

DUNDEE CITY COUNCIL

REPORT TO: SCRUTINY COMMITTEE - 20 JANUARY 2010

REPORT ON: ANNOUNCED INSPECTION OF ELMGROVE HOUSE BY THE CARE COMMISSION ON 7 AND 8 SEPTEMBER 2009

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 33-2010

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to report on the findings of the announced inspection by the Care Commission of Elmgrove House.

2.0 RECOMMENDATIONS

2.1 It is recommended that the Scrutiny Committee note the contents of this report.

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 Elmgrove House was inspected on 7 and 8 September 2009 by the Care Commission. This was an announced visit. The report of the findings of this visit was finalised on 29 October 2009. At the time of the inspection there were 10 service users living in Elmgrove.

4.2 The Care Commission identified key strengths in the areas that were inspected some of which are outlined below.

- There was a very good sociable atmosphere in the home. We observed that residents were relaxed and comfortable with staff. The staff were very respectful of the residents and their needs.
- There was very good involvement by the service of residents and relatives in assessing and improving the quality of care.
- There were very good outcomes for residents in this quality statement.
- The staff were very aware that all residents made and could express choices. The staff ensured 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.
- The service supported relatives contact with residents and would act on any ideas to improve residents' lifestyle. The service regularly phoned relatives to keep them informed of changes for residents.
- There were very positive comments from carers about the service under all four themes and the service was highly rated.

- The service had appropriately consulted relatives about the quality of environment in questionnaires and also meetings about the design of individual sheltered flats which will replace the present care home building. Relatives had requested certain features to be included in the design, such as private garden space.
- Service users had a good quality environment in their bedrooms. Staff had made good effort to make shared bathrooms more attractive.
- There were good outcomes for residents in quality statement 2 - We make sure that the environment is safe and service users are protected.
- The residents in this care home are at greater risk because of their lack of understanding of everyday hazards and for some residents to harm themselves or others when distressed.
- The principle means of ensuring residents' safety was the presence and skills of staff to respond to their needs.
- Carers commented in the consultation meeting that staff respected service users creating a family atmosphere and that they were good communicators and were well trained.

There was one requirement.

- The provider must ensure that residents' risk assessments state in detail how risks are to be safely managed and the necessary level of staffing in all circumstances. This is in order to comply with SSI 114/2002 regulation 4(1)(a). This is a requirement for a provider to ensure to health and welfare of service users. Timescale for completion: Within two weeks of receiving this report.

This requirement has since been addressed.

4.2 The following were identified as areas for improvement.

- Residents' personal plans should state residents' known preferences and choices. National Care Standards, Care homes for older people. Standard 6 Support arrangements.
- The service should consult with relatives, residents' representatives and staff about the staffing levels and staff team required to meet residents' needs. Standard 5, Management and staffing arrangements.
- 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.
- 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 people with learning disabilities. 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 arrangements.
- 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 arrangements.

5.0 QUALITY INDICATORS

5.1 The Care Commission use a 6 point scale for performance.

6	Excellent	Exemplary, model of its type
5	Very good	Major Strengths
4	Good	Important strengths but improve further
3	Adequate	Basic but adequate level
2	Weak	Important weaknesses
1	Unsatisfactory	Widespread weaknesses

5.2 The following quality indicators were given to Elmgrove at the last announced inspection.

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

5.3 The recommendations that are indicated in 4.3 above are being pursued. A staffing review has concluded in order to ensure that staffing levels are at a level consistent with the needs of the service.

6.0 POLICY IMPLICATIONS

6.1 This report has been screened for any implications in respect of Sustainability, Strategic Environment Assessment, Anti-Poverty and Equality Impact Assessment and Risk Management.

6.2 There are no major issues.

7.0 CONSULTATION

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

8.0 BACKGROUND PAPERS

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

- Inspection Report Dundee City Council - Janet Brougham House.

