Care service inspection report

Allanbank

Care Home Service Adults

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Type of inspection: Unannounced

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Contents

Service provided by:

European Care (Allanbank) Ltd

Service provider number:

SP2007009437

Care service number:

CS2004057340

If you wish to contact the Care Inspectorate about this inspection report, please call us on 0845 600 9527 or email us at enquiries@careinspectorate.com

Summary

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

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

We gave the service these grades

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

What the service does well

We saw that the staff team continued to work hard to meet the needs of the service users. Across Allanbank, the staff demonstrated a strong commitment to the service users. However, we noted that staff morale was variable across the service, with some identifying that their input to service users was constrained by a lack of resources and support.

What the service could do better

During this inspection we became concerned about a number of key areas which, taken as a whole, reflected a service which was not meeting basic standards, resulting in some unsatisfactory outcomes for some service users.

We had made a number of requirements and recommendations following our inspection in March 2014, most of which had been repeated from previous inspections carried out during 2012 and 2013. During this inspection, we reviewed the progress made in each area identified for improvement and assessed that most requirements and recommendations will require to be repeated.

The key areas identified during this and previous inspections for improvement are:

- staff numbers, deployment and skill mix. The provider must ensure that there are sufficient numbers of staff of the right skill level being appropriately deployed across the service to deliver care, maintain and maximise the life skills of service users, up-date documentation as required and provide regular and planned support to those staff for whom they have a supervisory and professional development responsibility.
- Care plan recording. The provider must ensure that all care plans are up-to-date, accurately reflect current needs of individuals, record the rehabilitation programmes being progressed in discussion with other agencies and families and are reviewed as needs change and on a 6 monthly basis.
- Refurbishment of the environment. The provider must demonstrate that it is taking forward the refurbishment plan to ensure the home is fit for purpose in all areas.
- Management and leadership. The provider must ensure all staff are appropriately supported in their respective roles through effective communication. They must also ensure that there is capacity for all staff in all areas to be actively involved in a proactive and collaborative approach to improving and developing the service.

What the service has done since the last inspection

Some progress had been made in some of the areas identified for improvement following previous inspections. However, we remained concerned that the overall impact of any progress made on the outcomes for service users was limited. There were some service users in some parts of the home who were experiencing unsatisfactory outcomes.

Conclusion

Since the previous inspection of this service in March 2014, there have been a number of changes in the staff team at Allanbank. There has also been an increased use of the capacity within Roan unit. We had indicated that in order to maintain and improve on the quality grades awarded following the previous inspection in March 2014, the provider had to demonstrate that it was focussing on the priority areas and making the necessary improvements within the required timescales. From the evidence we have gathered during this inspection, we have concluded that there continue to be areas which have not been sufficiently progressed by the provider. This has meant that the outcomes for some service users have been unsatisfactory.

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.
- 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.

Allanbank is a care home service registered to provide care and support to 24 older people and 43 adults with mental health problems. It is a purpose built care home facility over two floors with disabled access, linked by a passenger lift. The majority of beds are block purchased by the NHS (40), with others (19) block purchased by the local authority. The remaining beds (eight) are available on a spot purchase basis. Some of the staff are employed by the NHS and others by Embrace (formerly European Care).

Allanbank provides care and support to a very mixed user group in terms of age and diagnoses. A significant number of residents have a high level of dependency and need frequent input from skilled staff. The service provides rehabilitation, long term care and palliative care. It is the main centre for amputee rehabilitation in Dumfries.

The care home has five distinct areas which provide different levels of care and support to service users:

1. The Craigs (24 beds) is divided into three smaller units consisting of eight beds in each. They provide short term care and support to service users needing rehabilitation and palliative care. They are also utilised for those awaiting a care home placement. All of these beds are block purchased by the National Health Service and patients are referred from the Dumfries & Galloway Royal Infirmary. There is a link GP who acts as the unit's medical officer.

2. Glenkiln is a 16 bedded unit which is divided into two smaller units consisting of eight beds in each. All of these beds are block contracted by the National Health Service, with the majority of patients having a diagnosis of dementia and aged over 65. There is a link GP for this unit. Glenkiln provides assessment and care and support to service users with mental health problems.

3. Carlavin (12 beds) is divided into two smaller units consisting of six beds in each. They provide long term care and support for service users with mental health problems, physical health problems and acquired brain injuries. All of these beds are block contracted by the local authority.

4. Keir unit is the smallest unit and has seven beds, offering long term care and support to service users with mental health problems, some of whom have dementia. Unlike the rest of the home, there are no nurses deployed within this unit. All of the service users are female and of mixed ages. These beds are also block contracted by the local authority.

5. Roan (eight beds) was formerly part of Glenkiln. These beds are now separate from the NHS block contract. They are funded entirely by spot purchase. Roan was set up for the care and support of adults living with dementia.

During this inspection there was a total of 60 service users living in Allanbank: 24 in The Craigs, 13 in Glenkiln, ten in Carlavin, seven in Keir and six in Roan.

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 2 - Weak
Quality of Staffing - Grade 2 - Weak
Quality of Management and Leadership - Grade 1 - Unsatisfactory

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

We wrote this report following an unannounced inspection. This was carried out by two inspectors. The inspection took place on Tuesday 19 August 2014 between 14:00 and 18:00. It continued the following day, Wednesday 20 August between 08:30 and 17:30 and on Thursday 21 August between 8am and 18:15. We gave feedback to the manager, depute manager, a representative from the provider's business management team and representatives from Dumfries and Galloway NHS and the joint planning & commissioning manager on 21 August 2014.

We sent 30 Care Standards Questionnaires to the service to distribute to service users and 30 for family members. We also sent 40 Care Standards Questionnaires for distribution to staff. Service users returned five questionnaires, relatives returned six and staff returned ten.

