

Final Waverley Care Home Inspected 24 <sup>th</sup> Oct 2017			
Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		<b>5</b>	<b>4</b>
How well the service meets the needs of each person who uses it	<p><i>Requirements - 1</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>What People Told Us</u></b>  <i>I cannot speak highly enough about the staff. They keep me informed of my mother's general health.</i></p> <p><i>The staff are very attentive. We are more than happy with the care provided.</i></p> <p><i>Staff are first class.</i></p> <p><b><u>What The Service Does Well</u></b>            People who received care told us how generally satisfied they were with all aspects of the care home. People expressed high levels of satisfaction when describing the way care staff supported them. We spoke to a number of relatives all of whom expressed confidence in the care provided.....This was consistent with what we saw during the inspection.</p> <p>The transitional care unit which had been operational for around 9 months at time of the inspection has been successful in helping several individuals to return home following hospital stays. Health and social care professionals either based in the service or visiting it expressed confidence in the care provided. The care home was building links with a local nursery and people enjoyed visits by the children.</p> <p><b><u>What The Service Could Do Better</u></b>            The previous inspection report identified areas where recording needed to improve including oral care and topical medication recording. Over all consistency of recording had improved however we continued to find some gaps. We also questioned the quality of recording for people whose food and fluid intake was being monitored. We concluded this was about the need to further improve recording rather than indicating poor care. (See Requirement 1)</p> <p><i>Requirement</i></p> <p>1. The service provider must ensure that all records relating to the provision of personal care are consistently maintained.</p> <p>Timescale for implementation. Within 24hours from the receipt of this report.</p>		

Quality of Environment		5	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><i>Requirements – 0</i></p> <p><i>Recommendations - 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The safety concerns from the previous inspection had been resolved. The refurbishment to the care home is now completed with some ‘snagging’ work being undertaken. The refurbishment has resulted in significantly improved facilities for people living at the care home and people using the Transitional Care facility to prepare to move home. People also commented on what they described as a ‘calm’ ‘pleasant’ and ‘relaxed’ atmosphere in the care home.</p> <p>The Care Home was clean tidy and well maintained.</p> <p>The provision of a secure outdoor patio/garden area had been discussed however this work had not been undertaken. The provision of a secure outdoor area would further improve the physical environment.</p>		
Quality of Staffing		5	5
<p>The quality of the staff, including their qualifications and training</p>	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>We spoke to several care staff during the inspection. Staff impressed as being motivated and committed to the care of people living and moving through the care home. The pleasant atmosphere described in the previous section owes much to the work of the staff. Staff described positive support from colleagues and people described working together to solve problems and provide positive care. Senior staff confirmed care staff were good at alerting them to any problems and seeking advice and support appropriately.</p> <p>The previous inspection report referred to additional training needs identified for people working in transitional care. This training is now being delivered and both the people providing the training and the individuals receiving it commented positively on its impact.</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><i>Requirements – 0</i></p> <p><i>Recommendations – 3</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>Staff consistently described the positive day to day support they received from their manager and senior staff who were described as approachable, responsive and supportive.</p> <p>Senior staff described the pressures on their time due to the implementation and growth of the Transitional Care facility. This relates to the number of people passing through the service (a mark of its success) the time taken to ensure admission procedures are correctly completed and the volume of telephone calls and enquiries about people using the Transitional Care Facility. <i>(See recommendation 1)</i></p> <p>Gaps in supervision could be accounted for by changes of supervisors, however auditing this was overly complicated, and the manager should have an easier overview of the quality of supervision. This was discussed with the manager during the inspection.</p> <p>Training records had improved following the implementation of a requirement made at the last inspection.</p> <p>A recommendation about the need to evaluate the impact of eLearning on an individual and their care practice was made following the previous inspection. The action plan indicated this would be achieved through supervision however we only found one brief reference to evaluation in all the supervision records sampled. <i>(See recommendation 2)</i></p> <p>A complaints log was being maintained, however it was not always clear how individual complaints were being resolved and in particular how the individual raising the concerns was informed of the outcome of any investigation. <i>(See recommendation 3)</i></p> <p>On a Sunday during the period of inspection a member of staff was removed from the care home to cover for care at home in the community. This resulted in the care home falling below its staffing schedule, albeit it was not fully occupied at the time. A number of staff expressed their dissatisfaction at this, feeling this type of incident could have a negative effect the quality of care provided in the service.</p>		

