



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 17 JANUARY 2017
REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTIONS
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC1-2017

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspections of Oakland Day Centre and older people care homes Janet Brougham House and Menzieshill House.

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report and the content of the inspection reports (attached as appendices 1, 2 & 3).
- 2.2 Notes the one recommendation for Menzieshill House as outlined in paragraph 4.3.5.
- 2.3 Notes the grades awarded to the service, the strengths of the service, and the very positive comments made by service users and carers.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Oakland Centre

The Oakland Centre was inspected by the Care Inspectorate on 28 September 2016. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	6 (excellent)
Quality of staffing	6 (excellent)

Previous inspections	Themes inspected	Grade
29/10/13	All 4 quality themes inspected	5 (very good)
20/10/10	1 theme inspected	6 (excellent)
10/03/10	1 theme inspected	6 (excellent)

- 4.1.1 The Oakland Centre is a day centre providing a day opportunity for mainly older people living in Dundee. The service also offers a Community Link Service which is designed to support service users to re-establish links with their communities through a brief intervention model.
- 4.1.2 The inspector reported that, 'Oakland Centre demonstrated a clear vision of social inclusion, working in collaboration with service users and relatives to achieve identified personal

outcomes. Personal plans were detailed and person centred, influenced by the Joint Improvement Team's document 'Talking Points Personal Outcomes Approach'. Plans were regularly reviewed and updated as required.'

4.1.3 The inspection report also highlighted the staff groups' involvement in the development of the service. 'Staff are proactive in coming up with new ways for the service users to connect with the wider community and explore ways to get people excited about developing their creative skills. Some recent exciting achievements had been initiated by staff who soon had service users enthusiastic about getting involved. Staff and service users were proud of their collaborative creation of a new tartan for the centre which was officially registered and launched on Tuesday 20 September 2016'. 'The staff were confident, knowledgeable and demonstrated a real commitment to supporting service users to get the best out of their time at the centre'.

4.1.4 Service user comments included:

'Everyone is very kind and helpful. I enjoy coming here, there is always plenty to do and I can choose if I want to be involved in any of the activities.'

'I've just had my nails done, what do you think of them? I enjoy getting pampered here. When you are at home you don't tend to bother with little things like that but I'm always made to feel I am important when I am here.'

4.1.5 There were no recommendations or requirements in the report.

4.2 Janet Brougham House

Janet Brougham House was inspected by the Care Inspectorate on 27 October 2016. The Care Inspectorate inspection report is attached as Appendix 2. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of staffing	5 (very good)

Previous inspections	Themes inspected	Grade
26/11/15	All 4 quality themes inspected	2 x 5 (very good) 2 x 6 (excellent)
08/12/14	All 4 quality themes inspected	5 (very good)
08/11/13	All 4 quality themes inspected	5 (very good)

4.2.1 Janet Brougham House is a care home for predominantly older people. The care home cares for 24 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into three suites of eight bedrooms, with a central dining room. The home is designed in a circular layout which enables service users to walk round and find their way back to the area they live in.

4.2.2 The Inspector reported that 'Janet Brougham House offered a warm and welcoming atmosphere. Residents and visitors told us that they felt comfortable and relaxed in the home. Two of the residents were very proud to show us their rooms which they had made personal to them with their own furnishings, photographs and items that had special meaning for them. This reinforced a homely environment, helped residents settle into the home and promoted a sense of attachment and belonging.'

4.2.3 'Entries in care planning documentation demonstrated how the care home service linked with healthcare professionals such as GPs, district nurses and physiotherapists, to promote good health for residents. We were told by a visiting professional how well staff had implemented the advice given to support a resident through a period of recovery. They were most impressed with the progress the resident had made and put this down to the commitment of the staff.'

4.2.4 Relatives and service users comments included:

'I love living here. Staff are courteous, respectful and very helpful.'

'This is a really good place, especially the food, which is great. I have put some weight on since coming into the home. I have no complaints.'

'I am very happy with the support offered by staff to my relative. I have no concerns. My relative is very well cared for. Couldn't fault the place. It is always very clean and fresh.'

