to know the staff and they make me feel comfortable when visiting. There was a time when my relative was wearing the wrong clothes. This has now been sorted out."

We received ten questionnaires from relatives. Seven relatives strongly agreed, and three agreed, that they were happy with the quality of care for residents in the care home. No one was unhappy with the service. Six relatives strongly agreed, and two agreed, that they could give their views on the quality of the service and the management took these seriously.

The following comments were made in the questionnaires returned by relatives;

\* "Since my relative moving into Craigie House she has thrived within this caring environment. She loves her new home and has developed a very good bond with all staff. The standard of care is of a high standard and all levels of staff act professionally at all times and acknowledge your arrival within Craigie House."

\* "Everyone is very kind and patient and caring to my mother. She is very lucky to be there."

\* "The care my mother receives is very good and we are always contacted if she becomes ill. The staff are always friendly and dedicated to their work. Visiting Craigie House is always a pleasure as there is always friendly faces to greet us."

\* "I am generally happy with my mother's care in this home. The permanent staff are excellent and their care and commitment cannot be faulted."

\* "Overall, I find the staff at Craigie House very kind, caring and considerate. They

always take the time to have a chat about my relative with me and I find this very personable. The senior staff also provide this input and I feel this adds to the high quality service we expect and receive. There is a good range of activities available. The home looks as homely as it possibly can. I always like how they always go out for special times; Easter, Christmas, Fete etc. Thanks to the staff."

Some critical comments were;

\* "At times there is not enough staff on duty putting an extra strain on staff."

\* "Recently, there has been an influx of agency staff and I feel they do not know the needs of my mother to the same extent."

The service had met its schedule of staffing. There had been a period of one month over the summer when the service had to rely upon relief and agency staff to meet its essential staffing levels. Relatives said this had affected continuity for residents. The service had since recruited permanent staff to ensure continuity of care for residents.

# 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

There was very good involvement of residents and relatives in assessing and improving the quality of care.

The Council had a suitable participation policy for residents and relatives to have a say about the quality of care provided.

The methods used to involve residents and relatives included;

- \* questionnaires for residents and relatives
- \* questionnaires for respite service users and relatives
- \* residents' and relatives' meetings
- \* six monthly review meetings for each resident with their relatives
- \* informal discussions
- \* residents' and relatives' views were asked for separately, as these can be different
- \* residents' and carers' comments about the quality of the service were prominently displayed on a wall in the reception
- \* minutes of residents' and relatives' meetings and the care home's newsletter evidenced that the service had acted on comments it had received.

Some examples of very good outcomes for residents and relatives were;

- \* After residents' requests cake was now served with meals and a high tea was provided once a week.
- \* Residents were supported to choose who they wanted at their review meeting and invitations were sent out in their name.
- \* A resident was supported to go out regularly for pub lunches and to buy new clothes.
- \* Residents were told about staff changes and the Care Commission's inspection visit.
- \* Relatives are invited to a carers' forum every three months where they have updates on service developments and can get involved in various aspects of improving the service.

A popular request from residents was for more trips out. The service has responded by identifying more staff who can drive a minibus and using a minibus from a Council day centre for outings. The service also used disabled access taxis for short trips to shops and cafes.

Residents' physical movement and co-ordination was encouraged through games of tennis and golf on a computer games console bought at the request of a resident.

This was the continuing practice of the service.

**Areas for Improvement**

To improve practice the service could;

\* use six monthly review meetings to ask residents, relatives and other representatives about all four quality themes

\* make more links between improvements made to the service as a result of residents' and relatives' comments.

The service should continue its very good practice.

**Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0



## Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

### Service Strengths

There were overall good outcomes for residents in this quality statement.

Residents were offered choices in their daily lives such as; when to get up, when and whether to shower or bath, what to wear and what to eat. Staff confirmed their practice was to sit with residents and go through the contents of their personal plan together to ensure they were involved as much as possible.

The care home's brochure emphasised the choices residents could make about their daily lives and how they would be assisted to maintain their independence.

Some examples of very good practice included;

- \* A resident chose to move into the care home after a respite stay when they came back by themselves and asked to move in. The care home made arrangements for them to move in.
- \* A resident was assisted to visit their family elsewhere in Scotland and to build up to a stay with them for a week's holiday.
- \* The care home staff bought presents and looked after donations of gifts for residents to be used for special occasions such as birthdays and Christmas.
- \* The service had moved residents who required higher levels of emotional and social support to the smaller four person suite. This provided these residents with a higher staff ratio and a quieter, less distracting environment.
- \* One resident was able to go out by herself. All other residents needed someone with them to go out of the care home.
- \* There was very good use of diaries for residents in communication needs for relatives to write comments about their visits and when they will be visiting again. This assisted staff to talk to residents about their visitors and when to expect another visit.

