

Care service inspection report

Drummond Grange Nursing Home

Care Home Service Adults

7 Kevock Road

Lasswade

EH18 1HT

Telephone: 0131 654 2881

Inspected by: Janet Smith

Jane Brown

Andrea Herkes

Dave Hutchison

Jan McIntosh

Type of inspection: Unannounced

Inspection completed on: 13 December 2013



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Service provided by:

Barchester Healthcare Ltd

Service provider number:

SP2003002454

Care service number:

CS2003010630

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Summary

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

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

We gave the service these grades

Quality of Care and Support	1	Unsatisfactory
Quality of Environment	1	Unsatisfactory
Quality of Staffing	1	Unsatisfactory
Quality of Management and Leadership	2	Weak

What the service does well

Drummond Grange is a purpose-built care home surrounded by pleasant garden areas. It has spacious, wide corridors which allow people using self-propelled wheelchairs to move around freely.

Aspects of care, such as wound management were satisfactory. Improvements had been made in respect of nutrition. The service made notifications to us about significant events that had happened in the home, for example, falls.

What the service could do better

We have identified areas throughout this report where improvements were needed. These include improving the daily life experiences for some of the residents using the service.

What the service has done since the last inspection

The provider has reviewed activity provision in the home. Care staff in each unit were identified to support activity staff on a daily basis.

Aspects of nutrition had been improved in the service. This was supported by staff training in the use of a risk assessment tool and some resident positioning for taking food and fluid orally.

The service had addressed one recommendation we made at the last inspection. This was in respect of topical medications.

Information can be seen in the relevant Quality Themes and Statements of this report.

Conclusion

Drummond Grange provides care and support to people with a complex range of health and social care needs. Staff, collectively, have extensive knowledge and skills in many aspects of care. Team working was seen in each unit; however this did not transfer across all shifts and levels in the home.

This must be addressed if the service is to achieve its stated aims and objectives as follows:

"Our residents will be encouraged to live an independent life, rich in purpose, meaning and personal fulfilment. They will be helped to access all services and amenities available and appropriate to their needs and wishes within the community each resident will attain and achieve all they can".

We met with the provider representatives before this inspection was completed. It was clear that they wished to address the areas we identified for improvement and took swift action.

Who did this inspection

Janet Smith

Jane Brown

Andrea Herkes

Dave Hutchison

Jan McIntosh

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at: www.careinspectorate.com

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

Requirements and recommendations.

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Drummond Grange is in the village of Lasswade. It provides accommodation and nursing care for up to 111 service users. The service provider is Barchester Healthcare Ltd.

The home is a large detached building set in its own grounds with car parking facilities. There are five units: two provide care for young, physically disabled adults; two provide care for older people and the remaining unit has a mixed resident group. The units are called: Melville, Buccleuch, Pentland, Kevock and Dalhousie. All of the bedrooms are single with en-suite facilities. There are dining and sitting rooms on each floor. An exercise/physiotherapy suite is on the ground floor.

The aims and objectives of the service state: "At Drummond Grange Nursing Home we aim to be person centred in our approach to care. Our residents will be encouraged to live an independent life, rich in purpose, meaning and personal fulfilment. They will be helped to access all services and amenities available and appropriate to their needs and wishes within the community. They will be valued for their diversity, language, culture and faith. Through this, each resident will attain and achieve all they can, making the most of all resources available to them."

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

Quality of Care and Support - Grade 1 - Unsatisfactory

Quality of Environment - Grade 1 - Unsatisfactory

Quality of Staffing - Grade 1 - Unsatisfactory

Quality of Management and Leadership - Grade 2 - Weak

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a high intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

This report was written after an unannounced inspection which took place over two days and one night.

Janet Smith, Jane Brown, Dave Hutchison, Andrea Herkes and Jan McIntosh visited on Tuesday 19 and Wednesday 20 November 2013.

Janet Smith and Jan McIntosh visited on Thursday 21 November 2013 between the hours of 21:00 and 03.30 on the 22 November 2013.

The inspection was extended outwith the days of inspection to allow residents to meet with us at a convenient time. Meetings were completed on 13 December 2013.

Lay assessor Diana Howieson and coordinator, Elizabeth Melville participated in the inspection completed on 1 August 2013. We have included some of their findings in this report.

During this inspection we gathered evidence from various sources.

We looked at documents and records including:

Action plan returned to us after the last inspection.

Report from our lay assessor which was completed following the last inspection but not included in the last report.

Complaint information.

Notifications made to us by the service.

Samples of resident personal plans and relevant documents (for example, monitoring charts).

Activity information.

Audits carried out in the service.

Minutes of meetings held in the service.

Information displayed in the service and information given to us by two local authorities.

We spoke with:

A number of staff working in the service during the days of inspection - Registered nurses, senior carers, carers, agency staff, activity staff and the maintenance person.

We spoke with a number of people who used the service, individually and in group settings, when they were carrying out their daily activity.

We spoke with family members who were visiting during the course of the inspection. Some people were not able to tell us about living in the home. We observed interaction between staff and people using the service who had limited ability to express their views.

We met with the Director (Scotland), the Head of Quality, the Operations Manager and the Manager of the home at a meeting on 3 December 2013. (Referred to as provider representatives in this report). They had compiled and updated action plans following our meeting and we have acknowledged this throughout the report.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

What the service has done to meet any requirements we made at our last inspection

The requirement

The Provider must review the staffing in the home to ensure that the physical, social and emotional needs of residents can be met. In order to achieve this the Provider must:

- (i) ensure there are sufficient numbers of staff on duty to meet the needs of people who use the service, taking into account the physical, social and emotional aspects of care.
- (ii) ensure that staff are deployed appropriately, delivering physical, social and emotional care.
- (iii) review the activity schedule in the home and ensure that each resident has a person centred care plan to guide staff in how their social needs can be met.
- (iv) ensure that there is effective monitoring to ensure that people's needs are met on a daily basis.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 4(1)(a) and 13(a).

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

SSSC Codes of Practice for Employees Section 6.1 and SSSC Codes of Practice for Employers Section 2.1, 2.2, 3.1.

