

**Home Care East
23rd February 2017
Final Report**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4	4
How well the service meets the needs of each person who uses it	<p>Requirements: 2</p> <p>1- The service provider must ensure that the level of details in personal plans is sufficient to ensure all staff have the information required to fully meet the care needs of the individuals they are caring for.</p> <p style="padding-left: 40px;">Timescale for implementation: Within 6 weeks of the receipt of this report.</p> <p>2- Staffing must be organised and scheduled in a way which ensures all service users are, in the main, receiving consistent support from people that have had time to form a working relationship with.</p> <p style="padding-left: 40px;">Timescale for implementation: Within 6 weeks of the receipt of this report.</p> <p>Recommendations: 1</p> <p>1 –The service should ensure that all personal planning information held in people’s homes is up to date and accessible. Personal plans should be regularly audited to ensure that they are working documents with the necessary information present. Any out of date information should be removed. National Care Standards. Care at Home Standard 3 Your Personal Plan.</p> <p><u>What People Told Us</u> <i>These girls (the staff) are keeping my Mum independent and at home</i></p> <p><i>I get very well looked after. Everybody is just super and they all show extreme attention. Nothing is too much trouble.</i></p> <p><i>Every one of them is brilliant.</i></p>		

	<p><i>All carers are excellent.</i></p> <p><i>The carers are very helpful and considerate.</i></p> <p><i>They are always in time and all very good</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>People who used the service and their relatives told us how important the service was to them and how they appreciated the way staff carried out their duties. We saw examples of good care. We saw staff working to create and maintain a positive rapport with the people they were caring for.</i></p> <p><i>Staff offered choice and followed good moving and handling practice. Staff were aware of keeping people safe and checking people were comfortable before leaving. Travel time had been included in staff rotas and people told us visits were generally punctual. Some of the staffing rotas we saw included a number of consecutive 15 minute visits. People who used the service did tell us they felt staff needed to work quickly to keep to schedule.</i></p> <p><i>The consistency of reviews had improved.</i></p> <p><i>The quality of personal planning was mixed. We saw examples of good personal plans particularly for people with higher support needs, although this was not consistent. We found weaknesses in some personal plans.(See requirement 1 and recommendation 1)</i></p> <p><i>Most people were being supported by a smaller group of care staff. We did find some service users in one area who were visited by high numbers of individual staff. Managers told us these individuals had complex care packages including over night care however numbers of staff providing support were high over short periods of time. Managers expressed optimism that the introduction of new working patterns would also improve consistency.(See requirement 2)</i></p>		
Quality of Staffing		3	3
The quality of the staff, including their qualifications and training	<p>Requirements: 2</p> <p>1- The service provider must ensure that all staff receives training needed to carry out their duties. Training should be planned, recorded and monitored by managers to ensure all staff are receiving mandatory training within stipulated timescales.</p> <p>.</p> <p>Timescale for implementation: Six weeks from the receipt of this report.</p>		

- 2- The service provider must ensure that all new staff are fully prepared for the duties they have to undertake.

Timescale for implementation: six weeks from the receipt of this report

Recommendations: 1

- 1- The service should ensure that methods are put in place to evaluate the effectiveness of elearning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training.

(Some) Finding from the Inspection

Staff commented positively on the day to day support they received to carry out their duties. Managers were described as approachable and as responding quickly to requests for support. Staff also described the positive support they received from colleagues. We saw staff communicating well with people who used the service, their relatives and with each other.

The provision of one to one staff supervision had improved since the last inspection particularly in the Duns area although the quality of recording was mixed. Regular staff meetings were also taking place in the Duns area and again the quality of recording was mixed.

We found that Moving and Handling training was up to date.... We found continued problems in several areas of training including adult protection, dealing with medication, health emergencies, dementia, infection control and food hygiene. Records sampled showed that several staff had either not received training in these areas or their training was years out of date. A requirement about the need to ensure staff are prepared to undertake care tasks safely is repeated. (See requirement 1)

A rolling programme to assist staff to achieve SVQ (Scottish Vocational Qualifications) in care was being maintained.

Overall Induction training included Moving and Handling training, sometimes medication training and shadowing experience but no further training. (See requirement 2)

Improved training had been planned....This included classroom based training with increased e learning. In the previous report we recommended that the service put in place methods to evaluate the impact of this training on the care practice of the staff to ensure that the training was effective and led to improved outcomes for people who used the care service. (See

	recommendation 1)		
Quality of Management & Leadership		4	3
How the service is managed and how it develops to meet the needs of the people who use it	<p>Requirements: 3</p> <p>1- The service provider must ensure that effective Quality Assurance methods are in place. They must include:</p> <ul style="list-style-type: none"> • Ensuring records maintained in the home of people using the service are returned to be audited to ensure records including records of medication administration are being appropriately and accurately maintained. • Ensuring systems are put in place to routinely monitor staff care practice. <p>Timescale for implementation: Six weeks from receipt of this report</p> <p>2- The service provider must ensure that all schedule care visits are carried out. Any missed visits must be recorded. The cause of the missed visit identified and appropriate remedial action taken to ensure the visits are not missed. A log of missed visits must be maintained to identify any trends which potentially will provide information to reduce the change of visits being missed in the future.</p> <p>Timescale for implementation: one week from receipt of this report.</p> <p>3- The provider must ensure that the Care Inspectorate are informed about all notifiable events using the eform notification system in line with Care Inspectorate Guidance. This is to comply with the Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.</p> <p>Timescale for implementation: within 24 hours of the receipt of this report.</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u> <i>Carers told us they felt well supported by Managers. Assistant Home Care Managers attend regular monthly meetings to ensure consistency of management across the service.</i></p> <p><i>Managers had issued questionnaires to seek feedback from both people who received the service and the staff who provided it. Results were predominately positive and these were being correlated at the time of inspection.</i></p>		