During this inspection process, we gathered evidence from various sources, including the following:

- service users' care plans
- matrix for planning service user's reviews
- medication administration records
- minutes of meetings - staff/service users
- dependency assessments
- evidence of staff registration with the Scottish Social Services Council (SSSC) registration
- records of staff training
- records of staff supervision and personal development plans
- recruitment records for new staff
- accident/incident/untoward event records
- internal audits
- staff rotas
- the service's refurbishment plan
- the service's brochure and statement of philosophy
- cleaning schedules.

We also spoke with staff, the manager, depute manager and three relatives. We spent some time observing interactions between service users and staff.

Grading the service against quality themes and statements

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

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

Inspection Focus Areas (IFAs)

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

Fire safety issues

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

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

The requirement

Requirement 1.
The provider must ensure that it notifies the service user and their representative of any revision to the care plans and that there is an effective review process in place as needs change and at six monthly and annual intervals.
This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 5 (2) (b) and (d) which is a requirement about personal plans.

Timescale: within four weeks from receipt of this report.

What the service did to meet the requirement

Whilst we noted that some progress had been made in this area, there was still further work needed. We have discussed this in more detail in Quality Statements 1.1 and 1.3. We also saw that the service had created a review matrix, though this was yet to be completed.

The requirement is: Not Met

The requirement

Requirement 2.
The provider must ensure that there are individual plans in place for each resident in receipt of "as required" medication. These must include triggers, alternatives to medication, recording of the effectiveness of such medication and how often this medication should be reviewed.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within two weeks of the receipt of this report.

What the service did to meet the requirement

We saw that some work had been carried out to progress this requirement, though there continued to be gaps in the detail being recorded about the use of "as required medications" in the care plans for individual service users. We have discussed this in more detail in Quality Statement 1.3.

The requirement is: Not Met

The requirement

Requirement 3.
The provider must make proper provision for the health, welfare and safety of service users by taking action to ensure that all care plans accurately reflect levels of need, choices and aspirations. This must include but is not limited to ensuring that:

- important information is readily available - old information which may no longer be relevant is archived
- all recordings are respectful, appropriately detailed and noted on the correct documentation
- where appropriate, care plans contain all relevant legal documentation and staff are aware of these powers and the extent/limits to these
- care plans are reviewed every six months or more frequently as needs change and these reviews detail what has been discussed, changes to be made to the delivery of care and support and an action plan to be taken forward with timescales
- rehabilitation programmes are detailed in care plans and key personnel identified
- where it is assessed that restraint may be used, this is recorded in detail.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users and Regulation 5 (2) (b) which is a requirement about personal plans.

Timescale: within six weeks of the receipt of this report.

What the service did to meet the requirement

We sampled care plans for service users in Roan, Keir, Carlavin and The Craigs. The content of these was mixed and in some instances the information was limited and out of date. We have discussed in greater detail in Quality Statement 1.3.

The requirement is: Not Met

The requirement

Requirement 4.
The provider must evidence that the numbers and skill mix of staff are sufficient to meet the assessed care and support needs of service users at all times. Staff rotas should always detail the numbers, names and qualifications of staff on each shift. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (a) which is a requirement about staffing.

Timescale: within 24 hours of the receipt of this report.

What the service did to meet the requirement

During our inspection we carried out a number of observations within different units in the home. We also sampled the staff rotas, looked at accident reports, talked to relatives and looked at the dependency assessments provided to us. It was evident that the staffing numbers and skill mix were not adequate to meet the needs of service users. This is discussed in more detail in Quality Statement 1.3.

The requirement is: Not Met

The requirement

Requirement 5.
The provider must ensure that all areas within the home are appropriately furnished and essential equipment is in working order, with repairs carried out timeously. The refurbishment plan for Allanbank with timescales must be provided to the Care Inspectorate. This must include signage within the home to ensure that service users can find their way around and their independence is maximised.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 10 (2) (b) and (c) which is a requirement about fitness of premises.

Timescale: within four weeks of the receipt of this report.

What the service did to meet the requirement

We had received a copy of the refurbishment plan from the provider prior to this inspection visit. However, during our inspection we noted that quotes for environmental improvements were still being obtained and therefore the refurbishment works were not yet underway.

The requirement is: Not Met

The requirement

Requirement 6.
The provider must ensure that all areas of the home are cleaned regularly to promote good standards of health & safety and infection control.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within 24 hours of the receipt of this report.

What the service did to meet the requirement

Whilst we noted that the cleaning records completed by the domestic staff team were in good order, those being completed by staff in each unit had a considerable amount of gaps. We will review the wording of this requirement to reflect our findings during this inspection.

The requirement is: Not Met

The requirement

Requirement 7.
The provider must ensure that staff are appropriately trained to carry out their roles and responsibilities. This must include but is not limited to:
- receiving suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work
- ensuring that the standard of training available to all staff on dementia care is in line with the standard set by "Promoting Excellence".

The provider must also evaluate the effectiveness of the e-learning approach and have systems in place with evidence that staff are able to put this into practice and that this has improved competence and confidence.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (b) (i) and (ii) which is a requirement about staffing.

Timescale: within 24 hours of the receipt of this report.

What the service did to meet the requirement

We saw that some training was being progressed, the majority of which was being delivered via e-learning. However, we also saw that there were considerable gaps in starting or up-dating training. We noted that most staff had received only one day of dementia training. We understand that further dementia training is to be rolled out. There was no evidence that there were effective systems in place to evaluate the e-learning programme.

The requirement is: Not Met

The requirement

Requirement 8.
The provider must ensure that there are effective systems in place to deliver regular and planned supervision to all staff so they are competent and confident in carrying out their responsibilities. Supervision must be provided by suitably trained staff. Supervision must be meaningfully recorded.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (a) and (b) (i) which is a requirement about staffing and regulation 4 (1) (a) which is a requirement about the welfare of service users. The National Care Standards for Older People and Care Homes for People with Mental Health Problems - Standard 5 - management and staffing arrangements also apply here.

Timescale: within six weeks of the receipt of this report.

What the service did to meet the requirement

We sampled staff supervision files. It was evident that some staff had received recent supervision. However, there were also other staff who had not received supervision. There was no plan or timetable in place for staff supervision. We also noted that issues or concerns raised with line managers were not being taken forward. Acknowledging that some staff supervision had taken place, this requirement remains unmet.