Timescale for meeting this requirement: To commence on receipt of this report and for completion in by 30 September 2013.

What the service did to meet the requirement

Progress on this requirement is detailed in Quality Theme 1 Statement 2 of this report.

The requirement is: Not Met

The requirement

The provider must ensure that the nutritional needs of residents are met.

In order to achieve this the Manager must:

- * Ensure that staff are updated on the use of the risk assessment tool in place.
- * Ensure that all service users' nutritional needs have been reassessed.
- * Ensure that service users with identified needs have appropriate plans of care which include guidance for staff.
- * Ensure that residents are offered drinks throughout the day.
- * Ensure that residents receive enough help to maintain a healthy food and fluid intake.
- * Ensure that staff can evidence that food and fluid intake (for those at risk) has been met.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services). Regulations 2011 (SSI 2011/210) - regulations 4(1)(a).

National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements

SSSC Codes of Practice for Employees and SSSC Codes of Practice for Employers .

Nursing and Midwifery Council, Standards of conduct, performance and ethics for nurses and midwives (2009).

Timescale for meeting this requirement: To commence on receipt of this report and for completion by 30 September 2013.

What the service did to meet the requirement

Training had taken place in the use of the nutritional risk assessment tool used in the service.

Care plans for nutrition showed that assessments were carried out monthly.

Samples of care plans showed that preferences were set out and staff could also tell us what the resident liked. Records showed that staff carried out monitoring of food and fluid intake of residents when there were concerns.

We observed residents being offered drinks throughout the day and registered nurses explained how they ensured that residents who were unable to take anything by mouth, were given fluids.

We observed residents in dining rooms being assisted by staff to help them eat and drink where necessary.

Monitoring charts for food and fluid intake were in place for some residents. Staff completed these and there was an overview of total intake by registered nurses.

We have assessed that there was sufficient evidence to meet this requirement.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that people are positioned appropriately when taking food and fluid and that care plans give clear guidance to staff.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 4(1) (a).

National Care Standards Care Homes for Older People Standard 13 - Eating well.

Timescale for meeting this requirement: To commence on receipt of this report and for completion by 30 September 2013.

What the service did to meet the requirement

We did not see any resident taking food and/or fluid who were not seated in an upright position.

We were given examples of two care files of residents whose positioning had been reviewed for taking food/fluid orally. One gave good information in the care plan to guide staff in their practice. The provider had reinforced to heads of units to seek guidance from appropriate professionals to ensure that they were using the most up to date guidance. This was done.

The requirement is: Met - Within Timescales

The requirement

The provider must ensure that there is a review of the management of epilepsy in the service.

In order to achieve this, the provider must:

- * Ensure that care plans contain sufficient information to guide staff.
- * Ensure that information is readily accessible for staff working in the service.
- * Ensure that staff have training in the management of epilepsy.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 15.

National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements

Timescale: To commence on receipt of this report and for completion of care plans by 30 September 2013.

For a plan of staff training to be put in place by 31 August 2013.'

What the service did to meet the requirement

Progress on this requirement is detailed in Quality Theme 1 Statement 3 of this report.

The requirement is: Not Met

The requirement

The provider must review the care needs of people who are dependent on staff to assist them with all activities of daily living to ensure that their physical, social and emotional needs are met.

In order to achieve this, the provider must:
Consult with the individual and/or their representative.
Provide information about the need to balance the rights of choice and risks of prolonged bed rest.
Develop a plan of care which takes rights and risks into account.
Ensure that staff are aware of the content of the plan.
Ensure that care as set out in the plan is delivered on a daily basis.
The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 4(1).

National Care Standards Care Homes for Older People - Standard 5 - Management and Staffing Arrangements.
Standard 10 - Exercising your rights.
Standard 13 - Lifestyle.
Standard 14.7 - Keeping well - healthcare.
Standard 17.1 and 17.2 - Daily life.
National Care Standards Care Homes for people with physical and sensory impairment - Principles of dignity, choice and realising potential.
Timescale for meeting this requirement: To commence on receipt of this report and for all reviews to be completed by 30 November 2013.

What the service did to meet the requirement

Progress on this requirement is detailed in Quality Theme 1 Statement 3 of this report.

The requirement is: Not Met

The requirement

The Provider must ensure that a system is in place to check that staff are competent in communication and that they understand the expected standard of care for the client group based on the National Care Standards.

This is in order to comply with:
The Social Care and Social Work Improvement Scotland (Requirements for Care Services).
Regulations 2011 (SSI 2011/210) - regulations 4(1)(a) and 15.
National Care Standards Care Homes for Older People.
National Care Standards Care Homes for people with physical and sensory impairment.
National Care Standards Care Homes for Older People, Standard 5.3 management and staffing arrangements.
National Care Standards Care Homes for Older People, Standard 6.1 Support arrangements.

National Care Standards Care Homes for people with physical and sensory impairment, Standard 18 Supporting Communication.

SSSC Codes of Practice for Employees Section 6.1 and SSSC Codes of Practice for Employers Section 2.1, 2.2, 3.1.

Timescale: To commence on receipt of this report and for a system to be in place and competency checks completed by 30 September 2013.

What the service did to meet the requirement

Progress on this requirement is detailed in Quality Theme 3 Statement 3 of this report.

The requirement is: Not Met

The requirement

The Provider must ensure that the local guidance is implemented in the home for adult support and protection and that all notifications are made to us.

In order to achieve this the Manager must:

- a) Ensure that the service has access to the interagency guidelines.
- b) Ensure that staff are given guidance on how to implement this.
- c) Ensure that there is a system in place to monitor that the service reports appropriately.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 4(1)(a).
Lothian Guidelines - The Protecting Vulnerable Adults Interagency Guidelines.

Timescale for meeting this requirement : For completion within one week of receipt of this report.

What the service did to meet the requirement

Staff were aware of the reporting procedures. Notifications were made to us about adult support and protection issues. The provider informed other agencies such as, local authorities appropriately.

The general manager of the service had an overview of all accidents and incidents that occurred in each 24 hour period.

We have assessed that there was sufficient evidence to meet this requirement.

The requirement is: Met - Within Timescales

The requirement

The provider must review the system of audit in the service.