We saw improvements had been carried out to audit records returned to the offices including medication and daily recordings. Work had been undertaken to improve the scope of audit and to improve the recording of the auditing of records to improve quality assurance.

*The service had experienced several missed visits..... The service had identified the need to further improve recording in this area. This included the introduction of an electronic recording system to replace the limited book based recording stored in the local offices, making them more difficult for all managers to access.... Improved recording of actions identified to reduce the risks of errors being repeated was also needed. **(See requirement 2).***

*We made a requirement in the last inspection about the need to inform the Care Inspectorate in instances where actual or potential harm was caused to a person using the service. Notifications were not being made in all instances and the requirement made at the last inspection is repeated. **(See requirement 3).***

Grove House Care Home
31st January 2017
Final Report

Quality Theme	Requirements/ Recommendations ¹	Grades	Previous Grades
Quality of Care & Support		4	4
How well the service meets the needs of each person who uses it	<p>Requirements – 0</p> <p>Recommendations – 2</p> <p>1- It is recommended that the service regularly audits service user’s personal plans to ensure that the documentation is consistently completed and changes promptly updated.</p> <p>2- The service should look at how activities are provided in the care home to ensure all residents have access to staff time to support them in their preferred activities.</p> <p><u>What People Told Us</u> <i>The staff are so nice and friendly</i></p> <p><i>Staff go out of their way on a daily basis to ensure (my relative) is comfortable</i></p> <p><i>You are always made to feel welcome</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>People who used the service and their friends and relatives gave us a range of positive comments about their experience of living in and visiting the care home. Staff were described as friendly, helpful and welcoming. This was consistent with the positive interaction between staff and residents and their visitors which we saw during the inspection.</i></p> <p><i>The quality of recording was mixed we saw some good examples of daily recording however we also found gaps in daily records. (See Recommendation 1)</i></p> <p><i>The recording of topical medication, weight records and oral care were generally well maintained. Regular reviews were recorded. Medication storage and recording sampled</i></p>		

	<p>were being correctly maintained.</p> <p><i>We found a lack of consistent planning and recording of activities to provide interest and stimulation for residents. We did see individual staff interacting with residents, this was positive, however staff described this as done 'if we have the time to do it', rather than something planned and consistent. (See recommendation 2)</i></p>		
Quality of Environment		3	3
Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is	<p>Requirements: 1</p> <p>1- The service provider must ensure a safe environment is maintained at all times. This must include:</p> <ul style="list-style-type: none"> - All alcoholic drinks and any other items which might post a potential risk if consumed in error by a resident living with dementia must be securely stored at all times. - Mobility aids must be stored in a manner which might provide a trip hazard - Outdoor lights are working correctly - Where problems with water temperature is identified remedial action is taken <p>Timescale: The provider must do this within 24 hours of the report being published.</p> <p>Recommendations: 2</p> <p>1- The Care home should be maintained free from clutter to ensure all areas can be accessed and enjoyed by residents. National Care Standards, Care Homes for Older People</p> <p>2- The service should ensure any unnecessary signs and notices to staff and other items which create an institutional feel in the care home are removed.</p> <p><u>Some) Finding from the Inspection</u> <i>The environment had many positive attributes. There were a range of sitting areas for residents including outdoor seating areas at the front of the care home where residents were enjoying some winter sun on one of the days of the inspection. People living at the care home also enjoy a well maintained enclosed garden area. We found several example of high quality period furniture which enhanced the physical environment. However we found many areas of the home were cluttered. This was beyond the point of being 'homely'. Many storage areas including shelving and furnishings were full of a variety of items. (See recommendation 1)</i></p>		