Volunteers assisted staff to provide group activities for residents. A very well attended bingo session, led by a volunteer, took place in the dining room.

A weekly residents' arts and crafts group, led by a arts and crafts co-ordinator, sold items made by them to raise funds at the home's fete. The fete raised a lot of money to buy items for residents' recreational use and for special outings.

### Areas for Improvement

The otherwise very good outcomes of the service were constrained by how a sample of personal plans and restraint assessments had been written.

There was a basic evaluation of how the service would meet respite residents' personal care needs in their personal plans. (Requirement 1)

There was a limited evaluation of the appropriate measures for restraint such as wheelchair lap belts and for a resident who could not go out of the care home alone but had asked to go out. (Requirement 2)

Personal plans did not state residents' views about their needs from their perspective or in an easy to understand wording. When asked about residents' needs and wants staff could state these in practical terms that showed a very good insight about each resident as an individual. (Recommendation 1)

The Care Commission will report on the inspection focus area of Meaningful Activity at the next inspection.

### **Grade awarded for this statement**

4 - Good

### **Number of Requirements**

2

### **Number of Recommendations**

1

### **Requirements**

1.

The provider must ensure that all personal plans state how residents' needs are to be met by the service.

This is in order to comply with The Regulation of Care (Requirements as to Services) (Scotland) 2002 (SSI 114/2002) regulation 5(1). This is a requirement for the provider to prepare plans setting how service users' health and welfare needs are to be met. Timescale for completion: Within one month of receiving this report.

2.

The provider must ensure that all forms of restraint are assessed and the personal plan states how the restraint is to be used to protect the interests of the resident using best practice guidance as set out by the Mental Welfare Commission. This is in order to comply with SSI 114/2002 regulation 4(1)(c). this is a requirement for a provider to ensure no service user is subject to restraint unless it is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances. Timescale for completion: Within one week of receiving this report.

### **Recommendation**

1.

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Residents' personal plans should reflect their wishes and choices in practical, easy to understand terms. National Care Standards, Care homes for older people, Standard 6, Support arrangements.

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service Strengths

The service had very good involvement of residents and relatives in assessing and improving the quality of the environment in the care home.

A very good range of methods were used to involve residents and relatives. Residents and relatives made their views known separately. The service had taken action on comments from residents and relatives.

Residents helped the care home buy new furniture by specifying the type and colour of chairs they wanted. Two residents were to go to the showroom as well but were unwell on the day. Residents' comments about the suitability of the furniture bought were put in the newsletter.

This was the continuing practice of the service.

#### Areas for Improvement

The service should continue its very good practice.

#### Grade awarded for this statement

5 - Very Good

#### Number of Requirements

0

#### Number of Recommendations

0

### **Statement 3**

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

#### **Service Strengths**

There were very good outcomes for residents in this quality statement.

Residents could put their own furniture in their bedrooms and there was a chair to sit in privacy. All bedrooms had en-suite toilets. Two bedrooms had an en-suite shower room.

In each suite residents had;

- \* a short distance between their bedroom and the lounge within each area of the home
- \* a disabled access bathroom and shower room in their suite
- \* a place to make hot drinks and snacks
- \* lounges which provided comfortable space to sit and for some residents to have their meals

Throughout the care home residents benefited from;

- \* level access on each floor throughout the building with handrails to assist movement
- \* easy access to the garden through from the ground floor lounges
- \* ornaments, ornate picture frames and mirrors in lounges and corridors which had a homely effect.
- \* secure storage of residents' belongings, such as medical aids, outwith their rooms.
- \* a radio call alarm system with call points and pull cords flexibly sited in bedrooms and lounges
- \* all staff carried pagers which alerted them discretely to residents' calls without disturbing others
- \* a fully equipped hairdressing room
- \* a place for residents to make phone calls
- \* a room for visiting healthcare professionals, such as chiropodists and opticians, to treat residents in privacy
- \* a laptop for residents' to access the internet
- \* a keypad on the main exit as a final precaution for those residents who were not safe to leave the care home on their own.