In order to achieve this, the provider must:

Ensure that the system takes into account staff practice and care delivery.
Ensure that records clearly show that action has been taken when areas for improvement are needed.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 4(1)(a).

Timescale for meeting this requirement : To commence on receipt of this report and for completion by 30 September 2013.

What the service did to meet the requirement

We were given examples of audits carried out in the service at unit level. These audits were of medication administration records and record keeping. There were some good examples where actions were taken to make changes and improvement. For instance, to carry out risk assessments as needs identified.

There was an electronic system of recording accidents and incidents and the manager was aware of these on a daily basis.

Monthly records were kept of pressure ulcer development, weight losses or gains or infections that occurred in the service.

We acknowledge that the manager had conducted an audit in October/November 2013. The timescales for the completion of any identified areas for improvement had not been reached at the time of our inspection. (Bar one. This related to televisions being on appropriate channels for the residents).

The requirement is: Met - Within Timescales

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

We made two recommendations at the last inspection. These were about pressure reducing positioning and labelling of topical medications.

Actions taken on these recommendations are described under Quality Theme 1 Statement 3 of this report.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

This was completed appropriately before our last inspection.

Taking the views of people using the care service into account

There were variable views given about the service during our inspection.

Some residents were able to tell us about their care and we observed others who were unable to express their views.

We received both positive and negative comments about staff. Some residents told us that they were very well looked after.

However, it was concerning that some residents felt that they were not spoken with in an acceptable manner. This was summed up in one comment where one person told us that they had no 'voice' in how they would like to be treated and that they did not know how to tackle this.

Some residents expressed frustration that they did not know what was happening to them and/or why decisions had been made.

Some stated that they felt unable to raise concerns. Some felt that there were difficulties with the number of agency staff working in the service. This meant that they had to direct staff in how to carry out their care routine.

Taking carers' views into account

Differing views were received from carers we spoke with during the inspection.

One person told us that they knew that their relative was well looked after.

Some people thought that there were enough staff and others thought that this was not always the case.

We received some comments that staff had a defensive attitude when issues were raised about care.

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

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

Service strengths

This Quality Statement also takes into account Quality Statement 2:1, Quality of the environment, Quality Statement 3:1, Quality of staffing and Quality Statement 4:1, Quality of management and leadership.

There were a variety of ways in which some people could express their views. This included through planned meetings, the use of comments or suggestion slips and through consultation.

"What you asked for in October" and the response from the home "What we did to achieve this" showed people that their suggestions or comments were taken into account to improve the service.

Some residents had stated that the access to the 'smoke shelter' was unsafe due to the slippery surface. We saw that this had been addressed.

Noticeboards updated people on activity in the home, for example the date of the Xmas fair and the visiting library. Additionally, people were encouraged to be involved in the home, with requests for volunteers for the corner shop.

There were plans to upgrade the main dining room on the ground floor. People were invited to make suggestions for the redecoration of the room.

Complaint information was displayed at the entrance to the home and in each of the units. This gave people information on how to raise concerns not only to the service but through the regulatory body.

The annual survey had taken place and results had been collated by an external organisation.

Areas for improvement

At this inspection we found that the performance of the service was weak for this statement.

There were areas of strength but there were important weaknesses which caused concern.

Whilst there were systems in place to enable people to participate in assessing and improving the quality of the care and support provided by the service, our findings showed that there were some people using the service who felt that their views were not heard. We have discussed this throughout the report.

This has impacted on the grade for this statement.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service strengths

Since the last inspection, the service had carried out a review of how activity provision could be enhanced in the home. This resulted in additional activity staff hours and also took account of how care staff could be involved in this aspect of care. We saw that staff members allocated to be involved in activity in each unit wore a yellow tabard, making them easy to identify. Each resident had a review of their preferences in regard to activities. A daily planner was displayed throughout the home to tell people what activity was happening on the day. This included walks in the garden, personal hobbies and group activity.

We saw that there were a number of group activities taking place during our inspection.

Documentation that was completed following activity sessions was seen. All units had been issued with a guide to help staff evaluate meaningful activity on 11 October 2013. This reinforced that staff should focus on the outcomes for the resident.

Evaluations of the activity sessions showed that there were positive outcomes for some residents. For example, a baking session had encouraged residents to assist with tasks and the event stimulated conversation. One resident had commented that they used to do this (baking) for the family.

Plans had been agreed to relocate the home shop and to ensure that staff and residents were involved in the development.

We saw that good information was given to staff in Dalhousie unit. This was the unit where residents with dementia lived. Information set out the types of 'spontaneous activity' that could take place which could be stimulating for some people. For example, to assist with light dusting, shining shoes or pairing socks.

The information also gave staff a guide on how to experience the care home environment and asked them to consider how they could make changes.

In other units, some residents who were independently mobile and who could express their wishes carried out their daily life as they wished. A few residents told us that they had been on holiday or had gone on outings.

Areas for improvement

At this inspection, we found that the performance of the service was weak for this statement. We observed daily activity in the home, and sampled personal plans and other records to assess this statement.

Whilst there were areas of strength, there were important weaknesses which caused concern.

As at our last inspection completed on 1 August 2013, the weaknesses were related to the care of residents who were dependent on staff to assist them achieve their potential.

Whilst we saw that the provider had reviewed the provision of activity based on the preferences of residents, we did not see that this had a positive impact for many.

Many residents had stated that they would like outings or daily fresh air. This did not happen for some residents and we also noted that this was the case during our inspection.

There were examples in the activity review records where individual residents stated that they enjoyed attending the newspaper group or socialising in the lounge. However we saw that one of these residents remained in bed for the duration of our inspection. Another resident was not seen out of their room during the inspection. There was no documentary information to show why this was and staff were unable to give a clear explanation as to the reasoning behind this.

We spoke with a number of residents who told us of how they would like to spend their day and of their wishes for the future. There were no plans of care to show that these residents were being assisted to reach their potential and lead fulfilling lives.