	<i>There was a lot of signs and notices in public areas of the home which could give an institutional feel to what is a potentially pleasant environment. This was linked to a lack of attention to detail in maintaining a homely environment for example a medication cabinet was fixed to the wall of another wise attractive ground floor. (See recommendation 2)</i>		
Quality of Staffing		4	4
The quality of the staff, including their qualifications and training	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We spoke with staff who displayed a strong commitment to meeting the care needs of the individuals they cared for. We observed staff providing care and support to residents in a polite professional manner. We observed staff communicating effectively with residents, their visitors, healthcare professionals and with each other.</i></p> <p><i>Comprehensive training records were being maintained, these identified the need for some staff to receive update training, This has been brought about by the changes in the frequency of training and the service had correctly responded by planning access to training. Staff commented positively on recent dementia training.</i></p> <p><i>We observed a staff handover and observed staff demonstrating a good knowledge and understanding of the changing needs and care needs of the people they supported.</i></p> <p><i>Staff demonstrated good infection control, practices including correct use of personal protective equipment.</i></p>		
Quality of Management & Leadership		3	4
How the service is managed and how it develops to meet the needs of the people who use it	<p>Requirements: 2</p> <ol style="list-style-type: none"> 1. Methods of determining dependency levels in the care home linked to required staffing levels must be carried out at a frequency of at least once in every four week period. <p>Timescale: The provider must do this within one week of the receipt of this report.</p> <ol style="list-style-type: none"> 2. The service provider must ensure that minimum staffing levels as stipulated in the 		

care homes staffing schedule are maintained at all times.

Timescale: The provider must do this within 24 hours of the receipt of this report

Recommendations: 0

Some) Finding from the Inspection

The care home has been without a manger since October 2016 and staff were being supported by the Senior Care team with additional visiting support from a senior manager. Senior staff described a strong commitment to their roles and responsibilities and we observed staff working hard to this end. We received several positive comments from staff about the approachability and helpfulness of senior staff. .

*The inspection identified areas where more consistent management was needed. Care Homes are required to carry out regular dependency assessments of residents needs relating to staffing levels in the care home to ensure that residents can be adequately and safely cared for. These assessment must be done with a minimum frequency of 4 weeks. We found that no dependency assessments linked to staffing levels had been carried out since September 2016. Prior to this we found that dependency assessment had not been carried out during April & May 2016 (**See requirement 1**).*

*The care home was providing care staff in keeping with the staffing schedule which outlines the number of staff required at various times of the day.....We made several visits to the dining room during the morning sessions and observed one member of staff working in the downstairs kitchen during each visit. Staff working in the kitchen are not providing direct care. The care home therefore was not meeting their staffing schedule. Further pressure is placed on care staff who also need to staff the care homes laundry. (**See requirement 2**)*

Home Care West (Including Dovecot Court)
16th March 2017
Final Report

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4	4
How well the service meets the needs of each person who uses it	<p>Requirements: 1</p> <ol style="list-style-type: none"> 1. The service provider must ensure that the preferred rising times of all individuals living at Dovecot Court are clearly identified in individual personal plans. Staff support must be provided to adhere to these times. Where an individual is unable to state their preferred rising time care must be provided in line with their preferred routines based on staff observation and recording. The preferred rising times of people using the service and the response of staff to meet these must be regularly monitored and reviewed and changed where necessary in accordance with the preferences of people using the service. <p>This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011/210 Regulation 4 (1) (a) (b) Welfare of service users and should also take account of the National Care Standards Care at Home, Standard 4.</p> <p>Timescale for implementation: Within 24hours of the receipt of this report.</p> <p>Recommendations: 0</p> <p><u>What People Told Us</u></p> <p><i>“Care is brilliant”</i></p> <p><i>“Carers are kind and respectful”</i></p> <p><i>“I think the girls are great. They do the best they can in the time they are given”</i></p> <p><i>“My relative feels she can trust the staff caring for her and feels respected”</i></p>		

	<p><i>“Most of my concerns are about time keeping bot arrival and length of stay”</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We saw good care being provided while shadowing staff. This included staff working to promote a positive rapport with the people they were caring for. We saw good moving and handing and infection control practice.</i></p> <p><i>We sampled visit records for nine people using the service and the levels of staff consistency was largely good, meaning people were not being visited by large numbers of different staff although we did receive one comment from a carer which described numerous different carers visiting.</i></p> <p><i>Following an earlier visit to Dovecot Court a requirement was made about the need to ensure morning routines and the times people were being supported to get up were linked to the preference to the service users. Changes had been made to morning routines in line with the requirement however we had continued concerns about the way care was being provided to one service user. The service confirmed a review would be carried out involving professionals supporting this individual and the Care Inspectorate would be informed about the outcome of this review. Given the continued concerns about this individual the requirement has been repeated in this report. (See requirement 1)</i></p>		
Quality of Staffing		3	3
<p>The quality of the staff, including their qualifications and training</p>	<p>Requirements: 2</p> <ol style="list-style-type: none"> 1. The service provider must ensure that all new staff are fully prepared for the duties they have to undertake. <p>This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15 (a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.</p> <p>Timescale for implementation: Six weeks from the receipt of this report.</p> <ol style="list-style-type: none"> 2. The service provider must ensure that all staff receive training needed to carry out their duties. Training should be planned, recorded and monitored by managers to ensure all staff are receiving mandatory training within stipulated timescales. 		

This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15 (a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.

Timescale for implementation: Six weeks from the receipt of this report.

Recommendations: 3

1. All staff should have access to regular one to one supervisions as laid out in the services policy guidelines.

National Care Standards. Care at Home. Standard 4 Management and Staffing

2. The service provider should consider the dementia training needs of staff and provide training for all staff to meet these needs. The training should meet the standards set by the 'Promoting Excellence' programme, promoted by the SSSC.