	<p><i>Recommendations</i></p> <p><i>1 The changing pressures on senior staff in the care home should be quantified to ensure there is sufficient senior time to meet the needs of both Transitional Care and long stay residents.</i></p> <p><i>2 The services 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.</i></p> <p><i>3 The recording of complaints made to the care home should be improved to include the result of any complaint investigation and how this was communicated with the individual making the complaint. Complaints records should include the full names of staff involved in the complaints process.</i></p>		
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**Final-St Ronans Care Home**  
6<sup>th</sup> Nov 2017

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		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><b><u>What People Told Us</u></b></p> <p><i>Residents and relatives/cares we met during the inspection continue to be very complimentary about all aspects of the service. They also told us that the environment was clean and comfortable and the staff were very considerate and happy to help.</i></p> <p><i>We spoke to the GP who felt the staff team delivered ‘high quality care and were always happy to take on board new suggestions in how to manage different situations’. The District Nurse commented on the service being ‘very person centered’.</i></p> <p><i>‘I strongly agree St Ronans have a high standard of cleanliness and I feel safe’</i></p> <p><i>‘Very Good. Most staff are nice’</i></p> <p><i>It’s very good living here’</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The service continues to demonstrate a good outcome focus in regards to support plans. Two relatives told us that the staff had been very ‘inclusive’ in supporting their relative especially in regards to the transition from home to St Ronans, which was a very difficult time. The senior team have participated in the ‘Managing Falls and Fractures in Care Homes for Older People’ programme supported by the Care Inspectorate and NHS Scotland. This has enabled staff to look at why residents fell and worked proactively to reduce the risk of this happening with the goal of reducing the frequency of falls within the care home environment. The staff team now do regular checks on walking aids and footwear to identify any hazards that could cause the resident to fall, which gives good outcomes for all the residents..</p> <p>Since the last inspection the service has moved from having meals provided by the local school to Apetito meals. This has enabled staff to support residents with more specialised diets but the opportunity to offer choice has been reduced. We would advise the service to</p>		

	look at different ways in which they could promote fresh produce into the residents diets by offering fruit platters or salad bowls 3 or 4 times a week to encourage choice and further variety to their diet.		
<b>Quality of Environment</b>		<b>Not Inspected</b>	<b>5</b>
<b>Quality of Staffing</b>		<b>5</b>	<b>4</b>
The quality of the staff, including their qualifications and training	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The staff team had engaged in 'MY Home Life' which is a UK wide initiative that promotes quality of life and delivers changes n care homes for older people. It's action focused and supports staff to work creatively and collaboratively to reflect and take forward quality improvements. The management team have used this is supervision to support staff members to identify training needs and promote good practice which impacts the residents they support.</p>		
<b>Quality of Management &amp; Leadership</b>		<b>Not inspected</b>	<b>5</b>

**FINAL Saltgreens Care Home  
Inspected 24<sup>th</sup> Oct 2017**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		5	4
How well the service meets the needs of each person who uses it	<p><i>Requirements - 1</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>What People Told Us</u></b></p> <p><i>"The people who work here are all very nice."</i></p> <p><i>"I'm very happy here, we have some lovely chats."</i></p> <p><i>"People ask me what I want."</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>A key strength of this service is the work of the staff to create a positive, relaxed and caring atmosphere in the care home.</p> <p>We saw evidence of activities and entertainments provided for the benefit of people receiving care. The care home had developed links with a local children's nursery and children visited the care home regularly.</p> <p>We found examples of the care home working collaboratively with other agencies. In one instance a person receiving care had been supported to move into their own tenancy in a sheltered housing complex.</p> <p>The care home had moved to a system of frozen meals. While we received mixed comments on the quality of these meals, it should be noted the majority of comments were positive. Staff were still finding their way with the process.</p> <p>We found a lack of consistency in some areas of recording. We found no evidence that this indicated tasks were being routinely neglected and we concluded our findings indicated poor recording rather than poor care.</p>		