For example we spoke with one resident who wished to go out and about and they asked "See what you can do" in respect of this. They explained that they were unable to go out without a member of staff accompanying them. Records showed that the resident had been informed of this but we did not see any legal documents in the care file which would support this. Whilst this may be appropriate for this resident, it was not clear from the documents in place. There was no plan to show how the resident was enabled to lead as fulfilling a life as possible in the home. We assessed that this was, in part, due to the lack of staff in numbers or the inappropriate deployment of staff in the service. This is further discussed in Quality Theme 2, Statement 3 of this report.

The following requirement was carried forward at the inspection completed on 1 August 2013:

'The Provider must review the staffing in the home to ensure that the physical, social and emotional needs of residents can be met. In order to achieve this the Provider must:

- (i) ensure there are sufficient numbers of staff on duty to meet the needs of people who use the service, taking into account the physical, social and emotional aspects of care.
- (ii) ensure that staff are deployed appropriately, delivering physical, social and emotional care.
- (iii) review the activity schedule in the home and ensure that each resident has a person centred care plan to guide staff in how their social needs can be met.

(iv) ensure that there is effective monitoring to ensure that people's needs are met on a daily basis.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services)

Regulations 2011 (SSI 2011/210) - regulations 4(1)(a) and 13(a).

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

SSSC Codes of Practice for Employees Section 6.1 and SSSC Codes of Practice for Employers Section 2.1, 2.2, 3.1.

Timescale for meeting this requirement: To commence on receipt of this report and for completion in by 30 September 2013.'

This was not met at this inspection and has been carried forward in this report. Many of our findings at this inspection, in relation to this requirement, mirrored what we saw at our inspection completed on 1 August 2013.

The upper floor units of the home had a high level of dependency. These units were called Kevock, Pentland and Dalhousie. Dependency levels were also high on the ground floor units but the staffing numbers were higher in these units.

In the dementia unit (Dalhousie) the number of staff in the afternoon did not take into account the needs of the residents. One resident needed one to one care and there was a GP visiting. This took up a considerable amount of staff time to meet the needs of the resident and to support the visiting professional. There was no additional staff deployed to support existing staff. This resulted in some residents wandering aimlessly with no staff to guide and support them. The inspector intervened to prevent residents becoming annoyed with each other. The atmosphere was less relaxing and calm as was seen in the morning.

We visited on the night of 21 November 2013. There were 11 residents up at the time of inspection. One registered nurse and one care assistant worked between 8pm and 8am. Staff told us that some people needed two members of staff to assist them to change and/or go to bed.

The staff had breaks which amounted to three hours in total overnight. This meant that there would be periods of time when staff would be unable to supervise residents when they delivered care or when only one staff member was available on the unit.

Pentland unit is also on the upper floor of the home and provides accommodation for young physically disabled people. A high proportion of residents had complex needs and required the assistance of two carers to assist with many activities of daily living.

Additionally, some residents who spent time in the main lounge of this unit had little interaction and stimulation.

Staff told us it could be a challenge to meet the needs of residents particularly as there was a high level of nursing interventions needed. One inspector spent much of their time in this unit observing the daily life of the residents. They found that some residents who remained in bed had little or no interaction throughout the days of inspection.

Kevock unit is adjoined to Pentland which is home to older people. 11 residents were in Kevock unit but we were informed that at least 9 out of the 11 needed assistance of 2 people. We saw that 2 residents remained in bed during our inspection. The unit was staffed with 1 registered nurse (RN) and 2 carers. This meant that when two staff were supporting one individual, this left the registered nurse on the floor to carry out nursing duties and attend to other residents. One RN told us that there were times when the unit was given additional staff and said how it would be of benefit to the residents and staff if there was an extra staff member for busy periods either in the morning or afternoon, on a more permanent basis.

We saw one resident who remained in bed and began to become restless and had no way of calling for assistance. Records showed that the resident was to be checked every hour. We did not see that this happened. Staff were busy elsewhere in the unit and the resident did not receive assistance for a long period of time.

Buccleuch, the ground floor unit had better levels of staffing for 23 residents. On one day of our visit, we noted that one registered nurse and 7 care staff were on duty. Melville unit is also on the ground floor. Residents in both of these units told us that call bells could be left unanswered for a considerable time. We tracked the time of response for one call bell and found that this had been 11 minutes.

A number of carers, staff and residents told us that they did not think that there were enough staff. Our findings in Quality Theme 1, Statement 3 of this report which details unmet needs would indicate that there were insufficient staff working or that there were issues with staff deployment of staff in the service.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The Provider must review the staffing in the home to ensure that the physical, social and emotional needs of residents can be met. In order to achieve this the Provider must:

- (i) ensure there are sufficient numbers of staff on duty to meet the needs of people who use the service, taking into account the physical, social and emotional aspects of care.
- (ii) ensure that staff are deployed appropriately, delivering physical, social and emotional care.
- (iii) review the activity schedule in the home and ensure that each resident has a person centred care plan to guide staff in how their social needs can be met.
- (iv) ensure that there is effective monitoring to ensure that people's needs are met on a daily basis.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services)

Regulations 2011 (SSI 2011/210) - regulations 4(1)(a) and 13(a).

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

SSSC Codes of Practice for Employees Section 6.1 and SSSC Codes of Practice for Employers Section 2.1, 2.2, 3.1.

Timescale for meeting this requirement: To ensure that there are sufficient staff in numbers within 24 hours of receipt of this report.

Statement 3

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

Service strengths

We did not look at all aspects of healthcare at this inspection.

We followed up the requirements made at the inspection completed on 1 August 2013 under this statement. These were about nutrition, the positioning of residents when taking food and fluid and the management of epilepsy.

To make our assessment, we looked at the daily life of people using the service, documentation and samples of personal plans and spoke with staff and visitors to the service and observed interaction between staff and residents during the course of the inspection.

Two requirements were met at this inspection about nutrition and positioning of residents when taking food and fluids orally. Details can be seen in section one of this report. (What the service has done to meet any requirements we made at our last inspection).

We saw a good example of where one resident's nutritional status had improved since admission to the Dalhousie unit. Their family had commented that they were happy with their family member's care in the home and that they had seen improvements in their physical appearance.

One recommendation was met at this inspection.