National Care Standards. Care at Home. Standard 4 Management and Staffing.

3. The service should ensure that methods are put in place to evaluate the effectiveness of elearning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training.

National Care Standards. Care at Home. Standard 4. Management and Staffing arrangements.

(Some) Finding from the Inspection

The previous inspection report referred to the need for staff, some of whom may have no background in care, being adequately prepared to support vulnerable people with complex needs living in the community. A requirement at the previous report is repeated. (See requirement 1)

We found examples of training records were poor and difficult to follow. Gaps were particularly notable when we looked at Dovecot Court. A requirement made in the previous report is repeated. (See requirement 2)

	<p><i>We found good improvements in the frequency of staff supervision had been made in some areas, include Dovecot Court, Galashiels and Lauder. However the regularity of supervision was not so consistent.... (See recommendation 1)</i></p> <p><i>Recommendations about the need to provide more in depth dementia training and evaluating the effect of eLearning on staff care practice are repeated from the previous inspection. (See Recommendation 2 & 3)</i></p> <p>We found evidence that team meetings to support staff and inform them about planned changes were being held in all areas. We found evidence from thank you letters and emails of acknowledgement made in particular by the relatives of people using the service of the high regard staff were held in by the way they carried out their duties.</p>		
<p>Quality of Management & Leadership</p>		<p>4</p>	<p>4</p>
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p>Requirements: 1</p> <p>Recommendations:0</p> <p>Requirements:</p> <p>1 The service provider must ensure that the Care Inspectorate are informed about all the notifiable events using the eform notification system in line with the Care Inspectorate Guidance.</p> <p>This is to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.</p> <p>Timescale for implementation: 24 hours of the receipt of this report.</p> <p>(Some) Finding from the Inspection <i>Managers described a strong commitment to maintaining a pro-active attitude toward quality assurance and it was evident from our discussions with the manager and her assistants that they had good background information on any of the individual service users who we asked questions about as part of the inspection. Staff described managers as approachable and responsive.</i></p>		

	<p><i>A new quality assurance system had been developed and we saw some progress had been made in implementing checks. This included good examples of audits being carried out.</i></p> <p><i>Managers expressed optimism that the “four days on four days off” rota for staff already introduced in some areas and planned to be rolled out across the service would improve the consistency of the managerial support to and communication with staff by improving the regularity of staff supervision and team meetings. We found evidence that this was starting to happen.</i></p> <p><i>The recording of missed visits had improved, however the service were not notifying us about missed visits. Missed visits can cause real or potential harm to people using the service and therefore notifications are necessary. (See Requirement 1).</i></p>		
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Saltgreens Care Home
6th March 2017
Final Report

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4	3
How well the service meets the needs of each person who uses it	<p>Requirements: 0</p> <p>Recommendations: 2</p> <p>1. The service should ensure daily records are maintained consistently for all people who use the service. Activities which people are supported to be involved in should be recorded daily.</p> <p>National Care Standards. Care homes for older people. Standard 5. Management and staffing arrangements.</p> <p>2. The service should ensure that all medication records are consistently maintained.</p> <p>National Care Standards. Care homes for older people. Standard 15. Medication.</p> <p><u>What People Told Us</u> <i>"The staff are very nice, I am happy here"</i></p> <p><i>"I would recommend this place to anybody"</i></p> <p><i>"I was a bit worried before I came here but I was surprised how nice it was."</i></p> <p><i>"I can't fault this place, the people who work here are fine."</i></p> <p><u>(Some) Finding from the Inspection</u> <i>The service had made clear progress in addressing areas of weakness identified at the previous inspection including resident's reviews and medication storage and recording.</i></p> <p><i>Medication was being safely stored. Where people were prescribed "as and when required" medication guidance was provided to ensure staff were supporting residents in a correct and</i></p>		

	<i>consistent way. Medication recording sampled was generally correctly maintained although we did find some unaccounted for occasional gaps in recording. (See recommendation 2)</i>		
Quality of Environment		3	3
Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is	<p>Requirements: 2</p> <p>Recommendations: 0</p> <p>1. The service provider must ensure that a safe environment is maintained at all times and that all furnishings, fittings and equipment provided are safe and appropriate for a care home for older people.</p> <p>This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.</p> <p>Timescale for implementation: Within 24 hours from the receipt of this report.</p> <p>2. The service provider must ensure that furnishings fittings and levels of decoration are maintained in a manner appropriate for a care home for older people.</p> <p>This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (a) and (d) a requirement that premises are decorated and maintained to a suitable standard.</p> <p>Timescale for implementation: Within six weeks from the receipt of this report.</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>A condition of the current certificate refers to the development of a best practice dementia environment. Plans to change the colours of doors and walls to assist people living with dementia navigate their environment as independently as possible had been discussed but these had not been implemented.</i></p> <p><i>We found other areas where the physical environment needs attention. These included significant scrape and impact damage to woodwork including doors and skirting's throughout the care home, we found this in both corridors and living areas. (See requirement 2)</i></p>		