4.2.5 There were no recommendations or requirements in the report.

4.3 Menzieshill House

Menzieshill House was inspected by the Care Inspectorate on 7 November 2016. The Care Inspectorate inspection report is attached as Appendix 3. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of staffing	5 (very good)

Previous inspections	Themes inspected	Grade
19/11/15	All 4 quality themes inspected	5 (very good)
06/11/14	All 4 quality themes inspected	5 (very good)
04/10/13	All 4 quality themes inspected	5 (very good)

4.3.1 Menzieshill House is a care home for predominantly older people. The care home cares for 32 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into four suites with eight bedrooms in each. There is a large, central activity area and a themed reminiscence room.

4.3.2 The inspection report detailed that 'residents and the relatives we spoke with described staff as very caring, friendly and were confident in their ability to provide the care and support required. They told us they felt listened to and that staff respected their views and choices.'

4.3.3 'The activity champion, who took the lead in the provision of purposeful activities, events and outings was being supported by an activity co-ordinator. A survey had been undertaken with residents which enabled staff to produce a varied programme of activities which included identified interests. All staff were, however, involved in facilitating activities. The service discussed with staff their own interests and strengths before selecting staff to lead particular activity sessions. This helped promote a positive atmosphere and successful activity session.'

4.3.4 The inspector spoke to a group of relatives who said:

'We are very lucky with the carers they have here, they are always very welcoming and pay attention to the little things and helping residents put on favourite pieces of jewellery or just spending that little bit of extra time listening to what they have to say. The staff are very good listeners and are very good at keeping us up to date with things. Overall, we think the care home is fantastic and feel blessed. We can sleep at night knowing our parents are safe.'

4.3.5 The service had no requirements and one recommendation:

'It is recommended for the provider to develop and implement a system that would evidence the continued fitness of staff to provide care and support to vulnerable adults'.

4.3.6 This recommendation stems from, 'Disclosure Scotland recommends rechecking status through the PVG scheme every three years to ensure the continuing suitability of staff working with vulnerable people. There was no formal policy in place for the rechecking staff under the PVG scheme'.

4.3.7 The action from this recommendation is for the Resource Manager to discuss the viability for all staff to have a PVG scheme check every three years with Human Resources.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 CONSULTATIONS

The Chief Finance Officer and the Clerk were consulted in the preparation of this report.

7.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 December 2016

Appendix 1



Oakland Centre Support Service

Morven Terrace
Dundee
DD2 2JU

Telephone: 01382 435900

Type of inspection: Unannounced
Inspection completed on: 28 September 2016

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2004056189



About the service

The support service provided from Oakland Centre is provided by Dundee City Council Social Work Department. The service also provides a Community Link service. This service was registered with the Care Inspectorate on 3 March 2005.

The service aims to be a friendly place, where service users can enjoy the company of other people in a stimulating environment. The service also aims to assist service users to maintain and develop skills and interests and to improve the quality of life for service users and their carers. People using the Community Link element of the service are supported to maintain links in their local community by the centre staff.

Oakland Centre is registered by the Care Inspectorate to provide a service to up to 40 adults and older people on any day. This number is inclusive of a maximum of eight people requiring a dementia specific group.

The service is based in a purpose-built centre on the west side of Dundee and is open seven days a week, between 8:30am and 5:30pm. Transport to and from service users' homes is provided as part of the service.

What people told us

We obtained the views of the people supported by the service and their relatives through Care Inspectorate Care Standards Questionnaires (CSQs) and from speaking directly with the people being supported by the service during our inspection visit.

We issued 15 CSQs prior to our inspection visit of which 10 had been completed and returned to the Care Inspectorate. Comments made in the completed questionnaires and in direct discussion with service users were extremely positive and included:

- "Everyone is very kind and helpful. I enjoy coming here, there is always plenty to do and I can choose if I want to be involved or not in any of the activities."
- "Yes, I know I have a support plan, I remember discussing this with staff. They asked me the things I needed help with and we also talked about my interests."
- "It's nice here, some of these types of places are a bit dirty looking but just look around you; this place is kept immaculate."
- "The meals are really good but if I don't like what's on offer I can have something else, I never leave here hungry."
- "I've just had my nails done, what do you think of them? I enjoy getting pampered here. When you are at home you don't tend to bother with little things like that but I'm always made to feel I am important when I am here."
- "We have a committee group here run by the service users. This is where we take any suggestions to when we have any ideas for activities or outings or changes we would like to make to the place itself. I'm not on the committee but we have feedback meetings where we can discuss with staff the items put forward for discussion and the progress the service has made on achieving any suggestions made."

