



## Care service inspection report

# Southside Care Home

## Care Home Service Adults

40 Southside Road  
Inverness  
IV2 4XA  
Telephone: 01463 226227

Type of inspection: Unannounced  
Inspection completed on: 3 February 2015

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**Service provided by:**

Southside Nursing Home Ltd

**Service provider number:**

SP2003002407

**Care service number:**

CS2003010544

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0345 600 9527 or email us at [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

## Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

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

## We gave the service these grades

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

## What the service does well

The management and staff are friendly, approachable and welcome visitors.

The manager and staff at Southside continue to work very hard to make improvements to all aspects of the service.

The service encourages residents, relatives and carers to give their views and suggestions about the service and takes these in to account to make improvements in the service.

## What the service could do better

Work on care plans needs to continue. Staff need to ensure that they update care plans where there are changes to service users' care needs.

The documentation in relation to palliative care needs to improve.

The service needs to look at and improve the documentation they use to monitor and manage care for those service users who have been assessed as at risk of developing a pressure ulcer.

Some staff practice needs to improve in relation to the management of medications.

Some staff require training in care planning and medication management.

The manager should ensure that where audits have been carried out, these have been effective in bringing about improvements to the service.

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

The manager and staff were in the process of implementing a new care plan system at the time of inspection.

The evidence of care reviews was better at this inspection.

Some improvements had been made to the medication system since the last inspection.

There had been further environmental upgrades to the home.

There was good evidence of activities taking place.

Work was being carried out on the system of supervision and appraisal.

## **Conclusion**

The manager and staff at Southside Nursing Home continue to provide a good standard of care to service users.

The provider, manager and staff remain committed to making further improvements to the service.

## 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

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

The Care Inspectorate will award grades for services based on findings of inspections. Grades for this service may change after this inspection if we have to take enforcement action to make the service improve, or if we uphold or partially uphold a complaint that we investigate.

### Requirements and recommendations

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

- 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 Public Services Reforms (Scotland) Act 2010 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 Inspectorate.

Southside Care Home is registered to provide a care home service to a maximum of 33 older people.

The care home is a converted, two storey Victorian town house situated within a quiet residential area of Inverness. There are 21 single bedrooms and six double bedrooms, some of which have en-suite facilities. There are two bathrooms, one shower room, two communal lounges and a dining room for general use.

There is a passenger lift between the ground floor and the lower split, upper floor. There is a chairlift between the ground floor and the upper split, upper floor. Between the split levels on the upper floor there is stair access only. The care home has a

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pleasant, enclosed garden to the rear of the building and a well maintained garden in the grounds at the front of the building.

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 4 - Good**

**Quality of Staffing - Grade 4 - Good**

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

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

We wrote this report after an unannounced inspection that took place over two days on 26 January 2015 and 3 February 2015. The inspection was carried out by one Inspector and a member of the Care Inspectorate Admin team on the second day (in a shadowing capacity).

We gave the service feedback on 3 February 2015. The following people were present when we fed back our inspection findings:

The manager and a staff nurse.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents:

Personal plans, care documentation and review records of people who use the service  
Medication records  
Training records  
Health and safety records  
Maintenance records  
Accident and incident records  
Internal audit records  
Minutes of meetings.

Supervision and appraisal records.

Tour of the premises, which included examining and observation of the environment and some of the equipment and facilities.

We also spoke with various people, including:

People who were using the service  
Relatives and carers of the people who use the service  
The manager, nurses, carers, administrator, activities staff, cook, kitchen staff and

domestic staff.

## Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

## Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

## Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

## **What the service has done to meet any recommendations we made at our last inspection**

1. Work needs to continue on the care plans for all service users to ensure that they are working documents, and are a current reflection of service users' health and well being needs and how these are to be met by staff.

National Care Standards Care Homes for Older People. Standard 6 : Support arrangements.