Quality of Staffing		4	3
<p>The quality of the staff, including their qualifications and training</p>	<p>Requirements: 0</p> <p>Recommendations: 1</p> <p>1. The service should ensure that all staff should have access to regular and consistent one to one supervision meetings with their line manager/supervisor. One to one supervision meetings should facilitate discussions about practice, provide updates, and identify training and development needs.</p> <p>National Care Standards. Care homes for older people. Standard 5. Management and Staffing, and the Scottish Social Services Councils, Code of Practice for Employers Section 2.2.</p> <p><u>(Some) Finding from the Inspection</u> <i>Staff were motivated and expressed a clear commitment to meet the needs of the individuals they were caring for. We saw staff carrying out their duties in a thoughtful professional manner. The way staff provide care was one of the contributory factors in the positive relaxed atmosphere we found during the inspection</i></p> <p><i>Residents and relatives we spoke with and people who returned questionnaires expressed high levels of satisfaction with the way staff provided care and support.</i></p>		
Quality of Management & Leadership		4	3
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u> <i>Staff commented positively on the day to day support that they received to carry out their roles and responsibilities. Managers were described as approachable and responsive. Staff did tell us they would, in general, like to get more feedback on the way they worked though comments were mixed, some of the staff we spoke with told us they received feedback thorough supervision.</i></p> <p><i>We found quality assurance was being provided through audits of different areas pertinent to care. A range of environmental checks including infection control audits had been carried out during the second half of 2016.</i></p>		

Saltgreens Day Service (Older People)
13th March 2017
Final Report

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		5	4
<p>How well the service meets the needs of each person who uses it</p>	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>What People Told Us</u></p> <p><i>‘Staff are grand we like coming here and we enjoy the activities it keeps us active and we have a laugh. We enjoy the food and the company’.</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We observed service users taking part in meaningful activities such as reading the latest news and taking part in crosswords and quizzes. We saw that service users enjoyed this and shared conversations and laughter with staff.</i></p> <p><i>We thought the outcome for service users were very good.</i></p> <p><i>We made a number of suggestions on how the meal time experience could be improved e.g. the use of menus, having personalised tabards, and staff reminding service users of the choice of meal they had made while serving.</i></p>		
Quality of Environment		4	4
<p>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</p>	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We were pleased to head that they service planned to use the ‘Kings Fund Environmental Tool’ to assess the service to ensure that facilities are dementia friendly.</i></p>		

	<i>We were pleased to head that the Manager plans to visit Stirling University dementia unit for ideas of how to improve the environment and make it dementia friendly as possible.</i>		
Quality of Staffing		3	4
The quality of the staff, including their qualifications and training	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u> <i>The service had a range of mandatory training which was available for staff and staff told us they had sufficient training to enable them to do their job.</i></p> <p><i>We thought the process of supervision and appraisal could be improved and this was discussed with the Manger during the inspection and we signposted the Manager to a range of best practice publications, such as Scottish Social Services Council (SSSC) The Framework for Continuous Learning and Effective Supervision for advice.</i></p>		
Quality of Management & Leadership		4	3
How the service is managed and how it develops to meet the needs of the people who use it	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u> <i>We found that the service had a range of tools it used to evaluate the effective running of the services e.g medication and environment audits.</i></p> <p><i>We found that there was good evidence that service users were encouraged to express their views of the running of the service and these were listened too.</i></p> <p><i>Where relatives have power of attorney we would like to see documentary evidence to support this.</i></p> <p><i>Staff said that the manager was approachable and supportive.</i></p>		

**Berwickshire Dementia Day Service
16th March 2017
Final Report**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4	4
How well the service meets the needs of each person who uses it	<p>Requirements: 0</p> <p>Recommendations: 3</p> <ol style="list-style-type: none"> 1. The service should ensure that personal plans are being regularly updated as staff learn more about the preferences of people who use the service. National Care Standards, Support Services Standard 4. Support Arrangements. 2. The service should review the way personal plans are structured to include clearer methods to identify and record the outcomes that can be achieved with services users to enable them to maintain skills and independence. National Care Standards. Support Services. Standard 4. Support Arrangements. 3. The service should increase the opportunities for service users to be supported to access activities and amenities in the local community. National Care Standards. Support Services. Standard 8. Making Choices. <p><u>What People Told Us</u></p> <p><i>The service users we met appeared relaxed in the day service and indicated they liked the service and the staff.</i></p> <p><i>We observed a positive rapport between staff and service users</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>A key strength of the service was the warm relaxed rapport between staff and individuals</i></p>		