The requirement is: Not Met

The requirement

Requirement 9.
The provider must ensure that all notifiable events are reported to the Care Inspectorate as required.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within 24 hours of the receipt of this report.

What the service did to meet the requirement

We sampled records of accidents, incidents and untoward events.

The requirement is: Met - Within Timescales

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

Recommendation 1.
It is recommended that the provider ensures there are effective systems in place which record the food choices and preferences of all residents at the time of admission and as these may change.
National Care Standards. Care Homes for People with Mental Health Problems and Care Homes for Older People. Standard 13 - eating well.

Progress:
Whilst we saw that some service users had been asked about their food preferences since admission, there was no evidence that this process was being carried out across the service nor that there was a system being used to capture this information and act on it.

Not met.

Recommendation 2.
The care home manager should review the agenda for service user meetings. They should consider discussing other issues with service users such as staffing, key workers and management issues. Where actions are agreed, service users should be encouraged to participate in completing them as well as staff. Minutes should be recorded in a way which is easily understood by all.
National Care Standards, Care Homes for Older People. Standard 8 - making choices; Standard 10 - exercising your rights; Standard 11 - expressing your views.

Progress:
During this inspection we saw no evidence of meetings taking place with service users.

Not met.

Recommendation 3.
It is recommended that the provider reviews the activities programme to ensure it reflects service users' choices and decisions about how they want to spend their time, as well as encourage service users to use existing skills and develop new ones.
National Care Standards. Care Homes for People with Mental Health Problems and Care Homes for Older People. Standard 17.1 - daily life.

Progress:
We saw that there had been some discussion at a staff meeting about the activities programme. However, there was no evidence to suggest that the activities programme had been reviewed since the last inspection.

Not met.

Recommendation 4.
It is recommended that the service reviews how it engages with service users (in particular those who are living with dementia) to ensure they are able to influence how they would wish their care and support to be delivered.
National Care Standards. Care Homes for Older People. Standard 11 - expressing your views.

Progress:
There was no evidence during this inspection to suggest that this work had been carried out.

Not met.

Recommendation 5.
It is recommended that the manager ensures staff meetings take place on a regular and planned basis across all units in the service. These discussions should be recorded with action plans to be followed up at subsequent meetings.
National Care Standards. Care Homes for Older People and Care Homes for People with Mental Health Problems. Standard 5 - management and staffing arrangements.

Progress:
Whilst it was evident that some staff meetings had been taking place, the numbers of staff in attendance was very low. It was evident that the service's communication routes with staff needed to be reviewed to ensure that all staff were able to share their views with senior staff and colleagues as well as access information on an on-going basis.

Not met.

Recommendation 6.
The service manager should discuss the allocation of key workers with service users and their relatives. She should make sure they know who will be their key worker, and why they have been chosen. Any feedback from service users and their relatives should form part of staff appraisals and personal development.
National Care Standards. Care Homes for Older People. Standard 5 - management and staffing; Standard 6 - support arrangements; Standard 7 - moving in; Standard 8 - making choices.

Progress:
We saw that this was not consistent across the home. We also noted that staff were being moved around the units in Allanbank as needed and this approach to staff deployment was unlikely to support the key worker role.

Not met.

Recommendation 7.
The service manager should make sure that the most up-to-date inspection report is available and easily accessible to all service users, relatives and other stakeholders entering the service. National Care Standards. Care Homes for Older People. Standard 11 - expressing your views.

Progress:
There were no reports on display. We also noted that the content of reports and the improvements to be made were not being discussed with staff.

Not met.

Recommendation 8.
The manager should ensure that all internal audits are accurately recorded and include action plans with timescales and an identified person for taking forward actions.
National Care Standards. Care Homes for Older People and Care Homes for Adults with Mental Health Problems. Standard 5.4 - management and staffing arrangements.

Progress:
We saw that some progress had been made in this respect, but further work was needed.

Not met.

The annual return

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

Annual Return Received: Yes - Electronic

Comments on Self Assessment

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

We did not receive a self assessment from the service prior to this inspection.

Taking the views of people using the care service into account

From the completed Care Standards Questionnaires returned to us by service users, we noted the following feedback:

"I find that most of the staff are helpful and caring and offer excellent care, but feel others can be unfeeling and insensitive around myself. I am concerned that my medical needs are not being fully assessed or addressed. I have routinely been given paracetamol daily even when I feel I did not require them. I do not feel there is enough staff on duty to care for all the residents who are here. I was told I did not have a care plan. I feel that some trained staff may benefit from further training in areas such as wound care."

A service user told us they disagreed that there were enough trained and skilled staff on duty at any point in time to care for them. They also advised us that they were not asked for their opinion on how the service could improve and were unhappy with the quality of care they received.

We received two responses from service users who told us they felt the quality of care and support was "very good".

Taking carers' views into account

From the completed care standards questionnaires returned to us from relatives, we noted the following feedback:

"When I am able to visit I find the staff helpful and kind."
"It seems ok when I am there".
"Staff are always nice and helpful. Staff are a credit to the company."
"Seem to be short staffed at times. The home looks dated. Could do with up-dating the rooms. Food and presentation could be better."
"I am very happy with my relative staying in Allanbank".
"I feel that an extra person on the floor throughout the day would provide a bit extra support to the residents. When sitting in the lounge and you have no mobility and your memory is not good and the staff are busy meeting needs of others there is no way to let the staff know that you need help. There is a call button on the wall but you need to be mobile to press this to let staff know."

The Care Standards Questionnaires also reflected that some knew who the key worker was for their relative, with others unsure.

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

We saw that the service was operating to a weak level in this area. We measured this by looking at service users' care plans and talking to the home manager about how they had progressed with the areas for improvement identified during previous inspections.

We saw that some reviews were taking place for some service users.