- "The place is really clean and very comfortable. Sometimes I think the staff that do the domestic duties are overlooked but they do a really important job in here. Keeping things clean and comfortable for us makes it a pleasure to be here and also keeps us healthy."

- "Staff are helpful, kind and intelligent. The time we spend at the centre had never disappointed us."

We concluded that there was an extremely high level of satisfaction with the service provided at Oakland Centre.

Self assessment

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

There was strong evidence of service user involvement in the production of the self assessment with examples given of the progress made in addressing suggested improvements.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The service provider told us how the people who use the care service had taken part in the self assessment process.

From this inspection we graded this service as

Quality of care and support	6 - Excellent
Quality of environment	not assessed
Quality of staffing	6 - Excellent
Quality of management and leadership	not assessed

What the service does well

Oakland Centre demonstrated a clear vision of social inclusion, working in collaboration with service users and relatives to achieve identified personal outcomes. Personal plans were detailed and person-centred, influenced by the Joint Improvement Team's document 'Talking Points Personal Outcomes Approach'. Plans were regularly reviewed and updated as required. Service users were supported to access professional health services, where needed, to ensure their continued health and wellbeing.

Staff were proactive in coming up with new ways for service users to connect with the wider community and explore ways to get people excited about developing their creative skills. Some recent exciting achievements had been initiated by staff who soon had service users enthusiastic about getting involved. Staff and service users were proud of their collaborative creation of a new tartan for the centre which was officially registered and launched on Tuesday 20 September 2016. The launch event included an afternoon of musical entertainment from an accordionist and violinist, a highland tea and mini highland games.

Service users suggested the use of the names of Scottish castles to help identify the different activity areas within the service. A member of staff created excellent paintings of each of the named castle areas, making each activity area easily identifiable. Service users had their own pop up art exhibition where their work was displayed in a local café.

Staff had shared with service users the idea of writing to the service users of a similar type of service in Victoria, sharing their experiences and how things may differ. Service users were thrilled to receive a response from the service users in Victoria and the international pen pal group was born.

It was evident the service recognised and celebrated the achievements of service users. People we spoke with described how their time at the centre had helped improve their confidence and develop their skills.

We had the opportunity to attend a service user committee progress meeting where progress made in taking people's ideas forward was discussed. Requests and suggestions made by service users were seen to be responded to in a positive manner.

Safer recruitment policies and procedures had been fully implemented for the protection of service users.

The service demonstrated a commitment to pursue continued learning and development opportunities for staff to support them in addressing the health and wellbeing of service users. Staff were introduced to policies and procedures as part of a comprehensive induction programme which was tailored for specific job roles.

All staff were required to complete core training, such as moving and handling, food hygiene and protecting people awareness which formed part of the induction process. Staff had completed additional training to help them support the service users in their care. This included stroke awareness, best practice in dementia care and deaf awareness. Staff had training in using British Sign Language (BSL) and Makaton and the use of talking mats to ensure they had the ability to support all service users to be involved in events and activities and the development of the service.

Staff were confident, knowledgeable and demonstrated a real commitment to supporting service users to get the best out of their time at the centre. This was supported by the positive comments made by service users. Staff told us they reflected on the day and if a service user had not enjoyed their day, staff looked at what went wrong and how the experience could be improved for the service user on their return.

Staff had a very good knowledge of safeguarding adults and the procedures to follow if they thought someone may be at risk of harm.

What the service could do better

The manager and staff should continue to develop the outdoor space, promoting a safe and stimulating outdoor space for people to enjoy. We discussed the Kings Fund best practice document 'How dementia friendly is your service' and how they could use this to further enhance the indoor and outdoor experience for service users.

The service should ensure that 'key facts' sheets are signed to ensure staff are aware of the most up to date information about the people being supported.