	<p>receiving care. Something that impressed us during the inspection was the appropriate use of humour by staff and the laughter generated in interactions between staff and individuals using the service.</p> <p>We observed staff providing support in a way which encouraged choice and promoted dignity. A review for one service user had been held in the previous six months and the individuals spouse had been fully involved. One review was outstanding. A recent review meeting has been postponed by the individual's family. This was in the process of being rearranged.</p> <p>The previous inspection report include a recommendation about looking at how people using the service could be supported to access facilities in the local community as part of the care and support they received. We found no progress in this area and this recommendation in repeated. (See Recommendation 3)</p>		
Quality of Environment		3	3
<p>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</p>	<p>Requirements: 0</p> <p>Recommendations: 1</p> <ol style="list-style-type: none"> 1. A suitable environment including appropriate decorative standards and the maintenance of fittings should be provided in keeping with the aims and objectives of the care service. <p>National Care Standards Support Services. Standard 5 Your Environment.</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>The small homely scale of the building which houses the services remains one of its main strengths however there are also disadvantages in a lack of space for people who may be anxious or agitated.</i></p> <p><i>An environmental risk assessment had been updated during January 2017 to provide as safe an environment as possible.</i></p> <p><i>We found examples of poor upkeep of the building including loose kick boards in the kitchen and a gap between the wash hand basin and the wall also located in the kitchen. (See Recommendation 1)</i></p>		
Quality of Staffing		4	4
The quality of the staff, including their	Requirements: 0		

<p>qualifications and training</p>	<p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>Staff were receiving one to one supervision and records indicated this had provided staff with the opportunity to discuss any additional training needs. Training records were being maintained and these had identified when refresher training was needed.</i></p> <p><i>We found examples of staff meetings being held which covered a range of practice issues pertinent to providing a support service to people living with dementia.</i></p> <p><i>We observed staff communicating well throughout the inspection with each other and with service users. Staff were supportive of people using the service being involved in the inspection process and provided advice and assistance to facilitate this.</i></p>		
<p>Quality of Management & Leadership</p>		4	4
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p>Requirements: 0</p> <p>Recommendations: 2</p> <ol style="list-style-type: none"> 1. People using the service and potential service users should have access to information on what they can expect from the service. <p>National Care Standards. Support Services Standard 1. Informing and Deciding.</p> <ol style="list-style-type: none"> 2. The service should carry out a quality assurance survey specific to Berwickshire Dementia Day Service which seeks the view of involved professionals. This should be used to assess the quality of the service and as a planning tool for development. <p>National Care Standards. Support Services. Standard 2. Management and Staffing Arrangements.</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>The section on staffing noted the feeling of optimism staff were placing on the new managerial arrangements. We spoke to the individuals who would be providing this support and they also shared this sense of optimism and expressed a commitment to continue the development of the service to meet the needs of people living with dementia.</i></p>		

	<p><i>The service was still using a generic Scottish Borders Council brochure dates 2013 to provide information to prospective and new service users and their families. This did not cover the particular aims and objectives of a specialist service. The production of information specific to the day service could also provide the opportunity to take a fresh look at and review aims and objectives for this specialised service. (See Recommendation 1)</i></p>		
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**Cheviot Day Service
15th March 2017
Final Report**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		5	4
How well the service meets the needs of each person who uses it	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>What People Told Us</u></p> <p><i>'I enjoy coming here it gets me out of the house and I enjoy the company. It's made a big difference in my life'</i></p> <p><i>'The staff are great and I really enjoy the activities we do we have fun'</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We observed that staff were inclusive and asked services users for their opinions throughout the day.</i></p> <p><i>We thought the outcomes for people were very good.</i></p> <p><i>We signposted the service to best practice publications living well in care homes and the Care Inspection falls prevention toolkit.</i></p>		
Quality of Environment		3	3
Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We thought the environment was adequate and we acknowledge the provider may be limited in what it can do with the premises: a number of areas could be better in terms of dementia friendly signage and consideration to new chairs as the ones being used were tired and</i></p>		

	<p><i>dated.</i></p> <p><i>The rear garden could be tidier.</i></p>		
Quality of Staffing		4	4
The quality of the staff, including their qualifications and training	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>Staff spoken with said they had sufficient training to do their job and felt they were supported by management and they said they were a good team.</i></p> <p><i>We thought staff had access to a good range of mandatory training.</i></p> <p><i>We thought that staff were skilled in the delivery of person-centred care and focussed on the person.</i></p>		
Quality of Management & Leadership		4	4
How the service is managed and how it develops to meet the needs of the people who use it	<p>Requirements: 0</p> <p>Recommendations:</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We found the service had a range of audits to monitor how the service was performing e.g. medication, care plans etc</i></p> <p><i>The manager was responsive to the advice and guidance offered during the inspection.</i></p> <p><i>Staff spoken with said they were confident in management and said they felt supported.</i></p>		

**Waverley Care Home
30th March 2017
Final Report**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4	4
How well the service meets the needs of each person who uses it	<p>Requirements: 1</p> <p style="padding-left: 40px;">1 The service provider must ensure that all records relating to the provision of personal care are consistently maintained.</p> <p style="padding-left: 40px;">This is to comply with The Social Care and Social Work Improvement Scotland (Requirements 2011/210 Regulation 4 Welfare of Users – a requirement that a provider must make proper provision for the health, welfare and safety of service users.</p> <p style="padding-left: 40px;">Timescale for implementation: Within 24 hours from the receipt of this report.</p> <p>Recommendations: 1</p> <p style="padding-left: 40px;">1 The service should ensure daily records are maintained consistently for all people who use the service. Activities which people supported to be involved in should be recorded daily.</p> <p style="padding-left: 40px;">National Care Standards, Care Homes for Older People. Standard 5. Management and Staffing arrangements.</p> <p><u>What People Told Us</u></p> <p><i>‘Staff are consistently friendly and approachable, my relative has settled well in this environment’</i></p> <p><i>‘The quality of my relatives care has been exceptional’</i></p> <p><i>‘I like to be independent and the staff understand this’</i></p> <p><i>‘The staff are all very helpful, always someone there if you need any assistance’</i></p> <p><u>(Some) Finding from the Inspection</u></p>		