Areas for improvement

We made a requirement following the previous inspection that the provider must ensure it notifies the service user and their representative of any revision to care plans and that there is an effective review process in place. We sampled a number of care plans across the home. It was not evident that regular reviews were taking place in all cases. Some reviews which had taken place were limited in the areas discussed. We have repeated this requirement.
See requirement 1.

We had made a recommendation following the previous inspection that the provider should ensure there are effective systems in place which record the food choices and preferences of all residents on an on-going basis. In some care plans, we saw that service users had been asked about their preferences. However, this was not evident in all of those care plans we sampled. We looked at a food satisfaction survey for one service user which was incomplete and undated. It was not clear what the service was doing with information about food preferences to shape future provision, in particular for those service users who may find it challenging to make their choices

known or those who may, for health reasons, be receiving a restricted diet. Further work is therefore needed to progress this recommendation.
See recommendation 1.

We had made a further recommendation that the home manager should review the agenda for service user meetings as well as review how these discussions and actions arising were being recorded. We saw no evidence that meetings with service users or their families had been taking place since the previous inspection.
See recommendation 2.

We made a third recommendation following the previous inspection that the provider should review the activities programme to ensure it reflected service users' choices and decisions about how they want to spend their time. Whilst we saw that there was some information in care plans about preferred activities, there was no evidence that the service had undertaken a review of the activities programme. In addition, we noted that the behaviours of some service users suggested that they were bored and lacked appropriate stimulation. We also observed a number of service users in the sitting areas watching TV or listening to music that was not necessarily of their choosing for long periods of the day.

Allanbank accommodates adults for periods of rehabilitation as well as longer term care. It is essential that life skills are maintained and maximised through meaningful activity and social stimulation to promote well being and to support families who are involved in caring for their relative once they are discharged home.
See recommendation 3.

A further recommendation was made that the service should review how it engages with service users who are living with dementia to ensure their choices and wishes are part of the delivery of day to day care. We saw no evidence that this recommendation had been progressed.
See recommendation 4.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 4

Requirements

1. The provider must ensure that it notifies the service user and their representative of any revision to the care plans and that there is an effective review process in place as needs change and at six monthly and annual intervals.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 5 (2) (b) (d) which is a requirement about personal plans.

Timescale: within 4 weeks of the receipt of this report.

Recommendations

1. It is recommended that the provider ensures there are effective systems in place which record the food choices and preferences of all residents at the time of admission and as these may change.
   National Care Standards. Care Homes for People with Mental Health Problems and Care Homes for Older People. Standard 13 - eating well.

2. The care home manager should review the agenda for service user meetings. They should consider discussing other issues with service users such a staffing, key workers and management issues. Where actions are agreed, service users should be encouraged to participate in completing them as well as staff.
   National Care Standards. Care Homes for Older People. Standard 8 - making choices; Standard 10 - exercising your rights; Standard 11 - expressing your views.

3. It is recommended that the provider reviews the activities programme to ensure it reflects service users' choices and decisions about how they want to spend their time, as well as encourage service users to use existing skills and develop new ones.
   National Care Standards, Care Homes for People with Mental Health Problems and Care Homes for Older People. Standard 17.1 - daily life.

4. It is recommended that the service reviews how it engages with service users (in particular those with dementia) to ensure they are able to influence how they would wish their care and support to be delivered.
   National Care Standards. Care Homes for Older People. Standard 11 - expressing your views.

Statement 3

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

Service strengths

We saw that the service was operating to an unsatisfactory level in this area. We measured this by sampling care plans, looking at "as required" protocols for the administration of medication, sampling medication administration records (MARS), talking to staff, sampling duty rotas, reviewing service user dependency assessments and observing staff and service user interaction.

It continued to be the case, as in previous inspection visits, that the staff we observed interacted in a sensitive and caring manner with the service users. This view was also echoed by families who visited their relatives in Allanbank.

We saw some evidence of other agencies being involved where required, such as the Speech and Language Therapist (SALT).

We had made a requirement following the previous inspection that the provider must ensure there are individual plans in place for each resident in receipt of "as required" medication. We sampled a number of protocols for service users prescribed "as required" medication. For one service user living in Carlavin, we saw that there was a description of the behaviours and responses that would indicate when medication might be required. The information on how to potentially avoid the use of medication was also detailed, though this was located in another part of the care plan file. On checking the medication administration charts (MARS) we could see that "as required medication" was only being administered in this instance when necessary. For another service user living in Keir we saw that the information about the use of "as required" medication was also detailed.

We had made a requirement in previous inspections about the need to ensure that care plans reflected needs, choices and aspirations. We noted that the service had made some progress in ensuring that legal documentation was in place and that reviews were taking place. However, this was not consistent across the service. We also noted in one instance where it had been assessed that restraint may be used, this was recorded in detail. Care plan recording within Carlavin was, on the whole, of a good standard and of sufficient detail to support any new staff who may be working with the service users in this unit.

Areas for improvement

In response to the requirement about protocols being in place for the administration of "as required" medication, we also identified areas for improvement. For example, with respect to two service users living in one unit, there was a significant period when "as required" medication for the relief of pain had not been administered. Within the same unit for another two service users, we saw that there had been no

administration of "as required" anti-psychotic medications for about three weeks.

However, it was evident from the MARS for one of these service users that the administration of the medication had been considered by staff on a regular basis, with the MARS stating it had not been given due to the service user being asleep. Conversely, we also became aware of a service user who had been administered pain relieving medication four times daily, but when asked stated he had not been in pain. It was only with intervention from family that the prescription was changed to "as required". In each of these instances, it would have been good practice for the service to consider a medication review in discussion with the GP.

Whilst sampling MAR charts we also noted some gaps in recording for some service users. We noted that for a service user who had been prescribed creams, there was no 'opened on' date recorded on the packaging and no record of when the cream was being applied. It was therefore difficult to confirm that this service user was being administered the creams as per the prescription. We have therefore repeated the previous requirement with some amendments to reflect our findings from this inspection.
See requirement 1.

During our inspection we were concerned about the lack of progress in the key areas of care planning and staffing provision. We had made a requirement following the previous inspection that the provider must ensure all care plans accurately reflect levels of need, choices and aspirations. We had found during previous inspections that the quality of recording across the home continued to be variable.

