

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><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.</i></p>		

	<i>Working relationships and communication were also described in positive terms.</i>		
Quality of Environment		4	3
<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>Requirements: 1</p> <ol style="list-style-type: none"> 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
<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 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
<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>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>		

	<p>Recommendations 1</p> <p>1. All personal and confidential information should be securely stored. National Care Standards. Care homes for older people. Standard 10. Exercising your rights</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>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.</i></p> <p><i>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.</i></p> <p>(See requirement 1)</p> <p><i>We noted two areas where confidential information was not being securely stored. This included both medication and personal planning information.</i></p> <p>(See recommendation 1).</p>		
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Hawick Community Support Service

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		5	5
How well the service meets the needs of each person who uses it	<p><i>Requirements - 0</i></p> <p><i>Recommendations – 0</i></p> <p><u>What The Service Does Well</u> <i>There are many good things about this service. These include a committed team of staff providing flexible responsive support to people living in their own homes and community. People knew all the staff and each had a key worker. Staff were encouraged to reflect upon the work they did, learn from it and be responsible for it.</i></p> <p><i>We saw helpful work done where service users were in hospital and they continued to be supported by staff.</i></p> <p><i>Staff said they enjoyed their job and that they were committed to supporting each individual to meet their needs and to promote the best possible outcomes for them. Staff told us they felt supported by their line manager and other colleagues.</i></p> <p><i>They said they had learned a lot in this service and had developed their work practices. Staff seemed well-trained and more were working through or had complete an HNC in Social Care as well as a relevant SVQ.</i></p> <p><i>A main strength of the service was the very good honest and trusting relationships that had developed between staff and people using the service and within the staff team.</i></p> <p><i>Feedback from other professionals was positive of the flexible care and support provided and the positive outcomes for service users. Recently, feedback had been gathered from service users, families and other partners using questionnaires. People were asked to comment on the quality of the service. Individual users were also asked to comment on all aspects of the support they received. Very positive feedback had been given. We saw the requests or suggestions for changes to be made to the care and support were acted on.</i></p>		
Quality of Staffing		N/A	N/A
The quality of the staff, including their	Not Assessed		

qualifications and training			
Quality of Management & Leadership		5	4
How the service is managed and how it develops to meet the needs of the people who use it	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 1</i></p> <p>1. <i>The service should ensure that staff are supervised in-line with organisational policy. It should ensure the recording of sessions reflects the discussions that take place.</i></p> <p><i>National Care Standards, Care at Home – Standard 4: Management & Staffing</i></p> <p><u>What The Service Does Well</u> <i>We saw good examples where the service had identified risks to individuals and had fully involved the service user to look at measures to reduce these.</i></p> <p><i>We saw that the service worked in close partnership with other professionals such as the learning disability team, mental health service and the Adult Protection Team, within the local authority. This helped everyone to work together and promote positive outcomes for individuals. This ensured that service users felt safe, supported and secure within their daily lives. It also meant that more difficult decisions could be made with everyone involved.</i></p> <p><i>The manager had audit tools to regularly monitor areas of the service provided. This included medication and supervision audits. Since the last inspection a more in-depth auditing had been developed, used across all learning disability services. This helped the manager assess the quality and consistency of work being done, such as in support planning and reviews, and where improvements could be made.</i></p> <p><u>What The Service Could Do Better</u> <i>We thought that the quality of support planning had improved and that there was a flow to the support plan itself that help guide staff in the work. New paperwork had been introduced to help staff work with people, to meet their goals and outcomes. Depending on how well this works and information is recorded, further development may be needed.</i></p> <p><i>We saw that supervision and support 1:1 meetings were planned to take place every six weeks but this target was often not met. Staff did say they felt well supported and had many informal discussions.</i></p>		

	<p><i>However, in an outreach service it is important managers meet staff formally too.</i></p> <p><i>We spoke about developing quality assurance systems further. The Manager told us peer evaluation, where a manager from another service comes to evaluate yours, is being discussed.</i></p>		
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