	<p><i>We received a range of positive comments from both short and long stay residents and their relatives. People told us staff were caring, friendly and helpful.</i></p> <p><i>We identified areas where recording needed to be improved particularly in detailing actual care provided including oral care and topical medications. We found several unaccounted for gaps in these records. (See Requirement 1)</i></p> <p><i>Work is also being undertaken to improve staff recording in the transitional care unit where staff were described as providing information well verbally. However written records were not always maintained to the same degree.</i></p> <p><i>Staff did describe engaging residents individually in conversation. However this was not always described or recorded as an activity. It was not clear from records sampled how activities were planned or recorded. (See recommendation 1)</i></p>		
Quality of Environment		3	3
<p><i>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</i></p>	<p>Requirements: 1</p> <p>1 The service provider must ensure that a safe environment is maintained at all times and that all furnishings, fittings and equipment provided are safe and appropriate for a care home for older people.</p> <p>This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of Users – a requirement that a provider must make proper provision for the health, welfare and safety of service users.</p> <p>Timescale for implementation: Within 24 hours of receipt of this report.</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>People using the service, their relatives and staff all commented positively on the general improvements including the additional living space provided.</i></p> <p><i>In some of the en-suites, vertical hot water pipes running for most of the height of the room were in place. These pipes were chrome and appeared to be designed to be displayed. A service user falling against a pipe could receive a burn. (See Requirement 1).</i></p>		

	<p><i>New chairs provided in upstairs lounge were reported as slipping back when people sat down and walls were already marked by impact damage. Staff reported these chairs were too low for many service users and alternatives chairs had been provided for some individuals. The chair legs were not compatible with chair risers currently in the care home. (See Requirement 1)</i></p> <p><i>The service provider has invested in a major refurbishment which has improved the physical environment however a number of health and safety concerns came to light during the inspection which need to be addressed as a matter of urgency. Once these concerns have been addressed a re-grading can be considered to reflect the overall improvements made following significant investment in the environment.</i></p>		
Quality of Staffing		5	4
<p>The quality of the staff, including their qualifications and training</p>	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>Staff were motivated and committed.</i></p> <p><i>We found throughout the inspection visit staff were helpful in encouraging and supporting residents to be involved in the inspection process.</i></p> <p><i>The refurbishment of the care home had placed additional stress on the staff supporting people moving as the environment was being developed. Relatives were highly appreciative of the support provided during this period and recognised the work undertaken by staff to provide a continued good level of care during a difficult period. Staff were described as ‘going the extra mile’. Managers were also aware and appreciative of the work of staff supporting residents during a potentially difficult time.</i></p> <p><i>Managers confirmed additional training needs had been identified for staff working in the transitional care unit. This was being planned in conjunction with the health professional (Occupational Therapist and Physiotherapist) supporting the unit. Managers felt that some of the general principles could also be useful to staff when they were planning and delivering care to some of the long stay residents.</i></p>		

Quality of Management & Leadership		4	4
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p>Requirements: 1</p> <ol style="list-style-type: none"> 1 The service provider must ensure that training records are correctly maintained to ensure an accurate record is maintained and managers can be confident that all mandatory staff training is up to date. <p>This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 15 (b) Staffing – a requirement that staff are training to undertake the tasks they are expected to perform. Welfare of users – a requirement that staff are training to undertake the tasks they are expected to perform. Welfare of users – a requirements that a provider must make proper provision for the health, welfare and safety of service users.</p> <p>Timescale The provider must do this within 24hrs of the report being published.</p> <p>Recommendations: 1</p> <ol style="list-style-type: none"> 1 The service should ensure that methods are put in place to evaluate the effectiveness of elearning undertaken by individuals to confirm it is having a positive impact on the care and support provided by individual staff who are undertaking the training. <p>National Care Standards. Care Homes for Older People. Standard 5 Management and Staffing arrangements.</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We saw clear and effective management and leadership being provided by the care home manager in preparing senior staff to cover duties relating to the development of the transitional care unit. Managers were aware of the need to promote positive working relationships with healthcare colleagues as the transitional care unit developed and were promoting this with care staff.</i></p> <p><i>We found evidence of quality assurance which included environmental audits being carried out. We also found examples of personal plans being audited to ensure the correct information was present and that information was up to date and pertinent to the current</i></p>		

	<p><i>needs and abilities of services users.</i></p> <p><i>A spreadsheet for recording training to have an overview to ensure training was up to date. This spreadsheet was not being correctly maintained so it was not possible to have confidence that it was an accurate record. (See requirement 1)</i></p> <p><i>The previous inspection report contained a recommendation about the need to have processes in place to evaluate the effectiveness of eLearning on staff practice. (See recommendation 1)</i></p>		
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Deanfield Care Home
17th May 2017
Draft Report