We sampled a number of care plans across various units in Allanbank and found the following evidence:

- some care plans had a good level of detail, but review information was limited. For example, we looked at the care plan for one service user who had spent a recent period as a hospital in-patient. However, there was no evidence to confirm that the care plan had been reviewed or up-dated following discharge back to Allanbank. Though care plans were marked as having been reviewed, it was unclear what changes or additions had been made to the content.
- We looked at a care plan for a service user who had been assessed as being at high risk of self harm. We would have expected such important information to be readily accessible, but this was located halfway through a very substantial care plan file.
- We looked at daily progress notes, which should provide information with respect to any interventions carried out by staff. Within The Craigs, we saw that these contained a good level of detail. However, this was not the case across all units. Within Roan, for example, daily notes were limited and tended

to focus on toileting. We also saw that some recordings within observation sheets and in daily notes could be viewed as demeaning and lacking in understanding of how to sensitively approach the specific needs of service users.

- From the care plans we sampled in The Craigs we noted one where the information was out of date. The falls risk assessment and keeping safe support plan for the service user was dated May 2014 and was due to have been up-dated in June, which had not been done. The care plan recorded that the service user was at high risk of falls as they would tend to stand themselves and forget they needed assistance from staff to mobilise. However, we became aware that the service user's mobility and overall health had deteriorated significantly since then, they were using a special chair and were being hoisted when transferring. None of this information was recorded in their care plan and the risk assessment had not been up-dated accordingly. We saw a care plan for another service user in Roan which recorded that they were at high risk of falls. However, there was no information or guidance to staff in the risk assessment about how they were to support or supervise the resident to minimise the risk of falling.
- We looked at a care plan for a service user in The Craigs who had been treated for a pressure sore. We saw that the dressing had been removed from the pressure area but this had not been recorded on the formal wound assessment recording sheet. It was therefore unclear when the dressing would next require to be changed and if there had been any changes to the treatment plan.
- We sampled charts which had been completed for the management of food and fluid intake as well as turning in bed and weight records. We saw that food and fluid charts were incomplete, with no targets for daily intake. We also noted that re-positioning charts and weight records were not always being completed appropriately. This meant there was a risk that staff did not have sufficient information about service users to assess and review risks to health and well being. One service user's care plan stated that they were to be turned two hourly in bed but there was no evidence of turning charts in use.
- We noted that some care plans contained information about third parties who may have a welfare proxy. Whilst this appeared to be an improved position from our previous findings, this was inconsistent across all units. We also noted that some service users who had a significant cognitive impairment did not have an Adults with Incapacity (AWI) certificate or treatment plan within their care plans. It was therefore unclear who had been assigned responsibility for decision making regarding their care and treatment.
- We noted that care plans for those being cared for within The Craigs could be more stream lined and person centred. Some information was being collated for all service users when in fact this may not be needed. We became aware that occupational therapy staff were continuing to use the NHS MIDAS care plan recording system. This meant that their records were all electronically stored and therefore separate to the care plans in the unit. This limited

accessibility, especially for families who had been and would continue to be involved in caring for their relative. Records compiled by physiotherapy staff were comprehensive but seemed to sit apart from the body of the care plans. We have suggested that all Allied Health Care Professional (AHP) notes should be stored together as part of a rehabilitation or longer term care programme.

- A number of service users living in Allanbank will be resident there for a short stay or period of rehabilitation. As in previous inspections, care plan documentation did not clearly record that there was a programme in place for rehabilitation and discharge home or to an alternative place of care. It was therefore unclear how the rehabilitation programme was being structured or how goals and outcomes for individual service users were being set and measured. We became aware of one service user for whom discussions about rehabilitation had only begun eight weeks after admission to The Craigs and only after these had been initiated by the family.
- We saw that some old information had not been archived. This resulted in care plans being large and unnecessarily cumbersome.
- Whilst we noted that staff working in Roan had been allocated some time slots to up-date care plan records, we saw that it was not always feasible for them to take time off the floor to carry out this work given the needs of the service users, current staffing levels and skill mix.
- We noted in Roan unit that the daily diary contained some entries which were inappropriate and lacked adherence to good practice regarding service user confidentiality, dignity and respect.
- Within parts of Allanbank, access is restricted by the use of keypads, which are a form of restraint. Acknowledging there may be a need to restrict access at times, there was no evidence that service users had been individually assessed as needing their movements restricted nor that this was being reviewed or up-dated.

It was also evident that staff who did not always work in a particular unit did not have a good level of knowledge about the care and support needs of the service users. We noted recordings which suggested that they had not been aware of information in care plans which may have been helpful in managing particular situations.
Given the evidence we gathered during this inspection, this requirement has been repeated and amended.
See requirement 2.

We had made a further requirement following previous inspections that the provider must evidence that the numbers and skill mix of staff were sufficient to meet the assessed care and support needs of service users at all times. In addition, staff rotas should contain details of the numbers, names and qualifications of staff on each shift. During our visits, we noted some unsatisfactory outcomes for some service users. For example:

- one service user had experienced a fall within a communal area. This had been unobserved by staff as both staff on the unit for that shift had been occupied in meeting the needs of another service user. The fall resulted in a fracture for the service user. This had caused a degree of distress for the service user who had a diagnosis of dementia and for their family. It had also delayed their ability to return home.
- We looked at the accident, incident and untoward event records for the service. We noted that there had been four unobserved falls recorded within Allanbank over a period of four consecutive months, each of which had resulted in a fracture for each service user.
- During our observations of Roan unit, it was evident that whilst staff were assisting an individual resident with personal care, the remaining residents were unattended. This posed a risk for some who were very physically and cognitively vulnerable. For example, during our inspection one service user left the unit, which was normally kept secure using a keypad. Staff had been assisting another resident in their bedroom at that time. The service user was later found in another unit. Another service user was known to be at risk of having seizures. They were regularly left unsupervised when staff had to assist others. None of the service users within Roan were able to use the staff call system and so were reliant on staff observing them. From the Care Standard Questionnaires we received, the comment was made by a relative of a service user that "when sitting in the lounge and you have no mobility and your memory is not good and the staff are busy meeting the needs of others there is no way to let the staff know that you need help. There is a call button on the wall but you need to be mobile to press this to let staff know."
- When carrying our observations within Roan unit, we saw that a number of the service users needed assistance with eating. We observed staff carrying out this activity in a calm and patient manner. However, we also noted that there were more service users who needed assistance than there were staff available. This meant that some service users had to wait for their meal. We also saw that one service user tended to be unsettled and so did not sit at the table for the duration of a meal time. The outcome was that they may only eat one course and be unwilling to return to the table. This service user had particular health care needs which meant that they needed to eat regularly. Their care plan lacked detail about how staff should ensure the service user had a sufficient food and fluid intake - for example, it may be that they would benefit from the availability of more finger foods and snacks.

We spoke with relatives who told us that they alert staff to the needs of service users using the communal area within The Craigs whilst they are visiting their relatives. We also noted within the daily notes that one relative had assisted a staff member with the personal care of their relative as the unit was "short staffed".

We looked at the dependency assessments which should be reviewed by the service at least monthly to help the service determine staffing levels. We saw that the service

had not been completing these monthly for any of the units. For example, for Roan unit we were provided with an assessment for May only. The information showed that the number of staff hours provided fell well below the assessed hours required to meet service user need. This had not been recognised by the service and no action had been taken to rectify this situation. We also noted that there was not always a nurse on duty in Roan. When there was a nurse on shift, they were often responsible for the administration of medication in Carlavin unit as well as in Roan. At these times, there might only be one member of staff in Roan if another carer from another unit was unable to be freed up to assist. There was no evidence to confirm that this was a safe and appropriate level of staffing in response to the assessed needs of the service users.

We sampled staff rotas. These were not well completed. For example, we saw evidence of staff being recorded on shift in a particular unit who were not on shift in that unit. We also saw staff being recorded on the rotas who were in fact carrying out other duties which took them away from the unit, for example care plan recording or training. This was not clearly recorded. During our visit on 19 August, we noted that there were three members of staff on shift in Carlavin when there should have been five according to the rota. One of the carers on shift should have been attending training. The nurse in Roan was also covering Carlavin. The following morning, there were four staff on shift first thing instead of the five on the rota. We became aware that a fifth member of staff would not be arriving till later in the morning. On 12 and 14 August, there was only one care assistant on the rota for Roan unit. The rota did not state the times of their shift. The entry on the rota was "Roan." We saw another two dates where no staff were indicated as being on the rota for Roan. It was evident that staffing levels were not static, varying by one or two.

From the incident reports we sampled, we noted that there were regular instances of behavioural disturbances by a service user in Roan. Night staff levels in Roan were limited to one care assistant. However, it was unclear how the service was allocating staff during the day and night as they were not carrying out regular assessments of dependency.

We also noted that the full details of staff were not always being recorded on the rotas. We saw from the duty rotas for Roan that there were no trained nursing staff on shift over five days in August. It was unclear how the service had established the skill mix required in each unit in response to service users' needs.

Records of personal development plans undertaken with a number of the nursing staff reflected that there were issues about staffing levels which the staff themselves had made their line manager aware of. However, there was no evidence that these concerns had been acted on or responded to in any way. For example, comments included:

- "I am not filling in care plans as effectively and comprehensively as I would like due to time constraints."

- "There needs to be an increase in staff to help me do my job better and there needs to be a change in the skill mix".
- "I least enjoy working when we are short staffed."
- "There is not enough time for paperwork."

Given the above evidence, we have repeated this requirement.
See requirement 3.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 3

Number of recommendations: 0

Requirements

1. The provider must ensure that there are individual plans in place for each resident in receipt of "as required" medication. These must include triggers, alternatives to medication, recording the effectiveness of such medication and how often this medication should be reviewed. The provider must also ensure that "as required" medication is only administered when needed and all prescribed medications are accurately recorded.
   This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

   Timescale: within 2 weeks of the receipt of this report.

2. The provider must make proper provision for the health, welfare and safety of service users by taking action to ensure that all care plans accurately reflect levels of need, choices and aspirations. This must include but is not limited to ensuring that:
   - staff are appropriately supported and given adequate time to up-date care plan documentation on a day to day basis and to embed the new care plan format
   - important information is readily available
   - old information which may no longer be relevant is archived
   - all recordings are respectful, appropriately detailed and noted on the correct documentation
   - where appropriate, care plans contain all relevant legal documentation and staff are aware of these powers and the extent/limits to these
   - care plans are reviewed every six months or more frequently as needs change and these reviews detail what has been discussed, changes to be made to the delivery of care and support and actions to be taken forward and timescales
   - rehabilitation programmes are detailed in care plans and key personnel identified
   - where it is assessed that restraint may be used, this is recorded in detail and reviewed regularly.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users and Regulation 5 (2) (b) which is a requirement about personal plans.

Timescale: within 4 weeks of the receipt of this report.

3. The provider must evidence that the numbers and skill mix of staff are sufficient to meet the assessed care and support needs of service users at all times. Staff rotas should always detail the numbers, names and qualifications of staff on each shift in each unit.
   This is to comply with The Social Care and Social Work (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (a) which is a requirement about staffing and Regulation 4 (1) (a) which is a requirement about the welfare of service users.

   Timescale: within 24 hours of the receipt of this report.

Quality Theme 2: Quality of Environment

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 environment within the service.

Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 2 "weak" awarded in Quality Statement 1.1 to this Statement.

Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any action plans required.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

We saw that the service was operating to a weak level in this area. We measured this by assessing the environment and any improvements which had been put in place following previous inspections.

We had made a requirement following the previous inspection which included the need to provide the Care Inspectorate with a refurbishment plan for Allanbank. We had received this prior to the inspection taking place. The service told us that they were at the stage of receiving quotes from contractors.