	<p><i>Requirement:</i></p> <p><i>1 The service provider must ensure that all records are maintained to ensure care is safe and the health and well-being needs of people are being met are accurately and consistently maintained.</i></p> <p><i>This is in order 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.</i></p> <p><i>Timescale for implementation: within 24 hours of the receipt of this report.</i></p>		
<b>Quality of Environment</b>		<b>3</b>	<b>4</b>
<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 – 3</p> <p>Recommendations - 0</p> <p>(Some) Findings from the Inspection</p> <p>We saw the positive results of investment in the physical environment. New seating had been provided in the lounge and veranda areas. This has significantly improved the appearance of these areas. Redecoration was in progress to repair scrape and impact damage and improve the look of communal areas.</p> <p>Table settings had been improved to enhance the dining experience. We saw evidence of work carried out by staff to improve the appearance of areas and create a homely feel to communal areas.</p> <p>Some of our visits took place during periods of very cold weather with outside temperatures at or below freezing. The homes heating system was struggling in some areas to maintain a comfortable ambient temperature. Some residents, relatives and staff told us they were occasions during periods of cold weather when some areas could feel less than comfortable.</p> <p>This problem with heating had been identified by the service and some actions had been taken to respond. The care home was heated by hot water supplied to radiators from a central gas fired boiler.</p> <p>Bedrooms on the extremities of the circulation system had been identified as at particular risk and a programme to provide larger radiators in these areas was underway and was expected</p>		

to be finished within days of the completion of the inspection. We identified the need for improved recording of temperatures to identify areas of particular risk. Temperatures throughout the building need to be monitored.  
(See requirement 1)

Problems relating to the kitchen areas in the individual flats outlined in previous reports including worn and chipped worktops and exposed areas of chipboard continued. These continued to pose an infection control risk. The requirement made at the previous inspection is repeated.  
(See requirement 2)

The majority of testing and servicing records were well maintained however fixed electrical installations had been due to be checked in 2016 and this inspection had not been carried out. We were informed it had been arranged as a matter of priority.  
(See requirement 3)

*1. The service provider must ensure that air temperatures in the care home are monitored to ensure that comfortable temperatures are maintained in all living areas. Where problems are identified appropriate and effective remedial action must be taken.*

*This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (c) Fitness of premises - a requirement that a provider must ensure premises are fit to be used for the provision of a care service.*

*Timescale for implementation: within one week of the receipt of this report.*

*2. 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.*

*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.*

*Timescale for implementation: Within four weeks from the receipt of this report.*

*3. The service provider must ensure that all safety and maintenance checks are carried out within safe specified timescales.*

*This is in order to comply with The Social Care and Social Work Improvement Scotland*

	<p><i>(Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (c) Fitness of premises - a requirement that a provider must ensure premises are fit to be used for the provision of a care service.</i></p> <p><i>Timescale for implementation: within 24 hours of the receipt of this report.</i></p>		
<b>Quality of Staffing</b>		<b>4</b>	<b>4</b>
The quality of the staff, including their qualifications and training	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The staff we spoke with were motivated and committed to meeting the needs of the people in their care.</p> <p>Staff supervision was being recorded and the consistency of supervision had improved. We found an improved level of detail in the supervision records we looked at.</p> <p>The current staffing schedule specifies the need for three waking night staff. The group living design of the care home means long travel distances between bedrooms on different floors of the care home. While acknowledging that workloads could fluctuate from night to night depending on the condition of people requiring care, staff told us that the workload could be high.</p> <p>Other factors which placed pressures on night staffing levels were people who found it difficult to settle at night and who could explore their environment.</p> <p>This was discussed as part of the inspection feedback. The manager confirmed that night staffing levels were being monitored.</p>		
<b>Quality of Management &amp; Leadership</b>		<b>4</b>	<b>4</b>
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 – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>Staff described the manager and the senior team as approachable and responsive. This was described as having a positive impact on moral in the staff team.</p>		