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		5	4
How well the service meets the needs of each person who uses it	<p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>What People Told Us</u> <i>"They (the staff) treat us very well."</i></p> <p><i>"It's lovely here."</i></p> <p><i>"Always made welcome, find staff very friendly."</i></p> <p><i>"Staff easy to talk with and helpful."</i></p> <p><i>"My relative is very happy her."</i></p> <p><i>"The food is very good."</i></p> <p><i>"Felt review meeting was well run."</i></p> <p><i>'</i></p> <p><u>(Some) Finding from the Inspection</u> <i>Residents told us they were happy with the way staff provided care. They described staff as caring, helpful and friendly. Relatives also expressed confidence in the care provided and the way staff carried out their duties. People told us they were made welcome when visiting and kept up to date with any developments. This was consistent with what we saw during the inspection. We found a warm, relaxed and friendly atmosphere and observed staff providing support in an attentive manner promoting both dignity and choice.</i></p> <p><i>Health care professionals in regular contact with the care home told us they were confident in the standard of the care provided. Staff were described as good at observing the condition of residents and reporting any concerns. Any treatment plans were consistently followed. Working relationships and communication were also described in positive terms.</i></p>		

Quality of Environment		4	3
<p><i>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</i></p>	<p>Requirements: 1</p> <ol style="list-style-type: none"> 1. The service provider must ensure that flooring and levels of decoration in the lower ground area of the care home are maintained in a manner appropriate for a care home for older people. <p>This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (a) and (d) a requirement that premises are decorated and maintained to a suitable standard.</p> <p>Timescale for implementation: Within six weeks from the receipt of this report.</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We saw the positive results of investment in the physical environment. New improved seating had been provided throughout the care home. New flooring had been provided in the communal areas on the upper floor of the care home. This area had also been attractively redecorated. The re-decoration included a clear colour definition to assist people who might have a visual impairment including people living with dementia. We saw good levels of personalisation throughout the care home. The care home was clean. Cleaning staff worked to schedules which were regularly audited.</i></p> <p><i>The care home has a lot of communal areas for residents to enjoy. Residents were also making use of the outdoor sitting areas enjoying the spring sunshine. The home would benefit from an enclosed outdoor area which would help people living with dementia to enjoy outdoor areas more independently.</i></p> <p><i>Flooring had not been replaced in the lower area of the care home. The flooring had been cleaned however this carpeting has been in place for a number of years and showed the signs of wear and tear and was stained and discoloured in places. This area of the care home also showed significant signs of impact and scrape damage in the lounge dining and corridor areas accumulated over a number of years.</i></p> <p>(See requirement 1)</p>		

Quality of Staffing		4	4
The quality of the staff, including their qualifications and training	<p>Requirements: 0</p> <p>Recommendations: 1</p> <p>1. The service should ensure that methods are put in place to evaluate the effectiveness of eLearning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training. National Care Standards. Care at home. Standard 4. Management and staffing arrangements .</p> <p><u>(Some) Finding from the Inspection</u> <i>We observed staff communicating well with residents, with visitors, including relatives and professional visitors and with each other. Visitors confirmed staff were approachable and responded appropriately to any queries. Staff were supportive and helpful in making sure residents had the opportunity to be involved in the inspection. The service had introduced a short meeting involving care staff and ancillary staff held at the same time each day. Staff described this as being a helpful development which had improved communication in the care home. We saw staff were using these meetings positively to make suggestions on developing care.</i></p> <p><i>Staff were undertaking eLearning on a range of topics relevant to their role and responsibilities. However it was not clear how this training was evaluated in terms of how training undertaken effected the care practice of the individual staff completing the training. (See recommendation 1)</i></p>		
Quality of Management & Leadership		4	3
How the service is managed and how it develops to meet the needs of the people who use it	<p>Requirements: 1</p> <p>1. The service provider must ensure that all staff receive mandatory training within stipulated timescales. This in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15(a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.</p> <p>Timescale for implementation: six weeks from the receipt of this report.</p>		

Recommendations 1

1. All personal and confidential information should be securely stored. National Care Standards. Care homes for older people. Standard 10. Exercising your rights

(Some) Finding from the Inspection

We found the manager and senior staff had responded positively to issues raised in the previous inspection. Proactive management had led to improvements in a number of areas. Improvements had been made in staff deployment to increase the activities provided for residents resulting in positive outcomes for people living at the care home. Staff time was being managed to ensure all residents had access to stimulating activities either on a one to one basis or in small groups. Short daily meetings had also improved communication. Staff told us they were more confident of consistent support from individual members of the senior team.

Improvements had been made in the recording of training following a requirement made at the last inspection. These records had been updated and evidenced staff were being provided with access to a range of training opportunities. The service were working to ensure all staff were undertaking mandatory training and refreshing this training at the required frequency. However there was still some catching up to do with records indicated some staff had not attended refresher training within stipulated timescales.

(See requirement 1)

We noted two areas where confidential information was not being securely stored. This included both medication and personal planning information.

(See recommendation 1).

