

DUNDEE CITY COUNCIL

REPORT TO: SCRUTINY COMMITTEE - 20 JANUARY 2010

REPORT ON: ANNOUNCED INSPECTION OF JANET BROUGHAM HOUSE CARE HOME FOR OLDER PEOPLE BY THE SCOTTISH COMMISSION FOR THE REGULATION OF CARE

REPORT BY: DIRECTOR OF SOCIAL WORK

REPORT NO: 34-2010

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to report on the findings of the inspection of Janet Brougham House Care Home carried out on 31 August and 1 September 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 Janet Brougham House was inspected on 31 August and 1 September 2009 by the Scottish Commission for The Regulation of Care. A report of the findings was published on 13 November 2009. At the time of the inspection there were 24 older people resident at Janet Brougham House.

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.

4.3. The Care Commission identified the following strengths at Janet Brougham Home from the quality themes and statements inspected.

- There was strong evidence that Service Users and relatives were involved in assessing and improving the quality of care.

- There was strong evidence that Service Users 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.
- There was good evidence that Service User's were encouraged to participate in care planning.
- There was strong evidence that Service Users and relatives were involved in assessing and improving the quality of the environment in the care home.
- There was very strong evidence that the environment allows Service Users to have as positive a quality of life as possible, such as, some Service Users have profile beds which can be adjusted to meet individual need. Beds and other furniture are positioned in bedrooms to meet individual Service Users' needs and wishes.
- There was strong evidence that Service Users and relatives were involved in assessing and improving the quality of staffing in the care home.
- There was good evidence that the Home adhered to strong and robust recruitment and selection procedures.
- There was good evidence that the Home had a very thorough induction programme for all new staff.
- There was good evidence that Service User's and Carers were involved in the assessing and improving the quality of the management and leadership in the care home.
- There was strong evidence that leadership values are promoted throughout the workforce to encourage good quality care. This included very good communication and regular team meetings which were used to discuss Service Users' care and ideas for improvement in the service.

4.4 Evaluation

The Care Commission can apply the following to Services:

- Enforcement Action
- Requirements
- Recommendations

Janet Brougham Home did not receive any enforcement actions or requirements following the Inspection. There were three recommendations, one of which was for the Home and two were Corporate.

Recommendation for the Home:

Standard 5 - Management and Staffing Arrangements

1. The service's induction and ongoing assessment of staff competence should evaluate a wider range of day to day practice.

Corporate Recommendations: Safer Recruitment - Inspection Focus Area Outcome

2. 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. and National Care Standards, Care homes for older people.)

3. 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.)

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:

Statement 1 - Quality of Care and Support	5 - Very Good
Statement 2 - Quality of Care and Support	5 - Very Good
Statement 1 - Quality of Environment	5 - Very Good
Statement 3 - Quality of Environment	6 - Excellent
Statement 1 - Quality of Staffing	5 - Very Good
Statement 2 - Quality of Staffing	4 - Good
Statement 1 - Quality of Management and Leadership	4 - Good
Statement 3- 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	5
Quality of environment or information	5
Quality of staffing	4
Quality of management and leadership	4

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 - Janet Brougham House

Alan G Baird
Director of Social Work

30 December 2009

Inspection report

Janet Brougham House Care Home Service Adults

Banchory Road
Dundee
DD4 7TQ
01382 307190

Inspected by: Patrick Sweeney
(Care Commission officer)

Type of inspection: Announced

Inspection completed on: 1 September 2009

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Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000476

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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  **5** Very Good

Quality of Environment  **5** Very 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.

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 very good choices in their daily lives and support to maintain their independence. The environment of the care home meant excellent

outcomes for residents' quality of life. There was a very good induction programme for new staff and very good delegation to care staff of responsibility for residents' care and to senior staff for quality of the service.

What the service could do better

The induction and ongoing assessment of staff competence should evaluate a wider range of day to day practice.

What the service has done since the last inspection

The service had maintained its good and very good practice and continued to look for opportunities to make improvements.

Conclusion

Almost all residents and relatives strongly agreed that they were happy with the quality of care in the care home. No one was unhappy with the service. Residents they said they liked living in the care home and were well looked after by the care staff. They said; "I like living here" and "the staff are very kind." Relatives told us; "We're very happy with the care for my relative. The staff are caring. The surroundings are lovely."

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

Janet Brougham House is registered as a care home for older people by the Care Commission since 1 April 2002. The care home is registered to provide care for 24 residents. The care home is run by Dundee City Council. The care home is in the residential district of Douglas.

The care home is divided into three areas, called suites, each with a;

- * very large lounge
- * quiet sun room
- * disabled access bathroom
- * additional toilets
- * kitchen to make snacks and drinks.

The care home is all on one level. Residents all have single bedrooms with en-suite toilets and showers. The bedrooms are large enough for residents to bring in additional furniture and to have a comfortable place to sit.