	<p>We saw good communication was being promoted by regular "Flash meetings." These provided a regular forum for discussion between managers and staff. We also saw evidence that the senior staff team were meeting regularly. We saw these meetings were being used to plan staff deployment in different areas of the care home.</p> <p>We found evidence of managers being proactive in following up on audits, including infection control issues identified through audits of the environment. Reviews were also being audited. Accident and incidents reports were being maintained up to date and notifications were being made to the Care Inspectorate where appropriate.</p> <p>We did note a failure on managers to identify the poor recording discussed earlier in the report. More regular and effective auditing of recording would have identified these problems at an earlier stage.</p>		
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**DRAFT Home Care West Including Dovecot  
Inspected 15<sup>th</sup> February 2018**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		<b>3</b>	<b>4</b>
How well the service meets the needs of each person who uses it	<p><i>Requirements - 3</i></p> <p><i>Recommendations – 1</i></p> <p><b><u>What People Told Us</u></b></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The way staff worked with people was a key strength of this service. We found carers to be kind in their approach and respectful of the people they were caring for. Staff used humour appropriately and worked in a way which encouraged choice and independence</p> <p>Care staff were good at explaining what they were doing and making sure people were involved. What we saw was consistent with what people who returned our questionnaires told us.</p> <p>These are a selection of comments we received about how staff do their job.</p> <p><i>"They (the carers) respect me and I respect them"</i>  <i>"Staff are always of a good standard, I have no complaints what so ever."</i>  <i>"The carers are completely competent and polite."</i>  <i>"Very satisfied with the quality of my carers."</i>  <i>"The carers who come to visit my mother are very kind."</i>  <i>"The individual carers are all kind considerate careful and do a first class job."</i>  <i>"Carers are very kind."</i></p> <p>Overall the level of detail in personal plans was mixed</p> <p>We found examples of notes attached to personal plans giving important information on care which were not signed or dated. It was not clear why this information had not been included in the personal plan. There was a danger this information, important to the care of the individual, could be lost.</p> <p>Staff told us.  <i>"Some personal plans need to be looked at because people's needs have changed"</i></p>		

*"Not always enough information in the personal plans"*  
(See requirement 1)

Personal plans in Dovecot contained a higher level of detail. These were useful working documents.

We looked at consistency of staffing, the number of different staff visiting individuals over the months of October 2017 and January 2018. We found examples of over 20 different people visiting individuals in the Galashiels area over a month. Figures for Selkirk were better with more evidence of people being supported by smaller staff teams. The picture in Pebbles was mixed but again included people supported by up to 20 individuals in a month.

People told us:

*"The continuity of carers is not always maintained which leads to new carers unfamiliar with procedures being sent in place of the usual ones."* (See requirement 2)

We found some unaccounted for gaps in medication recording in homes visited. We also found examples of incorrectly completed medication administration records.

Missed visits were being correctly logged. The majority were due to carers not correctly reading their rotas.

People told us that visit times could be erratic.

People told us visit times could often move around. People told us this could lead to anxiety.

One respondent told us

*"The time on the rota list sent to the person's home each week is often changed without our knowledge, this can lead to much longer waiting times before a carer arrives causing delays especially on shower days."*

People told us they were not routinely contacted if a carer was running late. People understood the pressures a service could be under however they had important reasons for wanting to change the times of their or their relatives' visits. (See requirement 3)

People recognised it was not always possible to provide care at the exact time they would prefer however it would be helpful if the service could record preferred times when rotas are changed and opportunities to provide care nearer to the preferred times arise.  
(See recommendation 1)

*Requirements:*

- 1. The service provider must ensure that the level of detail 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. Changes to personal plans must be made in a systematic manner by a person authorised to carry out this task. Any handwritten changes must be signed and dated.*

*This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users, and should also take account of the National Care Standards, Care at home, Standard 4.*

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

- 2. The service provider must ensure that staffing must be organised and scheduled in a way which ensures all service users are receiving consistent support from people with whom they have time to form a working relationship with.*

*This is in order 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.*

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

- 3. The service provider must ensure that visit rotas are planned to ensure care is provided at times which meet the care needs of individuals and the timings of visits are maintained consistently to meet these needs.*

*This is in order 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.*

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

*Recommendations:*

- 1. The service should record the preferred visit times of all individuals using the service and steps should be taken to adhere as closely as possible to these times.*