**The manager had developed a new style care plan since the last inspection. These were in the early stage of implementation at the time of inspection. There was still a lot of work to be carried out in relation to the information contained in the care plans being an accurate reflection of service users' needs. This recommendation will be repeated in this report. See statement 1.3 for further details.**

2. It is recommended that where records are being kept to monitor service users' food and fluid intake these are kept accurately and in accordance with the service policy.

National Care Standards Care Homes for Older People. Standard 6 : Support arrangements.

**Staff were not consistently recording where they were offering food and fluid to service users who were on monitoring charts. This recommendation will be repeated in this report. See further details under statement 1.3.**

3. It is recommended that the service look at appropriate ways of informing all service users of the planned programme of activities in the home.

National Care Standards Care Homes for Older People. Standard 8 : Making choices.

**There was now a large pictorial activity board in the front area of the home where service users could see the planned activities for the week ahead. This recommendation has now been met.**

4. It is recommended that staff follow their own policy and best practice guidance in relation to the administering, dispensing, recording and storage of medicines held for

service users. In order to do so they must:-

- a) keep a complete audit trail of all medications held for service users
- b) sign for all medications dispensed and administered
- c) document dosage given where a prescription states give one or two tablets
- d) where prescribed creams are being applied, these should be signed for by the person responsible for administering them. The manager should give consideration to using TMARs for this purpose
- e) a pain assessment tool should be used where necessary, for example, where a service user has dementia or communication difficulties and has been prescribed 'as required' pain relief
- f) document dosage, time, reason and effectiveness when giving 'as required' medication.

National Care Standards Care Homes for Older People. Standard 15 : Keeping well - medication

**The service had made some progress in relation to the above recommendation, however ,there were some further issues highlighted during this inspection. A requirement will be made in this report to allow progress to be monitored in this area. See further details under statement 1.3**

5. It is recommended that areas of the home that are cluttered with wheelchairs and other equipment, be cleared and all equipment should be stored appropriately, to ensure the safety of all who use the service.

National Care Standards Care Homes for Older People. Standard 4 : Your Environment

**At this inspection we found the areas that had previously been cluttered to be cleared and no longer posing a risk to service users. This recommendation has now been met.**

6. It is recommended the provider ensure that there are effective quality assurance systems and processes in place, to assess the quality of service they provide on a regular basis and ensure that all aspects of the service operate at an acceptable standard. This is to ensure that proper provision is made for the health and welfare of service users at all times.

In order to do this the provider must:-

- \* Establish a quality assurance programme
- \* Effectively monitor the quality of the service
- \* Develop action plans with specific actions to be taken and timescales for actions to be completed
- \* Take appropriate action to make improvements to any areas identified through the internal and external quality assurance processes
- \* Monitor the effectiveness of actions taken to make improvements

National Care Standards Care Homes for Older People. Standard 11 : Expressing your views

**Although the provider had good quality assurance systems in place. there were still areas where audits were not picking up issues, for example, care plans and medication. This recommendation has not been met and will be repeated in this report. See statement 4.4 for further details.**

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a completed self assessment document from the service provider, containing some relevant information for each heading that we grade them under. This identified what they thought they did well, some areas for development and any changes they had planned.

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

We spoke with five service users during the inspection. They spoke positively about the service and told us that they were happy living at Southside. Some comments from these conversations were as follows:-

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"I am happy living here, the staff are kind and caring"

"I join in some of the games and enjoy getting out"

"I don't know about a care plan"

"My family visits regularly"

"The food is not bad, I like most things"

We issued 15 Care Standard Questionnaires prior to the inspection and we received 13 back. The following are some of the comments from these:-

"Sometimes the staff are busy and sometimes I feel the home is short staffed at times"

"Staff are sensible and able to look after elderly patients"

"I am very happy with the care and support offered by all staff and have recommended the care home to many people"

"Very friendly and homely environment"

"I would rather be in my own home"

(written with support from advocate) - Resident felt there were not enough activities on offer. They were pleased that their mobility needs were taken into consideration at mealtimes and that they were served their favourite breakfast choices.