The service should review and improve systems for recording and storing recruitment information.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Date	Type	Gradings
29 Oct 2013	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
20 Oct 2010	Announced	Care and support 6 - Excellent Environment Not assessed Staffing Not assessed Management and leadership Not assessed
10 Mar 2010	Announced	Care and support 6 - Excellent Environment Not assessed Staffing 5 - Very good Management and leadership Not assessed
28 Oct 2008	Announced	Care and support 6 - Excellent Environment 6 - Excellent Staffing 5 - Very good Management and leadership 5 - Very good

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

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Appendix 2



Janet Brougham House Care Home Service

1 Banchory Road
Dundee
DD4 7TQ

Telephone: 01382 307190

Type of inspection: Unannounced
Inspection completed on: 27 October 2016

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000476



About the service

Janet Brougham House is run by Dundee City Council. The home is in the Douglas area of Dundee. It is registered to provide care for 24 residents. The care home is divided into three suites; each with a large spacious lounge and separate sun room, disabled access bathroom, additional toilets, and a kitchen to make drinks and snacks.

The care home is on one level. All residents have single bedrooms with en suite toilet and shower rooms. The bedrooms are large enough for residents to bring in additional furniture and to have a comfortable place to sit in.

The home has a dining room for residents to take their meals and this is where entertainment and activities are held. There is a secure garden area where residents can go for a walk or sit out. There is also a central sheltered courtyard where residents can sit in privacy.

The care home is built with features and facilities to meet the needs of people with dementia. These features include symbols and colour schemes to help residents find their way around and each suite has all the facilities residents require within their line of sight. When moving around the home, the circular layout of the home always brings residents back to their own suite.

This service was previously registered with the Care Commission on 1 April 2002 and transferred its registration to the Care Inspectorate on 1 April 2011.

What people told us

We obtained the views of the people supported by the service and their relatives through Care Standards Questionnaires (CSQs) and from speaking directly with the people being supported by the service during our inspection visit.

We issued 20 CSQs prior to our inspection visit for distribution to residents and relatives. At the time of writing this report, seven had been completed and returned by residents and four from the relatives of service users.

Comments made in the completed questionnaires and in direct discussion with service users and relatives were extremely positive and included:

- "I am very happy with the support offered by staff to my relative. I have no concerns. My relative is very well cared for. Couldn't fault the place. It is always very clean and fresh."
- "This is a really good place, especially the food, which is great. I have put on some weight since coming into the home. I have no complaints."
- "I am enjoying my time here. I like to get involved in the activities but I'm not one for jumping around. I prefer listening to music, knitting or just chatting to some of the others. There is a good laundry service here and I always get my clothes back in pristine condition. I wouldn't change a thing here. The staff are wonderful."
- "I love living here. Staff are courteous, respectful and very helpful."
- "The girls are all good, I like things in the home just as they are."

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we observed staff interactions

with three residents. We observed warm, respectful engagement between the residents and staff. Staff were attentive and responsive to individual residents and were seen to be caring and discreet in their approach.

We concluded that there was a high level of satisfaction with the service provided at Janet Brougham House.

Self assessment

We received a fully completed self assessment document from the service provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

There was strong evidence of service user involvement in the production of the self assessment, with examples given of the progress made in addressing suggested improvements and direct quotes from service users of their views of the service provision.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

The service provider had made good links with how the evidence they provided linked with the relevant National Care Standards (NCS) and the Scottish Social Services Council (SSSC) codes of practice. A number of documents had been attached to the self assessment document to support the statements made by the provider.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

Janet Brougham House offered a warm and welcoming atmosphere. Residents and visitors told us they felt comfortable and relaxed in the home. Two of the residents were very proud to show us their rooms which they had made personal to them with their own furnishings, photographs and items that had a special meaning for them. This reinforced a homely environment, helped residents settle into the home and promoted a sense of attachment and belonging.

Care plans sampled confirmed the level of support each person required had been fully discussed and agreed with them and their relative, where this was their choice. Risk assessments informed the care plans which were seen to be reviewed regularly. Care plans varied in terms of the level of detail recorded. Detailed plans ensured staff could provide appropriate responsive care while recognising each individual's choice and preferences.

Entries in care planning documentation demonstrated how the care home service linked with healthcare professionals, such as GPs, district nurses and physiotherapists, to promote good health for the residents. We were told by a visiting professional how well staff had implemented the advice given to support a resident through a period of recovery. They were most impressed with the progress the resident had made and put this down to the commitment of staff.