There is a communal dining room where residents can also sit and entertainments are put on. There is a secure garden area on two sides of the care home where residents can sit out. There is also a central, sheltered courtyard where residents can sit in privacy. There is a smoking room for residents' use.

The care home is built with features and facilities to meet the needs of people with dementia. These features included; signs symbols and colour schemes to help residents find their way round, all facilities were within a suite shared with a small group of residents, and square layout of the home always brings residents back to their area.

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	5 - Very 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

The report was written following an announced inspection on Monday 30 August and Tuesday 1 September 2009, by a Care Commission officer. The inspection findings were given in a meeting with the manager on 1 September.

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 48 questionnaires to residents and relatives. 26 questionnaires were returned directly 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. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) an action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This inspection resulted in this 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, three residents and three 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.

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

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 they had given us for each of the headings that we grade them under.

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.

Taking the views of people using the care service into account

When we interview residents they said they liked living in the care home and were well looked after by the care staff. Comments included;

"I like living here."

"The staff are very kind."

A meeting was held with five residents. Their comments included;

Quality of care and Support

"This is a happy place."

"Its relaxed here. I'm not bored."

"There are things to do. It's up to yourself."

"We've got company. We get on well together."

"Another resident made me feel at home and I've made friends."

Quality of environment

"I like my room."

"There are lovely rooms in here."

"There are all different colours. It's lovely."

Quality of Staffing

"They are very good."

"We are well looked after."

Quality of Management and leadership

"There's nothing I would change."

"I try to help out."

"I'm quite happy with the way things are."

We received 16 questionnaires from residents, 11 of which were anonymous.

Almost all residents strongly agreed that they were happy with the quality of care in the care home. No one was unhappy with the service. The greater majority agreed that they could give their views on the quality of the service and the management took these seriously. No one disagreed with this.

Taking carers' views into account

We received 10 questionnaires from relatives, five of which were anonymous.

Almost all relatives strongly agreed that they were happy with the quality of care for residents in the care home. No one was unhappy with the service. The greater majority agreed that they could give their views on the quality of the service and the management took these seriously. One person disagreed with this and two people did not know. As these questionnaires were anonymous we could not follow up these answers with these relatives.

From the questionnaires returned by relatives the following comments were made;
"I would like to commend the staff for the excellent care they provide for my mother. We are always kept informed of what is happening with mum by phone or in person."
"I am very happy with the care that my mother receives from all the staff. They are all very caring, helpful and make the atmosphere a very happy one."

From phone interviews with relatives the following comments were made;

"My mother is well looked after. The staff cannot do enough for her. We are made welcome when we visit. It feels like a home from home. We are asked for our thoughts and opinions. We've never had to ask for any improvements. We attend the carers group, for relatives, and raise funds for the residents comforts."
"We're very happy with the care for my mother-in-law. The staff are caring. The staff always update us and are approachable. We are asked for our opinions. The surroundings are lovely."

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.

A range of methods were used to involve residents and relatives including;

- * questionnaires for residents 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
- * 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 this practice were;

- * Residents were asked who they wanted to invite to their reviews.
- * Individual residents' requests for food were provided for, such as for smoked fish.
- * Residents interested in going to a bowling club had been supported to go.
- * Relatives confirmed they were asked for their opinions and they found these were acted on.

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 very good outcomes for residents in this quality statement.

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 residents said that staff were very responsive to their requests for assistance.

Residents' personal plans were detailed about their needs and wishes. The plans were supported by good life stories about each resident's personal history, relationships and interests.

Some examples of very good practice for individual residents included;

- * A resident made his wishes known through a relative who then told staff who then acted on them.
- * A resident who liked to set the dining tables and dust was encouraged to do so.

Some examples of very good practice all residents included;

- * Residents' choices and needs for adaptations and special diets such as for lipped plates and soft diets were known and acted on during meal times.
- * Some residents choose to have their meals in their room or lounge, rather than the dining room. Some residents had this arrangement as they ate their meals better without the distractions of a busy dining room.
- * Residents join staff for impromptu trips out on errands to the local shops and supermarkets.
- * New staff were briefed on residents' need for support and known likes and dislikes in their induction.
- * During the inspection there concert in the dining room, where a majority of residents were joining in the entertainment.
- * Residents are encouraged and supported to walk in the garden for fresh air and exercise.
- * A volunteer visited with a petting dog with which residents greatly enjoyed.

Areas for Improvement

Residents' needs, views, preferences and choices were expressed negatively in a sample of personal plans, emphasising what residents did not want rather than what they did want or need. (Recommendation 1)

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

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Recommendation

1.

Residents' personal plans should positively state how their needs, views, choices and preferences are to be met by the service. 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 were consulted when items were bought for their suite and other shared areas.