"A happy place to be and very clean. Staff are very helpful"

(written with support from advocate) - Resident felt that carers didn't know a lot about them as individuals.

(written with support from advocate) - Very pleased with cleanliness and felt very safe.

"I would like to have a room of my own rather than sharing"

"Sometimes I have to wait in the morning for my breakfast. I feel I am forgotten about sometimes".

## Taking carers' views into account

We spoke with two relatives in private interviews. Comments from these discussions were very positive. Relatives/carers told us that the home was always clean and pleasant. They confirmed that their relatives were happy and settled in the home. One relative/carer stated that the staff and management were very helpful and always kept them up to date with any changes to their family member's care.

We issued 15 Care Standard Questionnaires prior to the inspection and we received four back. The following are some comments from the completed questionnaires:-

"Overall I feel the standards at the nursing home have improved year on year"

"I really can not fault the standard of care that is provided as Southside. There have been a number of staff changes recently due to maternity but new staff are great and I can only assume this is due to selecting the right people and giving them the right training. Staff have name badges but not everyone wears them and from my perspective it would be good to know who the staff are. I don't think I have been told who my relative's key worker is. My relative has been in Southside for over a year and the carers will contact me immediately if there is a specific issue. It might help if there was also a regular review - say annually of my relative and where we may be headed"

"I am very happy with the care provided for my elderly relative. A happy atmosphere permeates the home and there is a great cohesion of purpose amongst the staff".

## 3 The inspection

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

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 4 - Good

#### Statement 1

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

#### Service strengths

We found the service's performance was very good in the areas covered by this statement. We concluded this after we spoke to the management, staff and people who used the service. We also examined care plans, care and review records, minutes of meetings, audit results, policies and procedures.

The service continued to make good progress in this area. The manager continued to offer regular opportunities for both service users and relatives/carers to meet, to discuss all matters involving the home. Relatives/carers spoken with during the inspection confirmed this. They stated that they felt the communication was very good and that they felt very involved with the home and the care provided to their family members. There was also very good evidence of meetings held in the home through written minutes. We could see from these that issues and suggestions raised were being taken on board by the manager. Minutes of the most recent meetings were displayed on notice boards in the front area of the home.

There was a residents' committee and meetings were well attended.

Friends of Southside met on a regular basis.

Regular newsletters continued and these gave service users and their relatives/carers lots of information about recent activities, outings, fundraising events, new staff and other stories.

There was a suggestion box at the front door.

There was a Participation policy in place and this was reviewed on a regular basis.

There was a brochure which gave prospective service users information about all aspects of the service provided.

There was a website for the home and service users and relatives were given information about how to access this.

The manager had issued a questionnaire to service users in April 2014. There was an evaluation carried out and feedback was given to all those involved with the service.

## **Areas for improvement**

The provider, management and staff should continue to look for ways to involve service users and their relatives/carers in assessing and improving the quality of care provided in Southside.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## **Statement 3**

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

### **Service strengths**

We found the service's overall performance in the areas covered by this statement to be good. We concluded this after we spoke with people using the service and relatives/carers, carried out observations of staff practice, examined care plans, associated care, medication records and review records. We spoke with management, staff, and took account of the views of people using the service and relatives/carers. We also looked at policies, procedures and guidance documents.

There were good policies in place to guide staff and service provision. The manager had recently reviewed and updated the palliative care policy.

There was a registered nurse on 24 hours every day.

Staffing levels in the home were good and were above the minimum stated on the service staffing schedule.