Alan G Baird
Director of Social Work

30 December 2009

Inspection report

Elmgrove House Care Home Service Adults

315 South Road
Dundee
DD2 2RT
01382 436721

Inspected by: Patrick Sweeney
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 8 September 2009

	Page Number
Summary of this inspection report	3
Section 1: Introduction	
About the Care Commission	6
About the National Care Standards	7
What is inspection?	8
How we decided what to inspect	10
What is grading?	11
About the service we inspected?	12
How we inspected this service	13
Section 2: The inspection	17
Section 3: Other information	
Other Information	32
Summary of Grades	33
Terms we use in our reports and what they mean	34
How you can use this report	36
People who use care services, their relatives and carers	36

Service provided by:

Dundee City Council

Service provider number:

SP2003004034

Care service number:

CS2003000475

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Easy read summary of this inspection report

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:



We gave the service these grades

Quality of Care and Support		Very Good
Quality of Environment		Good
Quality of Staffing		Good
Quality of Management and Leadership		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 the quality of the service. Residents' views were appropriately gauged by their overall health and wellbeing and how they responded to their care, daily routines and activities. Residents were offered

very good choices in their daily lives and very good opportunities to take part in activities. There were good arrangements in place for their safety and security.

What the service could do better

Residents' risk assessments must state in detail how risks are to be safely managed and the necessary level of staffing. Residents' personal plans should state their known preferences and choices. The assessment of staff competence should be evidence based and evaluate a wide range of day to day practice. The service should consult with relatives and representatives about the staffing required to meet residents' needs.

What the service has done since the last inspection

The service had improved its practice of recording relatives and professional staff involvement in reviews of residents' care and support. The service had identified a need for more staff to consistently meet the needs of all residents and was to agree with its management how and when this increase would take place.

Conclusion

All relatives agreed or strongly agreed that they were happy with the quality of care for residents in the care home. One relative said; "We are happy with the care our relative gets."

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

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. 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

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

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

What is inspection?

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

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

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?

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:

6	5	4	3	2	1
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

Elmgrove House has been registered as a care home for adults with learning disabilities by the Care Commission since 1 April 2002. The care home is registered to provide care for 10 residents. The care home is run by Dundee City Council. The care home also has seconded nurses from NHS Tayside as part of the staff team. The care home is in the Lochee area of Dundee.

The service meets the needs of adults with learning disabilities who require a high level of support for their behavioural needs.

All residents have a single bedroom, without en-suite facilities. The bedrooms are on a lower and upper floor, with access by stairs. There is no lift. There were the following shared facilities;

- * a disabled access bathroom
- * toilets
- * a dining room
- * three lounges
- * a relaxation room.

The home has an inner courtyard and a private garden area with a seating area for residents use.

The Council is to replace the present care home building with purpose built flats on the same site and to continue to provide the 24 hour care and support required to meet residents' needs.

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

Quality of Care and Support	5 - Very Good
Quality of Environment	4 - Good
Quality of Staffing	4 - Good
Quality of Management and Leadership	4 - 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.

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

How we inspected this service

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 Monday 7 and Tuesday 8 September 2009, by a Care Commission officer. The inspection findings were given in a meeting with the manager on 8 September.

The Annual Return

The service did not submit an annual return as requested by the Care Commission. The request to complete the annual return was overlooked by the service.

The Self Assessment

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

Views of Service Users

The service gave out ten questionnaires to relatives. Five questionnaires were returned to the Care Commission. The communication needs of residents meant that they could not be interviewed or complete questionnaires.

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 the service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the 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, four staff, one relative.

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.

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

Actions Taken on Recommendations Outstanding

Recommendation 1

The service should ensure personal plans and reviews of the plans evidence;

- a) the views of carers, and other representatives
- b) service users' choices and options for realising potential
- c) who is involved in decisions about service users choices, options for realising potential and reasonable risk
- d) who wrote the plan and when.

National Care Standards, Support Services, Standard 6, Support arrangements and Standard 8, Making choices and Standard 9, Feeling safe and secure.

Action taken on Recommendation 1

There had been an improvement in the practice of recording carers and professional staff involvement in evaluating the quality of care and support in residents' reviews. There was good evidence that relatives' views about the quality of care and support were invited at the review meetings and that there was a full discussion of service users' needs, choices, realising potential and acceptable risks with all those present at the review. The reviews of residents care and support routinely involved relatives and other professionals.