An activity coordinator enhanced the provision of activities for residents. An activity survey had been completed with residents to find out what they enjoyed and if there was anything new they would like to try. Findings of the survey are to be used to inform each person's care plan, ensuring all staff are aware of the things enjoyed by residents. An evaluation form was completed following resident participation in activities and outings to assist in planning future events. We observed a chair exercise session which was clearly being enjoyed by those participating and watching as there was much laughter going on. Residents were enjoying a game of dominoes on our second visit to the home. Staff were seen to promote a fully inclusive atmosphere supporting residents to get involved while respecting their choice.

Medication was stored, administered and recorded appropriately promoting the safety and wellbeing of residents.

Inductions of new staff included the completion of core training essential to their role, such as health and safety, manual handling, infection control, and food hygiene.

Staff were progressing through the University of Stirling's Best Practice in Dementia Care learning programme. Staff told us this had given them a better understanding of dementia and how it may affect the person. Having this insight had enabled them to put a suitable care plan in place, guiding staff practice to help reduce any anxieties the person may experience. Training records also demonstrated that staff had accessed a range of additional training relevant to their role.

All staff, where required, were registered with SSSC, the regulator for the social service workforce in Scotland.

Staff files sampled evidenced senior staff having regular supervision meetings with staff. Supervision meetings give staff the opportunity to reflect on their practice and identify any further training or support needed for them to carry out their role with confidence. Minutes of these meetings recorded the progress made in addressing any actions identified in the previous meeting. The senior team also conducted observations of staff practice of which the outcome was discussed at supervision meetings.

All of the comments we received about staff from residents, their families and visiting professionals were extremely positive. It was clear that staff were respected and appreciated.

Overall, we saw that staff support systems such as regular meetings, training and supervision helped promote a skilled, professional and motivated staff team that promoted the health and wellbeing of residents.

What the service could do better

While three of the five care plans we sampled were extremely detailed, two had limited information. We discussed this as an area for improvement to ensure recorded information was consistent in demonstrating a clear account of the wishes, preferences and level of support each person required. We also highlighted to the manager some inconsistencies between information recorded in assessments and care plans. All records made should be dated to ensure staff are guided by the most up to date information.

Although staff we spoke with were aware of their responsibilities in respect of protection of vulnerable adults, training records showed that mostly senior staff had completed specific training for this. All staff should have the opportunity to attend this training to ensure they remain up to date with current legislation, are familiar with local authority and service specific guidance and be able to identify a range of indicators which may suggest a person is at risk.

The service should give consideration to the development of a register of all Adult with Incapacity (AWI) Section 47 certificates that are in place for residents and a system to ensure they remain valid.

Elements of the electronic information held about staff was not up to date. The service should review and improve systems for recording and storing of staff information. This is with particular reference to their status in respect of registration with the relevant professional body.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings								
26 Nov 2015	Unannounced	<table border="0"> <tr> <td>Care and support</td> <td>5 - Very good</td> </tr> <tr> <td>Environment</td> <td>6 - Excellent</td> </tr> <tr> <td>Staffing</td> <td>6 - Excellent</td> </tr> <tr> <td>Management and leadership</td> <td>5 - Very good</td> </tr> </table>	Care and support	5 - Very good	Environment	6 - Excellent	Staffing	6 - Excellent	Management and leadership	5 - Very good
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Environment	6 - Excellent									
Staffing	6 - Excellent									
Management and leadership	5 - Very good									
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Environment	5 - Very good									
Staffing	5 - Very good									
Management and leadership	5 - Very good									

Date	Type	Gradings	
17 Dec 2012	Unannounced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	5 - Very good
18 Jul 2011	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	Not assessed
25 Nov 2010	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Aug 2010	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
23 Feb 2010	Announced	Care and support	5 - Very good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
1 Sep 2009	Announced	Care and support	5 - Very good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
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

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

Appendix 3



Menzieshill House Care Home Service

201 Earn Crescent
Dundee
DD2 4GD

Telephone: 01382 432955

Type of inspection: Unannounced
Inspection completed on: 7 November 2016

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000477



About the service

Menzieshill House is a care home service for older people and is provided by Dundee City Council. The service was previously registered with the Care Commission on 1 April 2002 and has been registered with the Care Inspectorate since 1 April 2011. The service registered to provide a care service to a maximum of 32 older people as permanent residents or for respite care. The home had 30 residents at the time of this inspection.