Each service user had a care plan in place. The manager was in the process of implementing new style care plans for service users. This was still in the early stage at the time of inspection. (**See areas for improvement**)

There was good evidence of reviews taking place with some service users and relatives/carers, where appropriate. There were still some service users who needed to have a review in the sample we looked at. (**See areas for improvement**)

There was a regular programme of activities for service users in the home. There was now a large pictorial board in the front area of the home, which gave service users information about the weekly planned activities. There was evidence to support that some service users were supported to go on outings, in both groups and on a one to one basis. Relatives/carers also confirmed that there were opportunities for service users to go out on shopping and pampering trips.

We noticed that staff were kind, respectful and caring towards service users during our visit. Relatives/carers confirmed that staff were always polite and kind to both them and their family members when they visited the home.

The service continued to employ their own physiotherapist on a part time basis. She visited the home regularly and carried out both group and one to one sessions with service users.

During the inspection we spoke with five service users. We were told that they enjoyed living at Southside and that there were things to do during the day. They also stated that they could have a cup of tea when they wanted and that the food was usually very good.

There had been a recent questionnaire issued to service users. Some of the questions were in relation to food likes and dislikes. The manager carried out an evaluation of the questionnaires and the outcome was that a working group was formed, which included service users, to look at menu planning, textured diets and presentation of meals. The manager informed us that after this work had been carried out a further questionnaire would be issued.

Some work had been carried out in relation to the recommendations made at the last inspection about the medication system and staff practice. (**See areas for improvement**)

## **Areas for improvement**

The manager had updated and reviewed the palliative care policy for the service, however, the documentation we sampled for two service users who were receiving palliative care, did not reflect this new policy. There was limited evidence of multi disciplinary discussions where important decisions had been made about changes to

care. The two care plans we looked at, where service users were receiving palliative care, did not contain enough detail on how service users' needs were being met in relation to positional changes/pressure care, pain management, oral/personal hygiene and fluids. The manager agreed that the care plans were not detailed enough and were not being regularly updated. She stated that they were not a true reflection of the good care being offered to these service users. We visited one service user and found them to be comfortable and settled. The manager should ensure that care plans and associated documentation are consistently kept and updated as necessary, to ensure that they remain an accurate reflection of the care needs of service users who are receiving end of life care.

**(See recommendation 1)**

Generally, work needs to continue on care plans for service users. We looked at a total of six during the inspection and found that all had issues in relation to out of date information and conflicting information. A regular audit, which covers all aspects of the care plans should be carried out. To ensure that the audits are effective a follow up should be carried out, to evidence that actions have been taken, where necessary.

**(See recommendation 1 under this statement and also 4.4)**

The manager needs to implement an assessment tool and appropriate care plan for the monitoring and management of care to those service users assessed as being at risk of developing pressure ulcers. At the time of the inspection the frequency of positional changes and observations in relation to service users' skin condition was being done through progress notes. This was not being recorded consistently and therefore should be formalised, to ensure that staff take responsibility for monitoring and recording pressure care offered to service users. **(See recommendation 2)**

Work needs to continue on the system of reviews for service users. There was some improvement noted at this inspection in relation to this. There were still some service users who required a review. The manager was aware of this and was working with social workers to organise these, where necessary. The manager should go ahead with the reviews with the service users and their families, to ensure that each service user is offered a minimum of two reviews in each year. **(See recommendation 3)**

Although we noted some improvements to the medication system in the home, there were other issues highlighted:-

The controlled drug keys were being held on the same bunch as the main medication keys. These should be separated and held by the nurse in charge on each shift.

Staff were not recording when and where on the body they were siting pain relief patches.

Some staff practice in relation to the dispensing and administration of medication, including controlled drugs, needed to improve.

Staff should ensure that all prescriptions received are clear so that potential for errors are avoided. **(See requirement 1 under this statement and also recommendation under statement 3.3)**

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 1

**Number of recommendations:** 3

## Requirements

1. The provider must ensure that the service follow their own policy and best practice guidance in relation to the dispensing and administering of medications to service users.

This is to comply with:-

Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011: Regulation 4(1)(a)

Timescale : within four weeks of receiving this report.