We had made a further requirement following the previous inspection that the provider must ensure all areas of the home were being cleaned regularly to promote good standards of health & safety and infection control. We sampled routines and rotas for the domestic team. We saw that there was an explicit guide for staff in terms of who had responsibility for what area of cleaning. We also saw that there were new recording forms being piloted in consultation with the domestic team. The laundry cleaning rota had been signed off daily as having been completed.

We noted that there had been a service user survey about cleaning carried out in July 2014. This was measuring quality, service and attitude. This had been completed by one service user from each unit in the home. We saw that five service users had completed the survey undertaken in July.

We saw that a health & safety audit had been carried out which identified a high rate of compliance with good practice.

Areas for improvement

We had made a requirement following our previous inspection that the provider must ensure all areas of the care home are appropriately furnished, essential equipment is in working order and that a refurbishment plan with timescales must be provided to the Care Inspectorate.

Whilst acknowledging that a plan had been submitted and that repairs we had noted at our previous inspection had been carried out, we became aware that the provider was still at the stage of receiving quotes from potential contractors to carry out the refurbishment works identified. We also noted that the refurbishment plan did not make reference to the outside space at Allanbank.

There is no safe access to outside space from Roan unit. The only outside space available is the courtyard area. Both the Care Inspectorate and the Mental Welfare Commission for Scotland have previously recommended that this area needs to be reviewed so that it is fit for purpose. This has not yet been progressed. We saw that

the flower beds and pots were full of weeds. There were no plants. There was broken garden furniture and five containers all containing cigarette ends. The pathway was also strewn with cigarette ends. This was not a suitable environment for service users, especially those living with dementia and those who might choose not to smoke. There was no evidence that the outside space had been reviewed since the last inspection, the most recent review having been carried out in March 2014.

We checked the linen and towels in use in Roan unit. We saw that the linen and towel supply was inadequate and of poor quality.

We noted that there were no records of bath temperatures within Roan. We were therefore unable to confirm that water temperatures were being tested to ensure that these were at a safe level.

We have therefore repeated this requirement and adjusted the wording to reflect our findings.
See requirement 1.

Acknowledging that there had been progress made on the second requirement from the previous inspection on the part of the domestic team, we noted there continued to be areas for improvement in individual units. For example, there were a number of gaps in recording in hygiene schedules for equipment and the environment in Roan unit. We also noted gaps in fridge temperature recordings.
We have therefore made a new requirement to reflect our findings from this inspection.
See requirement 2.

Grade awarded for this statement: 2 - Weak

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must ensure that all areas within the home are appropriately furnished and fit for purpose. An up-dated refurbishment plan for Allanbank must be submitted to the Care Inspectorate with a record of all works completed and timescales for completion for the remaining works to be carried out. This plan must also include:

    - improvements to be carried out to the outdoor space
    - an audit of the linen supply across the home.

The provider must ensure that bathing temperature records are maintained in all units and that there is appropriate signage throughout the home so that service users can find their way around and their independence is maximised.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 10 (2) (b) and (c) which is a requirement about fitness of premises.

Timescale: within 6 weeks of the receipt of this report.

2. The provider must ensure that all hygiene schedules for equipment and the environment for each unit are correctly completed.
This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 4 (1) (a) which is a requirement about the welfare of service users.

Timescale: within one week of the receipt of this report.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service strengths

Comments made in Quality statement 1.1 are also relevant to this Statement.

We have also applied the grade of 2 "weak" awarded in Quality Statement 1.1 to this Statement.

Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement the action plans to address these.

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 saw that the service was operating to a weak level in this area. We measured this by looking at training records and minutes of staff meetings as well as qualification records.

We noted that mandatory training had been taking place.

Areas for improvement

We had made a requirement following previous inspections that the provider must ensure all staff are appropriately trained to carry out their roles and responsibilities. From the record of mandatory training provided by the service during this inspection, we noted that:

- 21 staff had yet to undertake protection of vulnerable adults training, with a further 13 due to renew their training, one in progress and 11 which had "expired".
- Similarly, 16 staff had not started fire safety at work training, 28 were due to renew their training and 12 had "expired"
- 21 staff had not started infection control training, with five due to renew, one in progress and six which had "expired"
- 19 staff had not started moving & handling training, 4 were at their renewal date and eight had "expired".

Within the information provided to us, we could not see any evidence of training being undertaken specifically by nursing staff - for example - wound care. In addition, we were advised that the majority of staff had undertaken a one day in-house training session on dementia. However, the service did not have a plan in place as to how it would roll out the dementia training programme which is in line with the "promoting excellence" framework. This is more detailed and training is provided at three levels corresponding to levels of responsibility. There was no evidence that the service had a training matrix in place which was informed by training needs identified from personal development plans or supervision sessions. In addition, there was no evidence that the service had evaluated the effectiveness of e-learning and how this was improving staff confidence and competence. We were also aware of an example where a member of staff should have been on training but was working on the floor instead.

We looked at the numbers of staff who had undertaken a Scottish Vocational Qualification (SVQ). We saw that out of a total of 78 care staff, only one had an SVQ Level 3 and 40 had an SVQ Level 2. In short, 53% of all care staff had an SVQ, with only one having supervisory responsibilities. We saw that they were registered with the Scottish Social Services Council (SSSC). A further 6 staff had applied for their SVQ but this had yet to be endorsed; 31 staff did not have an SVQ qualification. This was a low number of staff with a professional qualification.

We have therefore repeated this requirement with some amendments to reflect our findings.
See requirement 1.

We had made a recommendation from previous inspections that the manager should ensure staff meetings take place on a regular and planned basis across all units in the service. These should be recorded with action plans. We looked at the records of staff meetings for the home. We saw that meetings had been scheduled for Glenkiln and The Craigs on 1 July and 3 June respectively. However, these had not taken place as no staff had been in attendance. A meeting for care staff in The Craigs had taken place on 4 April. Keir staff had met on 5 May, with the next meeting scheduled for 1 September. On the whole, staff meetings were poorly attended and we noted that it was the same staff attending each time.