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 excellent outcomes for residents in this quality statement.

In each resident's bedroom there was;

- * plenty of space to put their own furniture
- * a comfortable place to sit
- * spacious en-suite toilets and level access shower stalls
- * a framed information sheet setting out some life history for that resident as prompts for new staff to engage in conversation with residents, with the agreement of the resident and relatives
- * beds were positioned according to residents' needs or wishes, such as against a wall or with both sides accessible.

There were profile beds for some residents which can be set at different heights, for example very low to minimise any falls from the bed. The beds' integrated bed rails were used only when suitable and with the agreement of the resident and relatives. Pressure relieving mattresses were used for some residents to prevent pressure area ulcers developing.

In each suite residents had;

- * very large lounges providing comfortable sitting and dining areas, without any crowding
- * a solar (sun room) which provided very good levels of day light and a quiet room away from the lounge, which could be used for small group activities and for visiting relatives
- * bedrooms which opened onto the lounge, the entrances were set back so there were few direct views into the bedrooms from the sitting areas in the lounge to maintain privacy
- * a disabled access bathroom
- * a place to make hot drinks and snacks

Throughout the care home residents benefited from;

- * furniture of different types to break up uniformity with arm and back covers on the arm chairs and sofas.
 - * ornaments, pictures of "old Dundee", glassware in glass fronted dressers and fresh flowers in lounges and corridors which had a homely effect
 - * ornaments were in bathrooms and showers to make them more homely
 - * fire places with flame effect lights were the focal point for each lounge
 - * call points and pull cords were sited in flexibly in bedrooms and lounges and all staff carried pagers which alerted them discretely to residents' calls without disturbing others
 - * a fully equipped hairdressing room
 - * a room for residents to make phone calls in private
 - * a room for visiting healthcare professionals, such as chiropodists and opticians, to treat
-

residents in privacy

Very good practice by the care home included;

- * 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

Different features have been introduced to assist residents to find their way round the home easily;

- * a excellent sense of space and light

- * high contrast, yellow/black and Braille, signs for all toilets and bathrooms in shared areas and black and white signs for rooms used by staff

- * a different colour scheme for each of the three suites

- * level access with wide corridors and handrails to assist movement on one level to assist movement

- * easy access to the garden from each lounge, and several residents' bedrooms

- * the inner courtyard provided day light for the care home corridors and easy access to a sheltered, private space to sit out.

- * being built around a courtyard there were short distances between each of the suites and the main dining room.

There was easy access for residents in each suite to the disabled access bathroom immediately off each lounge. The service was aware that this could affect residents' dignity as they went through the lounge to the bathroom and had put into place or planned the following;

- * the service ensures residents' dignity through very good staff practice while supporting residents to use the bathroom

- * potted plants partially covered the view from most of the lounge into the bathrooms

- * TVs in the lounges are to be repositioned so that residents will face away from the bathrooms

- * the service has considered if permanent sight screens should be installed to cover the bathroom entrances.

Areas for Improvement

The home needed a better system for placing photographs and personal signs on residents' bedroom doors.

A memories room is to be developed for use with residents, with old furniture and every day items from the past. The care home has asked for help from relatives in finding suitable items.

The service should continue to maintain excellent outcomes for residents.

Grade awarded for this statement

6 - Excellent

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.

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 had put forward ten questions to be used by the service when interviewing applicants. Some residents met applicants as part of interviewing process and gave their views on the suitability of the applicants. Residents had found meeting several applicants to be very tiring. The service was reviewing how best to further involve residents directly in interviewing applicants.

This was the continuing practice of the service.

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

The service had a very 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 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
- * there were very good records of direct observation and assessment by senior staff of how well new staff carried out a range of care practices and the values and manner they demonstrated when working with residents.

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 was developing an induction process that would test and evidence more areas of staff practice, for care officers and senior care officers.

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 service's induction and ongoing assessment of staff competence should 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 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.

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.

This was the continuing practice of the service.

Areas for Improvement

To improve practice the service could make more links between improvements made to the service as a result of residents' and relatives' 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.

The service delegated significant responsibilities to care staff, 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 wishes in the personal plan
- * wrote updates in the personal plans
- * held review meetings with residents and relatives
- * contacted relatives and healthcare professionals on behalf 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.

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

Some records of direct observations and supervision meetings were descriptive and lacked evaluation of staff performance. For improved practice the service should judge how effective staff are in meeting residents' needs and acting on their delegated responsibilities.

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

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

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	6 - Excellent
Quality of Staffing - 4 - Good	
Statement 1	5 - Very 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
16 Mar 2009	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 4 - Good
18 Jun 2008	Announced	Care and support 4 - Good Environment 4 - Good 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.

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هه بايتسد سيم وونابز رگيد روا رولکش رگيد رپ شرازگ تعاشا هي

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

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