The service co-ordinated reviews of some residents' care with a day hospital and a day support service. To improve practice the service could set out a plan for all residents of review meetings already held and to be planned to ensure it always met the requirement for six monthly reviews of the personal plan. No further requirement or recommendation was made at this inspection.

Recommendation 2

The service should consult with carers, staff and other stakeholders about the staffing levels and staff team required to meet service users' needs. Standard 5, Management and staffing arrangements.

Action taken on Recommendation 2

The service had identified it needed more staff to consistently and safely meet the needs of all residents and was to agree with its management how and when this increase would take place. The service planned to consult further with relatives and representatives on staffing requirements for the new service.

The recommendation will remain in place until the results of further consultations are taken in to account by the service. (Quality of Staffing, Statement 1, Recommendation 1)

To improve practice and for the benefit of relatives and representatives the service could show how its meets its staffing schedule each day.

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

No

Comments on Self Assessment

We received a fully completed self assessment document from the service. We were satisfied with how the service had completed this and provided us with relevant information for each quality statement.

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

any changes they planned. The service told us how relatives had taken part in the self assessment process.

Taking the views of people using the care service into account

The communication needs of residents meant that they could not be interviewed or complete questionnaires.

There was a very good, sociable atmosphere in the home. We observed that residents were relaxed and comfortable with staff. The staff were very respectful of residents and their needs.

Taking carers' views into account

We received five questionnaires from relatives.

Three relatives strongly agreed, and two agreed, that they were happy with the quality of care for residents in the care home. No one was unhappy with the service.

Relatives agreed that they could give their views on the quality of the service and the management took these seriously.

All relatives agreed and strongly agreed that the service met the needs of residents in all areas of care.

From the questionnaires returned by relatives the following comments were made; "We are happy with the care our relative gets."

From phone interviews with one relative the following comments were made; "We are very pleased with the care our relative gets at Elmgrove House. The staff phone us to keep us well informed of any changes for our relative. The staff go over everything about our relatives' care at reviews. This helps us to feel involved and gives us peace of mind."

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

There was very good involvement by the service 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 communication needs of residents do not allow for discussions or use of questionnaires.

The views of residents were appropriately gauged through an assessment of their overall health and wellbeing and their reactions to their care, daily routines and activities. The staff prepared very good assessment reports about residents' welfare for their care review meetings. These assessments considered residents' health and wellbeing and on progress to meeting goals set in the personal plan.

Residents' relatives and advocate are invited to reviews and their views recorded in the minutes. Relatives were also invited to take part in keyworker meetings held for each resident to discuss and plan in detail how to meet their health and welfare needs.

The service evidenced a good level of consultation with relatives and advocates of service users at Elmgrove House about all four quality themes through;

- * a consultation meeting for relatives in August 2008, facilitated by someone independent of the service

- * meetings with all relatives about the plan to build individual sheltered flats with 24 hour care and support for all the residents

- * questionnaire about the quality of the service

- * relatives graded the service and made many very positive comments about the service under all four themes and rated the service highly.

Areas for Improvement

To improve practice the service could;

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

- * evidence more improvements or changes made to the service as a result of relatives'

and representatives' comments

* set out a plan for all residents of review meetings to ensure it always met the requirement for six monthly reviews of the personal plan.

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 very good outcomes for residents in this quality statement.

The staff were very aware that all residents made and could express choices. The staff ensured 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.

The Inspection Focus Area of Meaningful Activity is reported under this quality statement.

The service had made an improvement to residents' personal plans through a plan which expressed residents' known preferences for activities.

Residents were encouraged and supported;

- * to be as independent as possible
- * to take part in activities to improve their health and wellbeing
- * to have enriching activities to improve their quality of life
- * to choose their activities.