Recommendation 1

'The provider should ensure that all staff who are involved in the administration of topical medicine receive guidance on the correct use and labelling of these medicines. National Care Standard 5 Care Homes for Older People - Management and Staffing Arrangements and National Care Standard 14 Care Homes for Older People - Lifestyle - Keeping Well'.

We looked at topical medications and found that the labelling of these was variable. Some had labels clearly marked with the name and dates of opening. Others had labels with details that were hard to read. Daily use can make labels wear. Staff were able to tell us what creams were applied.

For one resident, where cream was directed to be applied three times a day. Records showed that this was applied once a day. It was clarified that the cream was to be applied three times a day when it was required. We asked that the records reflect this. We have assessed that staff were guided on the correct use and labelling of topical medications.

Personal files gave contact details of relevant people. Notifications made to us

showed that contact was made with family members and the appropriate agencies when incidents occurred.

Areas for improvement

We found that the service performed at an unsatisfactory level for this statement.

We found that there were aspects of care that were unmet in such a way that some people were at risk. The provider must take action to address the issues we have raised.

We also found areas of concern particularly in respect to meeting the social and emotional needs of some of the most dependent residents in the service. This is further discussed in Quality Theme 2, Statement 3 of this report.

The following requirement was made at the last inspection:

'The provider must ensure that there is a review of the management of epilepsy in the service.

In order to achieve this, the provider must:

- * Ensure that care plans contain sufficient information to guide staff.
- * Ensure that information is readily accessible for staff working in the service.
- * Ensure that staff have training in the management of epilepsy.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 15.

National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements

Timescale: To commence on receipt of this report and for completion of care plans by 30 September 2013.

For a plan of staff training to be put in place by 31 August 2013.'

Action taken by the service to meet the requirement:

The management of epilepsy is a significant aspect of care in this service. Staff told us that they had received training in the management of epilepsy. At the last inspection we found that information in care plans was not sufficiently detailed to guide staff in residents' care. It was important for staff, who did not work on the unit on a permanent basis, to have easy access to clear, comprehensive information.

We inspected a sample of care plans. There was an instance where the protocol for the administration of medication was not followed. Staff were guided to give medication in the event that a seizure lasted for five minutes. Medication was given after four minutes.

We were given a sample of a care plan of one resident in Melville unit. This was comprehensive and well set out with good, clear guidance for staff. This included a description of triggers, the presentation of the resident when they were experiencing a seizure, the actions which staff should take to keep the resident safe and secure and information on the care following a seizure. This plan was evaluated monthly.

Examples like this were not seen in other units in the home.

We have carried forward the requirement taking into account progress in respect of staff training. (See Requirement 1).

One recommendation was made at the last inspection as follows:

"The Provider should implement a system to show that, where appropriate, pressure reducing care (in respect of repositioning) has been carried out.

National Care Standards, Care Homes for Older People, Standard 5.1, Management and staffing arrangements. "

Action taken by the service to meet the recommendation:

We acknowledge that the incidences of pressure sores were low in the service and that wounds that were being managed were not always caused by pressure.

We saw that repositioning charts were completed for some people who remained in bed. This was not always the case. One resident's care file stated that they did not need a positioning chart as they were not in bed or a chair for more than four hours. This individual spent the duration of our inspection in bed.

A number of people were seated in adapted chairs for much of the day and there were no changes made to their positions to aid comfort or to relieve pressure.

We have carried forward the recommendation. (See recommendation 1).

We discussed care issues which needed to be improved at our meeting of 3 December 2013 with the provider representatives. These were in respect of the complications of bed rest and immobility.

We had observed many residents who had contractures. A contracture is an abnormal shortening of the muscle tissue and can lead to permanent disability.

Contractures can develop when a limb or joint is not moved regularly or when a paralysed limb is kept bent or hanging. The support and positioning and exercise of joints in patients with paralysis is essential to minimise the risk of developing contractures. In many cases contractures can be prevented by a range of motion exercises and we acknowledge that these are offered in Drummond Grange. .

We acknowledge that all staff are given training on the management of spasticity of residents in the home at induction. However, care plans must have information to guide them in everyday practice and reinforce the learning from the training.

We did not review continence management for all residents at this inspection. We noted two instances where good continence management was essential to avoid severe complications. Continence management was poor for one resident that we saw. They had a urine drainage bag which was at the point of bursting. Their care file stated that their urine bag was to be checked on two hourly. There was no monitoring chart in place to show that this had been carried out.

We have stated in Statement 2 of this Quality Theme that we saw some people who did not get out of bed during the inspection. Records were unable to show why this was and staff could not give clear explanation.

Prolonged bedrest brings complications, along with contractures that we have previously mentioned. There can be an impact on both physical and mental health and well-being.

We have not made requirements specific to these aspects of care as one requirement is made in Quality Theme 2, Statement 3 of this report which must take account of these issues.

We acknowledged that the provider representatives have informed us that they have taken swift action to address the issues we have identified.

Their action plan showed that some dates for completion were not due until 31 December 2013.

Progress will be reviewed at the next inspection.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that there is a review of the management of epilepsy in the service.

In order to achieve this, the provider must:

- * Ensure that care plans contain sufficient information to guide staff.
- * Ensure that information is readily accessible for staff working in the service.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 15.

National Care Standards Care Homes for Older People Standard 5 - Management and Staffing Arrangements

Timescale: To commence on receipt of this report and for completion of care plans by 31 March 2014.

Recommendations

1. The Provider should implement a system to show that, where appropriate, pressure reducing care (in respect of repositioning) has been carried out.

National Care Standards, Care Homes for Older People, Standard 5.1, Management and staffing arrangements.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

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

Service strengths

Strengths identified under Quality Theme 1, Statement 1 apply to this statement.

Areas for improvement

Information in Quality Theme 1 Statement 1 of this report is relevant in this statement.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

To make our assessment of this statement, we looked at bedrooms and communal areas during this inspection to see if they were suitable and safe for people.

The home was purpose-built with wide corridors and private spaces. Bedrooms were personalised and generally clean and tidy.

Areas of strength can also be found in Quality Theme 1, Statement 2 and Quality Theme 1, Statement 3 of this report.

Areas for improvement

We took into account our findings in other statements of this report to decide whether the environment was safe and whether service users were protected.