Very good practice by the care home included;

- \* motion detectors and detector pads were used in some residents' bedrooms and under chairs when they were at risk of falling, as an alternative to more intrusive frequent staff checks
- \* residents' toiletries were kept tidily in drawers or baskets and small personal items were placed in their en-suites to make them more homely
- \* displays of staff photographs and names informed residents and visitors were informed about who was on duty in each area of the home
- \* relatives are offered use of the staff meeting room to sit in privacy if they have to be in the care home for extended periods

- \* chairs had been bought for use in bathrooms, at the suggestion of staff, for residents to sit comfortably while drying and dressing.
- \* residents' rooms were locked for privacy while they were away from the care home.
- \* cut flowers, donated by a relative's workplace, were placed round the care home.

Some individual responses had been;

- \* A respite resident was encouraged to bring in their own furniture and possessions to help them feel more at home for their first stay. This approach helped to reassure them and they wanted to return for future stays.
- \* a resident at their request did not have their name and photograph on their bedroom door.

In the garden residents benefited from;

- \* a summer house and gazebo for shelter and comfort when sitting out year round
- \* patio areas and paths for ease of access
- \* a small sheltered garden and patio by the four person suite.

The service planned to have a vegetable patch and more opportunities for residents to garden.

### **Areas for Improvement**

Shared bathrooms and toilets could be made more homely with in consultation with residents.

Staff commented that the dining room and residents' bedrooms had limited space for residents' mobility aids, such as wheelchairs, walking frames and hoists. The staff boiled kettles in one residents' kitchen to have hot water to wash dishes as a hot tap was not working. This had been reported for repair. In both instances we did not note any issues affecting residents' welfare. The service was ensuring that the environment remained safe and suitable for residents' care.

No requirements or recommendations were made at this inspection.

### **Grade awarded for this statement**

5 - Very Good

### **Number of Requirements**

0

### **Number of Recommendations**

0

## 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

The service had very good involvement of residents and relatives in assessing and improving the quality of the staffing in the care home.

Questions set by residents had been used by the service when interviewing applicants. Some residents had met applicants as part the selection process, and had given their views on the suitability of the applicants. These views were taken into account when new staff were selected.

Residents had found meeting several applicants to be very tiring. The service was reviewing how best to further involve residents directly in selecting applicants.

#### Areas for Improvement

To improve outcomes the service could;

- \* further evidence residents' influence on the decision to employ applicants and
- \* define the parts of applicants' suitability which residents are to assess.

The service should continue its very good practice.

#### Grade awarded for this statement

5 - Very Good

#### Number of Requirements

0

#### Number of Recommendations

0

## **Statement 2**

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### **Service Strengths**

There were good outcomes from the Council's safer recruitment for all employees and good outcomes from the staff induction practice in the service. Overall this resulted in good outcomes for this quality statement.

The service's induction was good for all new staff. The induction covered their first few weeks working in the service. The service ensured new staff;

- \* shadowed senior staff for several shifts

- \* were familiar with important policies, such as confidentiality and equal opportunities, and procedures moving and handling. A checklist was completed for this.

- \* had relevant in-depth training and their competence assessed before they carried out key tasks such as moving and handling or medicines administration. Written records of these assessments were kept.

Staff progress in their induction was assessed at a supervision meeting with a senior social care officer. The assessment identified competences achieved and further training and development to be planned in the near future.

A separate audit of the service's safer recruitment policies and procedures has been carried out by the Care Commission and found to be satisfactory. Generally the provider had taken time to prepare for the visit and files were well organised and presented.

The staff selection procedure was comprehensive and covered a range of issues such as application procedures, checking of fitness and the interview selection process.

There were good systems in place to manage situations where Disclosure Scotland Checks raised issues.

The audit of 100 files indicated that practice within the service ensured that an application form was completed, appropriate references and checks were requested and the aims and values of the service were explained.

There was evidence of very good processes in relation to assessing the medical fitness of prospective employees and the checking of references, particularly from the last employer.

### **Areas for Improvement**

The service's induction did not evidence how well new staff performed in day to day practice such as personal care and how they approached their work with residents. A limited range of practice was evaluated as part of the induction process.

(Recommendation 1)



The Council does not currently undertake three yearly Disclosure checks for all employees but is planning to systematically introduce this over a period of time. In some of the files examined, although it was recorded that a Disclosure check had been completed, it was unclear whether the Disclosure check required further action. The Council advised in these circumstances the information was considered by a recruitment panel and a decision was made in relation to the suitability of the applicant.

In some of the files examined there were no Disclosure checks for ancillary staff. The Council advised they had sought guidance from Disclosure Scotland who indicated these were not necessary. However, the decision to obtain enhanced Disclosures rest with the Council who should consider this in relation to the protection of vulnerable adults and children. There was also no evidence of risk assessments for those employees who had not had a Disclosure check.

In some of the staff files examined identification information such as utility bills and passport information had been unnecessarily retained.