Some examples of very good practice in supporting residents' choice, realising potential and meaningful activity included;

- * A resident's birthday was celebrated with a meal out with their family at a hotel
- * Some residents are supported to go for on short holidays
- * One resident especially enjoyed going out on bus trips
- * One resident enjoyed helping staff to shop at the supermarket
- * One resident liked going clothes shopping and for lunch at a café
- * One resident looked forward to sessions twice a week to a hydrotherapy pool
- * A resident relaxed by looking through a box of their possessions
- * One resident enjoyed spending time in the relaxation room.

The service had appropriate equipment and facilities to support residents. Residents had very good access to rehabilitation staff including; physiotherapists, occupational therapists and speech and language therapists.

The service supported relatives contact with residents and would act on any ideas to improve residents' lifestyle. The service regularly phoned relatives to keep them informed of changes for residents.

Areas for Improvement

Residents' known preferences and choices were not stated throughout their personal plans. (Recommendation 1)

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

Residents' personal plans should state residents' known preferences and choices. National Care Standards, Care homes for older people. Standard 6 Support arrangements.

Quality Theme 2: Quality of Environment

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 environment within the service.

Service Strengths

There was good involvement by the service of residents and relatives in assessing and improving the quality of the environment in the care home.

The service asked for relatives' views on the quality of the care service during review meetings and in informal discussions. The service was willing to act on relatives' views about any improvements which could be made for residents' rooms and facilities for them.

The service had appropriately consulted relatives about the quality of environment in questionnaires and also meetings about the design of individual sheltered flats which will replace the present care home building. Relatives had requested certain features to be included in the design, such as private garden space.

Relatives confirmed that they were kept informed by the manager about the progress being made to replace the care home with sheltered flats.

Areas for Improvement

To improve practice the service could;

- * use six monthly review meetings to ask relatives and other representatives about all four quality themes
- * evidence improvements or changes made to quality of environment and the new build flats as a result of relatives' and representatives' comments.

The service should continue its good practice.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 2

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

Service Strengths

There were good outcomes for residents in this quality statement.

The residents in this care home are at greater risk because of their lack of understanding of everyday hazards and for some residents to harm themselves or others when distressed.

The principle means of ensuring residents' safety was the presence and skills of staff to respond to their needs. For example;

- * All residents required staff presence when in a room with other residents
- * One resident required constant staff attention when outwith their bedroom
- * One resident required male staff to meet their behavioural needs
- * All residents required staff to support them to go out
- * Some residents required two staff to be present when they went out.

The service had very good physical measures in place for residents;' safety and security;

- * All areas for staff use were secured for residents' safety such as; the kitchen, offices, cupboards
- * Sounding alarm on the main exit to alert staff to someone leaving
- * Sounding alarms on all residents' bedroom doors to alert staff when residents leave their room at night
- * All residents' bedroom doors were locked from outside to prevent other residents going into their rooms
- * Residents could leave their rooms at anytime, without restriction, as the door handle disabled the lock
- * Some residents had a sensor under their mattress to alert staff to seizures at night

Residents required specific levels of staff support to ensure their safety for personal care, meal times, activities, going out, travelling in vehicles. The appropriate approach to support for each resident was written in a plan.

Areas for Improvement

There were adequate written risk assessments for each resident. The assessments lacked detail about how the risk should be safely managed and the prescriptions for staffing levels were open to interpretation especially for how service users' needs would be met in groups and on outings. (Requirement 1)

Grade awarded for this statement

4 - Good

Number of Requirements

1

Number of Recommendations

0

Requirements

1.

The provider must ensure that residents' risk assessments state in detail how risks are to be safely managed and the necessary level of staffing in all circumstances. This is in order to comply with SSI 114/2002 regulation 4(1)(a). This is a requirement for a provider to ensure to health and welfare of service users. Timescale for completion: Within two weeks of receiving this report.

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

There was good involvement by the service of relatives in assessing and improving the quality of staffing in the service.

The service asked for relatives' views on the quality of the care service during review meetings and in informal discussions. The service was willing to act on relatives' views about any improvements which could be made in the service.

This was the continuing practice of the service.