Collectively, our findings show that the service was operating at an unsatisfactory level for this statement. The provider must take action to address the issues we have identified in this report to minimise risks to people using the service.

Signage was identified by our lay assessor on 22 July 2013 as needing some improvement. They spoke with some residents who did not know where the nearest lounge was. They saw that lounges were underused and often empty. We saw that they were in use during our inspection days for activity sessions. We discussed the use of appropriate signage throughout the home with the managers. We suggested that this should take into account the need for signs to be at a level of sight for those who use wheelchairs.

The managers told us that they had reviewed signage and realised that some plaques on doors were highly polished and now difficult to read. We will monitor any plans and/ or whether the signage has improved at the next inspection.

We have written in Quality Theme 1, Statement 2 of this report about the staffing levels and/or deployment of staff to meet the needs of residents. We were not assured that this was appropriate to keep people safe and to respond to their needs quickly.

We discussed with the provider representatives some aspects of care which needed to be improved. These must be addressed to minimise risks to individuals. Details can be seen in Quality Theme 1, Statement 3 of this report and include the management of epilepsy and continence and the prevention of contractures.

There were a number of incidents where there was loss or damage to residents' property. We spoke with one resident who told us about how they had been offered a

minimal sum of money to compensate for the damage to an expensive item of personal property.

A review of care files showed that there was one instance where a family were told that they could buy hand protectors for their relative. If this was a care need it would be expected that the service would provide these items. This should have been made clear to the family.

We were given information from other professionals who gave examples of poor financial management. This included one person being charged for podiatry services three times within a short space of time (six weeks) despite records showing that staff had carried out footcare.

One resident was charged for equipment which was unsuitable and had not been authorised by the local authority.

Our discussion with the managers in the home showed that their views were at odds with the organisation's policies and procedures.

The provider representatives took action following our meeting of 3 December 2013 to address this. We will follow this up at the next inspection.

One requirement was made as a result of a complaint investigation as follows:

'The provider must ensure that a system is put in place to ensure that all equipment used with and/or for service users is checked on a regular basis, that these checks are recorded and where faults are noted these are appropriately recorded, reported and all remedial action is taken.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/SSI/2011/210 Regulation 4(1)(a) Welfare of users. In making this requirement National Care Standards Care Homes of Older People Standard 5.1, 5.2 Management and staffing arrangements have been taken into account.

Timescale: Within 24 hours of receipt of this report.'

A complaint resolution letter was sent to the provider on 26 November 2013. We did not follow-up all of the equipment checks at this inspection however, the action plan sent to us following our meeting of 3 December 2013 stated that this would be completed by 13 December 2013.

We will review this at the next inspection.

We have awarded the grade of 1 - unsatisfactory for this statement. This was due to findings in respect of staffing, unmet needs of service users which placed people at risk, the management and security of residents' personal items and the findings in our upheld complaint investigation about significant items of equipment.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that a system is put in place to ensure that all equipment used with and/or for service users is checked on a regular basis, that these checks are recorded and where faults are noted these are appropriately recorded, reported and all remedial action is taken.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/SSI/2011/210 Regulation 4(1)(a) Welfare of users. In making this requirement National Care Standards Care Homes of Older People Standard 5.1, 5.2 Management and staffing arrangements have been taken into account.

Timescale: Within 24 hours of receipt of this report.

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service strengths

We spent the majority of our inspection time observing and talking with residents in the service to gain their views of their experiences of daily life in the service.

Some residents gave us positive comments about their life in the service. These residents tended to be able to mobilise independently and be able to express their views. Some residents were able to choose to spend their day as they wished. We saw instances of positive interaction between staff and residents where staff were kind and attentive.

Areas for improvement

The service operated at an unsatisfactory level for this statement. This was based on our assessments of the day-to-day experiences of people using the service.

The following requirement was not met at this inspection and is carried forward in this report with amended timescales for completion:

'The provider must review the care needs of people who are dependent on staff to assist them with all activities of daily living to ensure that their physical, social and emotional needs are met.

In order to achieve this, the provider must:

Consult with the individual and/or their representative.

Provide information about the need to balance the rights of choice and risks of prolonged bed rest.

Develop a plan of care which takes rights and risks into account.

Ensure that staff are aware of the content of the plan.

Ensure that care as set out in the plan is delivered on a daily basis.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 4(1).

National Care Standards Care Homes for Older People - Standard 5 - Management and Staffing Arrangements.

Standard 10 - Exercising your rights

Standard 13 - Lifestyle

Standard 14.7 - Keeping well - healthcare

Standard 17.1 and 17.2 - Daily life

National Care Standards Care Homes for people with physical and sensory impairment - Principles of dignity, choice and realising potential.

Timescale for meeting this requirement: To commence on receipt of this report and for all reviews to be completed by 30 November 2013'.

The requirement we have made relating to staffing in the service in Quality Theme 1 Statement 2 of this report has been outstanding since May 2012. We have carried out

two further inspections, in July 2012 and August 2013, since then. We have reiterated aspects of care where the provider must enhance the quality of life for some of the residents. This was through recognising the rights of some of the residents. Staffing in sufficient numbers, with appropriate skills and correct deployment is essential to meet and improve the quality of life for some people using the service.

At this inspection we again observed a number of residents who had very little contact with staff during the day and some remained in bed throughout the duration of our inspection. These residents tended to be in the young people's units, namely Pentland and Melville. We also noted one resident who remained in bed and was unable to call for assistance for a considerable time in the Kevock unit.

Social isolation can lead to poor outcomes on the health and well-being of individuals. Human contact including communication and touch is significant in forming bonds and building relationships with residents who are significantly cognitively impaired or who have extensive disabilities. This is relevant to many residents living in Drummond Grange.

We have discussed the experience of one resident who was unable to go out unaccompanied in Quality Theme 1, Statement 2 of this report. This did not respect their dignity or rights. We were informed of another resident who did not have their rights respected. This was in regard to the possible administration of medication covertly and a move from the service. We did not find appropriate legal documentation in place to support this. We asked the manager to contact the Mental Welfare Commission for advice and guidance.