The Council could improve consistency in their practice in relation to evidencing staff skills. For example some files contained photocopies of qualifications whilst others did not.

There were some examples where staff had not completed additional application forms when moving to other posts within the Council notably from permanent contracts to supply posts. (Inspection Focus Area, Recommendation 1).

There was some evidence that staff skills had been identified for those who had transferred within the organisation. However, the information held was not consistent and in some cases there was no information. (Inspection Focus Area Recommendation 2)

#### **Grade awarded for this statement**

4 - Good

#### **Number of Requirements**

0

#### **Number of Recommendations**

3

#### **Recommendations**

1.

The induction and ongoing assessment of staff competence should be evidence based and evaluate a wider range of day to day practice. Standard 5, Management and staffing arrangements.

### **Safer Recruitment - Inspection Focus Area (IFA) outcome**

The requirements and/or recommendations below reflect our view of the providers performance in meeting its legal responsibilities when recruiting staff and its compliance with best practice. This is as a result of an audit of the providers recruitment files.

#### **Recommendation**

1.

It is recommended that the provider ensure that a formal application process is followed for each period of employment. Scottish Social Services Council Code of Practice - Employer 'Make sure people are suitable to enter the workplace - 1.1. National Care Standards, Care homes for older people, Standard 5 Management and staffing arrangements.

#### **Recommendation**

2.

It is recommended that the provider audits the procedures for the recording of staff skills and qualification records. Scottish Social Services Council Code of Practice - Employer 'Make sure people are suitable to enter the workplace - 1.1. Standard 5 Management and staffing

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service Strengths

The service had very good involvement of residents and relatives in assessing and improving the quality of the management and leadership of the care home.

A very good range of methods were used to involve residents and relatives. Residents and relatives made their views known separately. The service had taken action on comments from residents and relatives. For example residents interview job applicants and give their views on their suitability.

A very good example of practice was an in-depth survey by an independent person with some residents to gather their views on their experiences of moving into the care home. The survey found that people wanted to find out more about where they moving to and to have time and information with which to make their decision.

As a result the admissions procedure has been changed to take into account the findings about residents' experiences. Prospective respite and long term residents are offered a half day visit to the care home to see more of what is offered and to meet other residents and staff and the care home's brochure which sets what it offers.

This was the continuing practice of the service.

#### Areas for Improvement

For improved practice the service could find out the benefit of its new admissions procedures and involving residents in interviewing job applicants.

The service should continue its very good practice.

#### Grade awarded for this statement

5 - Very Good

#### Number of Requirements

0

#### Number of Recommendations

0

### **Statement 3**

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

#### **Service Strengths**

There were very good outcomes in this quality statement.

There was very good practice in delegating decision making and responsibility for residents' care to its care staff for ensuring the overall quality of the service to its senior staff.

Senior social care officers were responsible for leading care in each of the five suites. For example two senior officers were responsible for managing the respite service in the Iona suite. A senior officer was responsible for all stages of a residents move in and out of the care home, whether for long or short stays. Senior staff stated that they worked together a team to support each other. They saw their role as assisting care officers to make decisions in the interests of residents.

Senior care staff had delegated responsibility to supervise staff practice and have an overview of residents' welfare, for example they;

- \* wrote residents' personal plans to promote a consistent approach.
- \* continually evaluated care staff practice in regular supervision meetings
- \* identified training or development needs for care staff
- \* regularly observed and recorded how well staff worked with residents and adherence to expected practice.

Care staff had significant responsibilities delegated to them for they example they;

- \* could respond flexibly to residents' requests to change their routine without having to consult a senior member of staff
- \* administered medicines to residents reducing the number of people they had to caring for them at any one time
- \* wrote residents' personal plans with them and their relatives
- \* held review meetings with residents and relatives
- \* contacted relatives and healthcare professionals on behalf of residents.

There was very good communication between care staff and senior staff about any significant developments for residents. They had regular team meetings together for each area of the care home to discuss residents' care and ideas for improvement in the service.

#### **Areas for Improvement**

The service should continue its very good practice.

#### **Grade awarded for this statement**

5 - Very Good

**Number of Requirements**

0

**Number of Recommendations**

0

## Other Information

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### **Complaints**

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

### **Enforcements**

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

### **Additional Information**

None.

### **Action Plan**

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission 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).

## Summary of Grades

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

## Inspection and Grading History

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Date	Type	Gradings
22 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership 5 - Very Good
30 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership 5 - Very Good 5 - Very Good 5 - Very Good 4 - Good

## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.



**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

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## Translations and alternative formats

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