## Recommendations

1. The provider should ensure that work needs to continue on the care plans and associated care documentation, for example, monitoring charts for all service users, including those service users receiving end of life care, to ensure that they are working documents, and are a current and accurate reflection of service users' health and well being needs and how these are to be met by staff.

National Care Standards Care Homes for Older People. Standard 6 : Support arrangements.

2. The provider should ensure they implement an assessment tool and care plan, to ensure that staff are guided to offer and accurately record, an appropriate level of care, to those service users assessed as at risk of developing a pressure ulcers.

National Care Standards Care Homes for Older People.  
Standard 6 : Support arrangements  
Standard 14 : Keeping well - healthcare.

3. The provider should ensure that work continues so that all service users receive a minimum of two care reviews in each year, with family present where appropriate.

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National Care Standards Care Homes for Older People. Standard 6 : Support arrangements.

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

We reported how service users and carers participate in assessing and improving the quality of the care and support under Quality Theme 1, Quality Statement 1 of this report. We have awarded the same grade for participation under this Quality Theme. See Quality Theme 1, Quality Statement 1.

#### Areas for improvement

See Quality Theme 1, Quality Statement 1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

We found this service's overall performance in the areas covered by this statement to be good. We concluded this after we spoke to the management and staff, undertook a tour of the premises, examined care assessments, accident/incident recording, maintenance records, and risk assessments.

There were appropriate health and safety policies, procedures and arrangements in place aimed at ensuring the safety of residents and staff.

Each service user had a contract in place.

The programme of refurbishment to the home continued. Since the last inspection, a downstairs toilet had been cleared of clutter and upgraded to a wet room. An upstairs

bathroom had been upgraded and now had a Jacuzzi bath installed and had been decorated. All the corridors and stairs in the home had been re-carpeted. The help call system had been upgraded and this now operated a silent system which the manager stated worked really well.

There were still six shared rooms in the home, however, there were plans to change one of these to a single with en suite facilities in the next year.

There were cleaning schedules in place and these covered all areas of the home. There was evidence that three and six monthly deep cleaning was carried out by staff.

There was a part-time handyman employed to complement the existing maintenance arrangements. There was evidence to support that remedial action was taken promptly, where faults were reported. The service had a system in place, to ensure equipment was maintained in good working order, to ensure the safety of people using the service.

External contracts were in place to ensure equipment and systems were maintained satisfactorily and were fit for use.

Accident reporting systems were in place and identified where follow up action should be taken to reduce any risk identified. The manager carried out regular audits of the accident/incident system.

A Health and Safety audit had been carried out by an external company in July 2014. There was evidence of an action plan and a further review, which showed that most of the issues highlighted had been actioned by the provider.

## **Areas for improvement**

The provider should continue with the programme of refurbishment and upgrade to the home. Progress will be monitored on the upgrade of shared rooms.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service Strengths

We reported how service users and carers participate in assessing and improving the quality of the care and support under Quality Theme 1, Quality Statement 1 of this report. We have awarded the same grade for participation under this Quality Theme. See Quality Theme 1, Quality Statement 1.

### Areas for improvement

See Quality Theme 1, Quality Statement 1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

### Service strengths

We found the service's performance to be good in the areas covered by this Quality Statement. We concluded this after we spoke with people using the service, relatives, management and staff and examined staff training and supervision records.

The manager had issued a staff questionnaire in August 2014. Forty eight questionnaires were issued and 17 were returned. The manager carried out an evaluation of the information, developed and action plan and gave feedback to all staff involved.

There was evidence to support that staff were offered regular opportunities to meet. There were written minutes of the meetings displayed and available for those who

were not able to attend. Staff spoken with stated that they felt supported at work and told us that if they had any issues they would be comfortable to approach the manager.

Staff were offered training appropriate to the work they performed. There was a training plan in place and this covered mandatory training and some non mandatory training. It also highlighted NMC pin number checks and SSSC registration.