The service is currently piloting an additional service offering intermediate care for people who are ready to be discharged from hospital but not quite ready to go home. The service provides an enablement approach to care in a homely setting. Staff work closely with NHS professionals for continuous assessment of progress made on the journey to discharge home.

The home is located within the Menzieshill area to the west of Dundee. The building is purpose-built and the design of the building incorporates good care principles for accommodation suited to the needs of older people and older people with dementia.

The home is divided into four units, each with eight en suite rooms, a separate kitchen, assisted bathing facilities, and direct access to the garden area. In each unit the individual rooms open directly onto a living space with lounge and dining areas. Individual units provide a homely and supportive living environment with well thought out interior decoration and furnishings.

The home has extensive communal facilities including a large activities room, team room/reminiscence room, hairdresser salon, and reception area. There is a good provision of staff accommodation and a well equipped main kitchen and laundry.

What people told us

We obtained the views of the people supported by the service and their relatives through Care Standards Questionnaires (CSQs) and from speaking directly with the people being supported by the service during our inspection visit.

We issued 20 CSQs prior to our inspection visit for distribution to residents and relatives. At the time of writing this report, six had been completed and returned by residents and nine from the relatives of service users.

Comments made in the completed questionnaires and in direct discussion with service users and relatives were extremely positive. Residents told us:

- "Care staff are perfect, very good at listening to me. Laundry service and the food is good, I'm happy here."
- "The staff are all lovely here and everything is kept clean and fresh. The meals not so good as they used to be, we don't get mince or stew very often. I like listening to music and enjoy the entertainment that comes in."
- "I'm happy with everyone and everything."
- "It's not home but it's as near as. I have my own things in my room, so it feels like me."
- "I spend a lot of time in my room as I like my own space but I do join the others for musical entertainment."
- "I love the meals here, I think I've put on a bit of weight but still look forward to the next meal."

- "I have a buzzer that I can press if I need help, the staff are usually quite quick to answer but I understand they are sometimes busy with other folk."

- "There is always something going on. We enjoy quizzés, sing-a-longs, dominoes, bingo, we even do exercises, although I'm not very good but it can be a laugh."

We had the opportunity to speak with a group of relatives who told us:

- "We are very lucky with the carers they have here, they are always very welcoming and pay attention to the little things and helping residents put on favourite pieces of jewellery or just spending that little bit of extra time listening to what they have to say. The staff are good listeners and are very good and keeping us up to date with things. Overall, we think the care home is fantastic and feel blessed. We can sleep at night knowing our parents are safe."

Other relatives we spoke to told us Menzieshill House provided a fully inclusive environment with staff assisting less able residents to participate in table top activities giving them equal opportunity to win prizes and enjoy the fun.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we observed staff interactions with three residents. We observed warm, respectful engagement between the residents and staff. Staff were attentive and responsive to individual residents and were seen to be caring and discreet in their approach.

Self assessment

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider/manager completed this and the relevant information included for each heading that we grade services under.

The provider/manager identified what they thought the service did well, some areas for development and any changes they had planned. The manager had highlighted the strengths and areas that the team wanted to improve within the service. We spoke with the manager and staff about the areas of improvement and looked at the supporting evidence along with the self assessment.

We also spoke with the people who use the service and asked their views on the strengths and limitations of the service.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	5 - Very Good
Quality of management and leadership	not assessed

What the service does well

We found that Menzieshill House supported residents to maintain their sense of wellbeing. Residents told us they received care which respected their choices.

Residents and the relatives we spoke with described the staff as very caring, friendly and were confident in their ability to provide the care and support required. They told us they felt listened to and that staff respected their views and choices. Bedrooms were seen to have been personalised with photographs and ornaments creating a feeling of familiarity and ownership of their private space.

Our observations of interactions between staff and residents evidenced that staff were attentive to residents' needs, wishes and preferences.

Residents discussed with staff as part of the assessment process the things they could do for themselves and what they would need some assistance with. The agreed level of support required was recorded in the person's care plan and reviewed monthly to ensure the information remained current. However, we found some records made were unsigned and undated.