Areas for Improvement

A recommendation was made at the last inspection that the service should consult with carers, staff and other stakeholders about the staffing levels and staff team required to meet service users' needs. The service had identified it needed more staff to consistently and safely meet the needs of all residents and was to agree with its management how and when this increase would take place. The service planned to consult further with relatives and representatives on staffing requirements for the new service. The recommendation will remain in place until the results of further consultations are taken in to account by the service. (Recommendation 1)

To improve practice the service could;

- * use six monthly review meetings to ask relatives and other representatives about all four quality themes
- * evidence improvements or changes made to quality of staffing as a result of relatives' and representatives' comments
- * show relatives and representatives how it met its staffing schedule each day.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

1

Recommendations

1.

The service should consult with relatives, residents' representatives and staff about the staffing levels and staff team required to meet residents' needs. Standard 5, Management and staffing arrangements.

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 policies, procedures and practice for all employees and good outcomes for the staff induction practice in the service. Overall this resulted in good outcomes for this quality statement.

The service had a thorough induction programme for all new staff. The service's induction for all new staff covered their first few weeks working in the service. The induction ensured new staff;

- * shadowed experienced and senior staff
- * were shown how to provide care and support to each resident on at least two recorded occasions, or until they were confident,
- * had in house training for moving and handling and medicines administration
- * were familiar with important policies, such as confidentiality and equal opportunities, and procedures moving and handling. A checklist was completed for this.

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 for each resident and how they approached their work

with residents. A limited range of practice was evaluated as part of the induction process. The service was developing an induction process that would test and evidence more areas of staff practice for all staff.
(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. (See 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. (See 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 people with learning disabilities, 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 arrangements.

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

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

The service asked for relatives' views on the quality of the care service during review meetings and in informal discussions. The service was willing to act on relatives' views about any improvements which could be made in the running of the service.

The service had appropriately consulted relatives about the quality of management and leadership in questionnaires.

The management had met with all residents' relatives or representatives about planning for the service and accommodation to replace the care home. Relatives confirmed that they were kept informed by the manager about the progress being made to replace the care home with sheltered flats.

Areas for Improvement

To improve practice the service could;

- * use six monthly review meetings to ask relatives and other representatives about all four quality themes
- * evidence improvements or changes made to the management and leadership as a result of relatives' and representatives' comments.

The service should continue its good practice.

Grade awarded for this statement

4 - 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 this service of delegating decision making and responsibility to its care staff for residents' care and to its senior staff to ensure the overall quality of the service.

Care staff had significant responsibilities delegated to them for 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
- * contributed their views on how to meet residents' needs and known preferences in keyworker meetings and residents' personal plan
- * wrote up contacts dates in the personal plans
- * held review meetings with relatives and professional staff
- * 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. This occurred at the handover of each shift where any changes to each resident's health and welfare was discussed in detail and a plan to meet their needs for that shift was made.

In addition to the responsibilities of care staff senior care staff had delegated responsibility to supervise staff practice and have an overview of residents' welfare, for example they;

- * wrote the personal plan for each resident to ensure consistency in the plan
- * led regular keyworker meetings with care staff to plan each resident's care
- * evaluated care staff practice in regular supervision meetings
- * identified training or development needs for care staff.

The senior staff confirmed they worked closely together to plan improvements in practice in the care home.

Additional clinical supervision was provided to nurses and nurse assistants by an external nurse manager from NHS Tayside.

Areas for Improvement

For improved practice the service could use supervision sessions to assess and record how effective senior staff and care staff are in meeting residents' needs and acting on their delegated responsibilities. No requirement or recommendation was made at this

inspection.

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

Complaints

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

Enforcements

We have not taken any enforcement action against this care service since our last inspection.

Additional Information

The residents will need to move to a temporary care home building in early 2010 for about one year while the new flats are built.

The care service will need to formally consult with the Care Commission about this temporary move and the registration of the new care service to replace the care home.

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

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

Inspection and Grading History

Date	Type	Gradings
30 Mar 2009	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
5 Sep 2008	Unannounced	Care and support 4 - Good Environment 3 - Adequate Staffing 4 - Good Management and Leadership 4 - Good

Terms we use in our report and what they mean

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

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

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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هه بايتسد سىم سونابز رگىد روا رولکش رگىد رپ شرازگ تعاشا هى

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

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