There was some good evidence of supervision and appraisal for staff. The manager told us she was working on developing this at the time of inspection. (progress will be monitored on this at the next inspection.)

## **Areas for improvement**

It was clear from the care plans that some staff required further training in both care planning and recording. (**See recommendation**)

Some staff practice in relation to dispensing and administering of medications was not in line with the service policy or best practice guidance.

The manager should carry out observed practice sessions with staff in all areas of their work and those areas where poor practice is highlighted, staff should receive further training to ensure that they are competent and confident in aspects of their roles. (**See recommendation**)

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

## **Recommendations**

1. The provider/manager should ensure they carry out supervised practice with staff in all areas of their work and where areas of poor practice are highlighted, further training should be arranged. The manager should evaluate the training and ensure that staff practice improves as a result of the training provided.

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

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service strengths

We reported how service users and carers participate in assessing and improving the quality of the care and support under Quality Theme 1, Quality Statement 1 of this report. We have awarded the same grade for participation under this Quality Theme. See Quality Theme 1, Quality Statement 1.

#### Areas for improvement

See Quality Theme 1, Quality Statement 1.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

#### Service strengths

We found this service's overall performance in the areas covered by this statement to be very good. We concluded this after we spoke with the management, staff, relatives and people using the service. We also took account of minutes of meetings, records and quality assurance documentation including internal audits.

The service had several different arrangements and processes, which were linked to quality assurance.

There were good policies in place for staff and there was evidence to support that these were reviewed and updated on a regular basis.

The management carried out regular audits of systems for Accidents/Incidents, Falls, and Activities.

There had been an external Health and Safety audit carried out in July 2014 and the provider/manager had developed an action plan to deal with the issues raised. A further review evidenced that the provider had taken actions on most of the issues highlighted.

There was an audit of the medication system carried out by an NHS pharmacy technician. The service received an action plan from this audit.

Service users received a review of their care plan, with family present where appropriate. The manager was working to ensure that each service user received a minimum of two in each year.

There was a regular newsletter, which gave service users and their relatives/carers information on the day to day running of the service. It also asked them for their comments and suggestions.

Regular questionnaires were issued to service users, relatives/carers and staff. These were evaluated and the information used to make improvements to the service.

Meetings were held for service users, relatives/carers and staff on a regular basis. There was evidence to support that where issues were highlighted that the manager took action where possible.

The manager was working to make improvements to the system of supervision and appraisal for staff.

Action plans were completed fully and on time where necessary after inspections.

The manager completed a self assessment for the service when requested by the Care Inspectorate

## **Areas for improvement**

The service was making some progress in this area, however, where an audit has been carried out and issues have been highlighted, the manager must ensure that actions are taken. A follow up should be carried out to ensure that the audit has been effective.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 1

## Recommendations

1. The provider should ensure that where an audit has been carried out and issues have been highlighted, the manager ensures that actions are taken. A follow up should be carried out to ensure that the audit has been effective in bringing about improvements to the service.

National Care Standards Care Homes for Older People. Standard 11 : Expressing your views.

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

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

## 6 Inspection and grading history

Date	Type	Gradings
5 Dec 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 5 - Very Good
22 Jan 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 5 - Very Good
6 Sep 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 5 - Very Good

# Inspection report continued

16 Jan 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good Not Assessed
23 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate Not Assessed
5 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
18 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
8 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
14 May 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
29 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
25 Jul 2008		Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak

## Inspection report continued

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

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অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

۵۷- بایتس دیم نونابز رگید روا نولکش رگید رپ شرازگ تعاشا ہی-

ઘેનતી 'તે ઇહ પ્રકાસન હોર તૃપાં અટે હોરનાં ભાસ્પાવાં વિચ ઉપલબ્ધ હૈ।

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Telephone: 0345 600 9527

Email: [enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

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