We spoke with a number of residents who could express their views verbally. Some residents told us that they were unsure of what was happening to them and what the future held for them. Some individuals were concerned about raising issues and did not wish us to say that they had spoken with us. One person told us that if they raised concerns about any member of staff things "would get worse". We received further comments which were concerning. These included:

"If your face fits it is ok".

"I have maybe been here too long, they are used to me".

"I want to move out of here. I feel I could live more independently".

"I would go to another care home - anything to get out of here".

"I hate living here. They boss you about".

"They talk down to you" and "Staff can be a bit sharp with me".

At our meeting with the provider representatives on 3 December 2013, they were clear that this was unacceptable and not in line with the ethos of the organisation. They planned to take steps to address this.

They duly set out a plan of action to review, as a first step, the named individuals we highlighted.

We also discussed the findings in Quality Theme 2 statement 2 of this report about

the safety of residents' personal possessions and financial management in the service.

We acknowledged that steps were taken before our inspection ended to address these issues.

We will monitor if there has been improvement at our next inspection.

We have concluded that, whilst some residents had a positive quality of life, this was not the case for a number of residents who used the service. Whilst we acknowledge that some residents have extensive healthcare needs, these cannot be addressed in isolation, social and emotional needs are crucial factors in ensuring a positive quality of life.

The lack of respectful care in some instances and the lack of understanding of the rights of individuals have also impacted on the grade awarded.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must review the care needs of people who are dependent on staff to assist them with all activities of daily living to ensure that their physical, social and emotional needs are met.

In order to achieve this, the provider must:

Consult with the individual and/or their representative.

Provide information about the need to balance the rights of choice and risks of prolonged bed rest.

Develop a plan of care which takes rights and risks into account.

Ensure that staff are aware of the content of the plan.

Ensure that care as set out in the plan is delivered on a daily basis.

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) - regulations 4(1).

National Care Standards Care Homes for Older People - Standard 5 - Management and Staffing. Arrangements.

Standard 10 - Exercising your rights.

Standard 13 - Lifestyle.

Standard 14.7 - Keeping well - healthcare.

Standard 17.1 and 17.2 - Daily life.

National Care Standards Care Homes for people with physical and sensory impairment - Principles of dignity, choice and realising potential.

Timescale for meeting this requirement: To commence on receipt of this report and for all reviews to be completed by 31 March 2014.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

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

Service Strengths

Strengths identified under Quality Theme 1, Statement 1 apply to this statement.

Areas for improvement

Information in Quality Theme 1, Statement is relevant to this statement.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We observed staff practice and interaction with residents and each other. We spoke with staff, carers and residents to assess this statement.

We spoke with staff members who were keen to provide a good level of care and who were motivated to work with the client group.

The residents in Drummond Grange had a variety of complex needs. One agency staff member we spoke with praised the skills of the care staff telling us that "They need to know a lot".

We acknowledged that staff were given the opportunity to attend training events but we did not look at the records in detail at this inspection.

The care home nurse advisor visited the home providing advice and guidance to staff. They had provided training on aspects of care relating to nutrition and wound management.

Areas for improvement

We have assessed that the service was operating at a weak level for this statement. We have taken a fair and balanced approach to grading this statement. We recognised that some staff were motivated to deliver care to a high standard, training was provided in the service and best practice was evident in some aspects of care.

Whilst there were areas of strength, there were important weaknesses which caused concern.

Areas for improvement identified under Quality Theme 1, Statement 2 apply to this statement. The unmet requirement in relation to staffing showed that staff were unable to provide care to the level set out in the National Care Standards.

We have made requirements and recommendations in Quality Theme 1 Statement 3 of this report. There were aspects of care such as, the management of epilepsy and continence which would not reflect best practice.

There was a lack of awareness of staff of the rights of some individuals in the service.

The skills of communication and the awareness of the needs and rights of the client group are fundamental aspects of the role staff are to carry out.

At the last inspection we required the following:

"The service needs to consider the competency of staff, particularly those who have come to work in the service and have no experience of communicating with people who have limited or no ability to communicate verbally. They should consider whether

further training sessions or supervision sessions would assist these staff develop their skills and understanding."

Action taken by the service to meet this requirement:

We again saw that there were occasions where there was no communication between staff and residents. For example, one member of care staff was asked to sit with three residents in one lounge. They did so but they were unsure of what to do. (See Requirement 1).

We saw that a number of inexperienced care staff worked in the service. Whilst they had been supported to work in the home, there was a lack of guidance and on-going support to ensure that they were able to implement any training into everyday practice.

Our observations showed that staff found it difficult to communicate with residents who had severe disabilities and who would not be able to respond to verbal communication. It seemed to be difficult for them to interact with residents who presented challenges or who had no ability to engage or respond verbally. Staff communication and interaction with residents in Dalhousie unit appeared to be more spontaneous.

Senior staff on the units were busy providing care. They did not have specific time to monitor, develop or role model behaviours that staff could learn from. We acknowledge that this may be addressed when the requirement about staffing set out in Quality Theme 1 Statement 2 of this report is met.

We received an action plan from the provider following our meeting with them to tell us the actions they planned to take to address this. This included the general manager meeting with the home trainer and regional learning and development manager to look at staff training in communication.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The Provider must ensure that a system is in place to check that staff are competent in communication and that they understand the expected standard of care for the client group based on the National Care Standards.
This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services).

Regulations 2011 (SSI 2011/210) - regulations 4(1)(a) and 15.

National Care Standards Care Homes for Older People.

National Care Standards Care Homes for people with physical and sensory impairment.

National Care Standards Care Homes for Older People, Standard 5.3 management and staffing arrangements.

National Care Standards Care Homes for Older People, Standard 6.1 Support arrangements.

National Care Standards Care Homes for people with physical and sensory impairment, Standard 18 Supporting Communication.

SSSC Codes of Practice for Employees Section 6.1 and SSSC Codes of Practice for Employers Section 2.1, 2.2, 3.1.

Timescale: To commence on receipt of this report and for a system to be in place and competency checks completed by 31 March 2014.

Statement 4

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service strengths

We observed staff practice and team working, interaction between staff and residents and spoke with residents, carers and staff members to assess this statement.