*National Care Standards. Care at home. Section 3. Your personal plan.*

<b>Quality of Staffing</b>		<b>3</b>	<b>3</b>
<p>The quality of the staff, including their qualifications and training</p>	<p><i>Requirements – 1</i></p> <p><i>Recommendations – 4</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>We found overall improvement in training records and made suggestions at feedback for further improvements including ensuring all training is recorded on the spreadsheets.</p> <p>Records indicated that not all staff have up to date training in line with the services policy on the required frequency for refresher training. This included moving and handling, medication and adult support and protection. A requirement made at the previous inspection is repeated. (See requirement 1)</p> <p>The service has introduced an induction programme for newly recruited staff. Five day long induction courses had been running since October 2017. We found evidence of good practical induction processes including presentations on a number of pertinent topics including falls, continence care and personal safety. Recruitment was being timed to ensure a group of newly recruited staff could be inducted at the same time. Induction included eLearning. We have made suggestions for the improvements to the newly introduced induction programme. Some individuals we taking several weeks to complete eLearning. We found people working at Dovecot Court were completing this learning more quickly. (See recommendation 1)</p> <p>A new staff supervision policy was in place. We found that supervisions were taking place particularly where performance issues with individual staff had been identified or staff absences were being monitored. However overall supervision was not being provided in line with the services own policy. (See recommendation 2)</p> <p>We also found care staff meetings had been held in all areas however these had also reduced in frequency. We saw variations between areas. Well minuted meetings were held on a more regular basis in Dovecot court.</p> <p>Recommendations about the need to provide dementia training and evaluate eLearning are repeated from the previous inspection. (See recommendations 3 and 4)</p> <p><i>Requirements –</i></p> <p><i>1. 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.</i></p>		

	<p><i>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.</i></p> <p><i>Timescale for implementation: six weeks from the receipt of this report.</i></p> <p><b>Recommendations</b></p> <ol style="list-style-type: none"> <li><i>1. To ensure new workers are confident and competent to undertake their role the provider should further develop the induction process. This should include (but not restricted to) the following:-</i> <ol style="list-style-type: none"> <li><i>a) set time period for the induction process;</i></li> <li><i>b) track and monitor the completion of e-learning topics;</i></li> <li><i>c) complete competency assessments and spot checks and undertake one to one supervisions at key stages of the induction process.</i></li> </ol> <p><i>National Care Standards. Care at Home - Standard 4: Management and staffing.</i></p> </li> <li><i>2. All staff should have access to regular one to one supervision as laid out in the services policy guidelines. National Care Standards. Care at home. Standard 4 Management and staffing.</i></li> <li><i>3. 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.</i> <p><i>National Care Standards. Care at home. Standard 4 Management and staffing.</i></p> </li> <li><i>4. 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.</i> <p><i>National Care Standards. Care at home. Standard 4. Management and staffing arrangements.</i></p> </li> </ol>		
<p><b>Quality of Management &amp; Leadership</b></p>		<p><b>3</b></p>	<p><b>3</b></p>
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p><i>Requirements – 1</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>We looked at Quality Assurance. We spoke with three of the four Assistant Home Care</p>		

Managers currently working in the service. At the time of inspection one Assistant Home Care Manager post was vacant. These front line managers were committed to the service however they were also clear about the pressures on the service at the time of the inspection and the pressures placed on their time. Staffing shortages meant staff were regularly undertaking additional visits to fill gaps in rotas.

Additional pressure had been placed on the service by a high incidence of staff sickness in one area. Assistant Home Care Managers described the vast majority of their time being taken up ensuring that rotas were being covered on a daily basis. Front line managers were working to ensure that care was being provided. They told us time for Quality Assurance and supporting staff was limited.

The lack of time for Quality Assurance affects all areas of work We did see some evidence of checks being carried out including checks on medication administration records however these were not being carried out with any degree of consistency

Audits had been designed for the service however overall they were not being used. We found several reviews were overdue and in some areas reviews had not been undertaken in 2017. (See requirement 1)

We were informed that the management structure was being looked at to create more time specific to Quality Assurance this included the introduction of senior carers who would have responsibility for a number of monitoring roles. We found more effective Quality Assurance in one area. We did see consistent use of Quality Assurance audits at Dovecot Court in Peebles. Work to monitor staff practice and support staff was being carried out regularly within Dovecot. Here front line managers had the time to implement the systems which had been introduced by the service to monitor quality.

#### *Requirements*

1. *The service provider must ensure that effective Quality Assurance methods are in place. This must include:  
Ensuring people who use the service have access to reviews six monthly or more frequently if individual circumstances require this.  
Ensuring systems are put in place to routinely monitor staff care practice.  
Ensuring systems are in place to audit records returned to the services office.*
2. *This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users, and should also take account of the National Care Standards, Care at home, Standard 4.*

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