Care records were generally clear and detailed outcomes of healthcare assessments and subsequent care plans. Individual care plans demonstrated staff worked closely with healthcare professionals to promote the health and wellbeing of each resident. Records evidenced that medical and specialist support was accessed promptly if required.

Systems for the storage and administration of medications were in line with organisational policies and procedures and best practice guidance. The medication room was within an acceptable temperature ensuring medications were stored within manufacturers guidelines and medication administration records (MARs) were signed appropriately demonstrating medications were being given as prescribed.

The activity champion who took the lead in the provision of purposeful activities, events and outings was being supported by an activity coordinator. A survey had been undertaken with residents which enabled staff to produce a varied programme of activities which included identified interests. All staff were, however, involved in facilitating activities. The service discussed with staff their own interests and strengths before selecting staff to lead particular activity sessions. This helped promote a positive atmosphere and successful activity session.

Menzieshill House had suitable policies and procedures in place for protecting residents against abuse and neglect. Staff confirmed their awareness of the policy and procedures and demonstrated a good knowledge of their responsibilities, the action they should take and who they should report any concerns to.

Our sample of staff recruitment files evidenced safe recruitment policies and procedures had been fully implemented when appointing new staff. This included the completion of an application form, the taking up of references, interview, and a Protection of Vulnerable Groups (PVG) disclosure scheme. This gives assurance to residents and relatives that the people providing their care are fit to do so.

The staff we spoke with confirmed regular supervision which is one to one meeting time with their line manager to discuss practice issues, development and learning. Staff were further supported by team meetings, although some staff interviewed felt that the frequency of these could be improved.

All staff, where required, were registered with Scottish Social Service Council (SSSC), the regulator for the social service workforce in Scotland.

Staff training records indicated staff had received training in key areas, such as infection control, manual handling, health and safety, food hygiene, and first aid. Additional training completed or in progress included

Scottish Vocational Qualification (SVQ) assessment level 2 and 3 and the University of Stirling's Best Practice in Dementia Care learning programme. Training records also demonstrated that staff had accessed a range of additional training relevant to their role.

It was clear from our observations of staff practice and discussions with residents and their relatives, that their experience of living within or visiting Menzieshill House was extremely positive. Staff support systems such as regular meetings, training and supervision helped promote a skilled, professional and motivated staff team that promoted the health and wellbeing of residents.

What the service could do better

In the main the level of detail recorded in individual care plans was very good. However, some of the records we sampled required more detail. For example, a care plan for the promotion of continence simply recorded: "wears continence aids". This is not an intervention to promote and support continence. We discussed this as an area for improvement to ensure recorded information was consistent in demonstrating a clear account of the wishes, preferences and level of support each person required. We also highlighted to the manager some inconsistencies between information recorded in assessments and care plans.

Updates to care plans were sometimes handwritten and not always legible. The provider should ensure that care staff provide clear, legible information which is signed and dated to ensure staff are guided by the most up to date information.

Some of the individual staff development records we examined were not up to date. The training matrix for the home and statements from staff evidenced additional training had been completed. However, this was not reflected in the individual staff development record.

Disclosure Scotland recommends rechecking status of staff through the PVG scheme every three years to ensure the continuing suitability of staff working with vulnerable people. There was no formal policy in place for the rechecking staff under the PVG scheme. The service provider needs to have a system in place to ensure staff remain fit to provide care and support to vulnerable people (**see recommendation 1**).

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. It is recommended for the provider to develop and implement a system that would evidence the continued fitness of staff to provide care and support to vulnerable adults.

National Care Standards, Care Homes for Older People - Standard 5(5): Management and Staffing Arrangements.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
19 Nov 2015	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
6 Nov 2014	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
4 Oct 2013	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
28 Aug 2012	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
28 Oct 2010	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing Not assessed Management and leadership Not assessed
15 Jun 2010	Announced	Care and support 6 - Excellent Environment 6 - Excellent Staffing Not assessed Management and leadership Not assessed
1 Mar 2010	Unannounced	Care and support 5 - Very good

Date	Type	Gradings	
		Environment Staffing Management and leadership	Not assessed 4 - Good Not assessed
7 Dec 2009	Announced	Care and support Environment Staffing Management and leadership	5 - Very good Not assessed 4 - Good Not assessed
9 Dec 2008	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 5 - Very good 5 - Very good 5 - Very good
8 May 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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