During our inspection we saw some positive interaction between staff and residents. We spoke with some staff who stated that they were supported by their colleagues. Some staff members thought that morale was improving in the home.

Some residents and carers were complimentary about the staff group.

Areas for improvement

We have assessed that the service was operating at an unsatisfactory level for this statement. There were major weaknesses in the service which, collectively, required to be addressed.

Whilst we saw some positive practice and team working in the service, we had concerns over the number and types of comments we received from residents. These are discussed in Quality Theme 2 Statement 2 of this report.

There were variable comments from staff about working in the service. We received a number of negative views where staff told us about the lack of confidentiality and how they were unable to raise issues or where they were not spoken to with any sense of respect.

Some staff commented that they thought that management were unapproachable and unsupportive. They gave comments such as:

"If you are in the clique you will not get pulled up for anything".

"I am very unhappy with the support I get from management".

"The place feels unsafe".

"There has been lots of changes. Morale is very poor due to the lack of support".

"New recruits are no sooner here than they are gone".

"I get a bad response from managers when asking for help so I don't waste time trying now" and

"I used to love it. Now it is awful".

Some carers we spoke with told us that they had experienced negative responses from staff. One stated that "nurses can be defensive". This made them reluctant to raise issues. One carer felt that the home was deteriorating.

We have concluded that negativity and the demoralisation of the staff group and carers must be addressed in order for the service to progress.

There needs to be a review of how the service operates to ensure that the ethos expected by the provider is evident.

Team working is a factor which all staff who are registered with the Nursing and Midwifery Council (NMC) should be mindful of. The NMC code states that registrants should "work effectively as part of a team".

Staff registered or working towards registration with the Scottish Social Services Council should "protect the rights and promote the interests of service users and carers".

We spoke with the provider representatives about our findings on 3 December 2013. This was unacceptable to them. They realised the contribution of all staff working in the service and they had not received any negative information from people. They began taking action following our meeting by speaking with staff and to set up external support and assistance along with training in team dynamics, coaching and mentoring.

We will monitor progress at the next inspection.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure that staff are aware of their professional codes that they must adhere to in their daily work. They should also remind staff of the values expected by the provider.

This is to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services).

Regulations 2011 (SSI 2011/210) - regulations 4(1)(a) and (b).

Regulations 2011 (SSI 2011/210) - regulation 3.

Regulations 2011 (SSI 2011/210) - regulations 9 (1).

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

Timescale for meeting this requirement: To commence on receipt of this report and for completion in by 31 March 2014.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service strengths

Strengths identified under Quality Theme 1, Statement 1, apply to this statement.

Areas for improvement

Information in Quality Theme 1, Statement 1, is relevant to this statement.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

Two requirements were met at this inspection about making notifications to us about significant events in the service and about auditing. Information can be seen in section one of this report 'What the service has done to meet any requirements we made at our last inspection'.

Areas for improvement

At this inspection, we found that the performance of the service was weak for this statement. We took all of our findings from other Quality Themes and Statements and information from our meeting on 3 December 2013 with the provider representatives to assess this statement.

Whilst there were areas of strength, there were important weaknesses which caused concern. Significant requirements that were made or carried forward at the last inspection had not been completed.

We acknowledge that senior staff walked around each unit on a daily basis. They check whether staff are meaningfully engaged with residents, that staff take appropriate breaks and they sample documentation regarding care. However we have identified care issues in Quality Theme 1 Statements 2 and 3 of this report which would benefit from the oversight of management.

Our meeting with the provider representatives on 3 December 2013 showed that the lines of communication from the service to external managers needed to be improved. We were informed that external management were sometimes not made aware of significant events that happened in the service.

We have reflected in the grade awarded for this statement the swift action that has been taken by external managers to make improvements in the service.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

One complaint was completed and upheld by the end of our inspection. This has been referred to in Quality Theme 2, Statement 2 of this report.

Enforcements

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

Additional Information

We have made no additional requirements in this report. The requirements that have been carried forward from the inspection completed on 1 August 2013 are the most crucial to take the service forward.

Our meeting with the provider representatives on 3 December 2013 gave us the opportunity to discuss what was needed to meet these requirements.

We acknowledge that they took action immediately following the meeting to make improvements in the service.

This service was inspected in December 2013. Following the findings of a previous inspection and in discussion with the Care Inspectorate the provider voluntarily stopped any admission of residents to the home in order that they can prioritise making necessary improvements in care. This included private clients. This does not preclude the Care Inspectorate taking enforcement action to this end if needed.

Action Plan

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

5 Summary of grades

Quality of Care and Support - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 2	2 - Weak
Statement 3	1 - Unsatisfactory
Quality of Environment - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 2	1 - Unsatisfactory
Statement 3	1 - Unsatisfactory
Quality of Staffing - 1 - Unsatisfactory	
Statement 1	2 - Weak
Statement 3	2 - Weak
Statement 4	1 - Unsatisfactory
Quality of Management and Leadership - 2 - Weak	
Statement 1	2 - Weak
Statement 4	2 - Weak

6 Inspection and grading history

Date	Type	Gradings
1 Aug 2013	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 2 - Weak Management and Leadership 2 - Weak
27 Jul 2012	Unannounced	Care and support 2 - Weak Environment 3 - Adequate Staffing 3 - Adequate Management and Leadership 3 - Adequate

Inspection report continued

9 May 2012	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
11 Jan 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
16 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	1 - Unsatisfactory Not Assessed 3 - Adequate 1 - Unsatisfactory
7 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
18 May 2011	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 1 - Unsatisfactory 2 - Weak 1 - Unsatisfactory
11 Mar 2011	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 2 - Weak
18 Jan 2011	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 1 - Unsatisfactory 2 - Weak 2 - Weak
31 Aug 2010	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 1 - Unsatisfactory 2 - Weak 2 - Weak
17 May 2010	Announced	Care and support	2 - Weak

Inspection report continued

		Environment Staffing Management and Leadership	1 - Unsatisfactory 2 - Weak Not Assessed
23 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
4 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
14 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good Not Assessed
4 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 4 - Good 4 - Good

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

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ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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

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