We have therefore repeated this recommendation.
See recommendation 1.

Grade awarded for this statement: 2 - Weak

Number of requirements: 1

Number of recommendations: 1

Requirements

1. The provider must ensure that staff are appropriately trained to carry out their roles and responsibilities. This must include but is not limited to:
   - receiving suitable assistance, including time off work, for the purpose of undertaking and renewing all mandatory training and obtaining further qualifications appropriate to such work, such as SVQ
   - ensuring that all staff undertake a suitable level of dementia training which should reflect the standard set by the "promoting excellence" framework.

The provider must evaluate the effectiveness of the e-learning approach and have systems in place which evidence that staff are able to put this into practice and that this has improved competence and confidence. The provider must also put systems in place to evidence that training identified in personal development plans or though supervision is being incorporated into the service's overall training plan. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 210. Regulation 15 (b) (i) and (ii) which is a requirement about staffing.

Timescale: within 4 weeks of the receipt of this report.

Recommendations

1. It is recommended that the manager ensures staff meetings take place on a regular and planned basis across all units in the service. These discussions should be recorded with action plans to be followed up at subsequent meetings. National Care Standards, Care Homes for Older People and Care Homes for People with Mental Health Problems. Standard 5 - management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

Comments made in Quality Statement 1.1 are also relevant to this Quality Statement.

We have also applied the grade of 2 "weak" awarded in Quality Statement 1.1 to this Statement.

Areas for improvement

The service should refer to the areas for improvement in Quality Statement 1.1 and ensure they implement any actions required.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths

We saw that the service was operating to an unsatisfactory level in this area. We measured this by sampling staff supervision records, talking with staff, checking the allocation of key workers and checking if the most recent inspection report was available within the home.

We acknowledged that some staff had been receiving supervision, undertaken by the manager or the depute manager.

Areas for improvement

We had made a requirement following previous inspections that the provider must ensure there are effective systems in place to deliver regular and planned supervision to all staff so they are competent and confident in carrying out their responsibilities. Supervision must be provided by suitably trained staff and must be meaningfully recorded. We sampled staff supervision records. Whilst we noted that the manager and depute manager had been meeting with some staff for supervision, this was limited. For example, we noted that a joint supervision session had taken place with two members of nursing staff for one unit. From what was recorded we saw that this was more of a meeting than supervision, as issues raised included staffing levels and consistency of staffing. There had been due to be a follow up supervision on 4 August to discuss what actions had been taken in response to the issues raised, but there were no minutes or notes to confirm that this had taken place. We noted that there was no regular pattern of planned supervision taking place for staff. There was a supervision schedule in place but no evidence to demonstrate that these sessions had in fact occurred. For example, in Keir, we saw evidence of one supervision session recorded for February, one for June and one in August. The supervision session in June had recommended that the member of staff should undertake re-training, but there was no evidence that this had been acted on. We saw that three supervision sessions had been undertaken in Glenkiln since February 2014 and from these, one person had been seen twice. We also became aware that some staff who had been in post since 2013 had not received any formal supervision from their line manager.

From the information given to us by the service about training which had been undertaken, there was no evidence that staff with supervisory responsibilities had received training in supervision.

We noted in Quality Statement 1.3 that some nursing staff had undertaken a professional development meeting with their line manager. From these records we saw that nursing staff had raised issues of concern about staffing levels, skill mix and their ability to up-date care plan recordings. These are key areas identified for improvement from this and previous inspections. There was no evidence that senior staff had acted on any of these issues nor offered any response to staff.
We have therefore repeated this requirement with an amendment to reflect our findings.
See requirement 1.

We had made a recommendation from the previous inspection that the service should ensure that service users are aware of who their key worker is and why they have been chosen. We saw that an awareness of key worker involvement was varied across the home. We noted that the role of the key worker could be hindered by the fact that staff were being moved around the home and were not consistently based in a unit.

We have repeated this recommendation and added some wording to reflect our findings during this inspection.
See recommendation 1.

We had made a second recommendation that the manager should make sure that the most up-to-date inspection report is available and easily accessible to all service users, relatives and other stakeholders entering the service. During our inspection when we visited all areas of the home, we saw no evidence of the previous inspection report on display. In addition, it was evident that the content of the report had not been discussed with staff or relatives.

We have therefore repeated this recommendation and added some wording to reflect our findings from this inspection.
See recommendation 2.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 2

Requirements

1. The provider must ensure that there are effective systems in place to deliver regular and planned supervision to all staff so they are competent and confident in carrying out their responsibilities. Supervision must be provided by suitably trained staff. Supervision must be meaningfully recorded and any issues of concern must be followed up.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 15 (a) and (b) (i) which is a requirement about staffing and Regulation 4 (1) (a) which is a requirement about the welfare of service users. The National Care Standards - Care Homes for Older People and Care Homes for People with Mental Health Problem - Standard 5 - management and staffing arrangements also apply here.

Timescale: within 4 weeks of the receipt of this report.

Recommendations

1. The service manager should discuss the allocation of key workers with service users and their relatives. She should make sure they know who will be their key worker, and why they have been chosen. Any feedback from service users and their relatives should form part of appraisals and personal development.
   National Care Standards. Care Homes for Older People - Standard 5 - management and staffing; Standard 6 - support arrangements; Standard 7 - moving in; Standard 8 - making choices.

2. The service manager should make sure that the most up-to-date inspection report is available and easily accessible to all service users, relatives and other stakeholders entering the service. The manager should also ensure that staff and stakeholders are aware of the content of the report and involve them as appropriate in the improvement agenda.
   National Care Standards. Care Homes for Older People - Standard 11 - expressing your views.

Statement 4

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

Service strengths

We saw that the service was operating to a weak level in this area. We measured this by sampling internal audits and accident and incident records.

We had made a requirement following our previous inspection that the provider must ensure all notifiable events are reported to the Care Inspectorate. We found that this was taking place.

We sampled the internal audits being carried out by the service. We saw that there had been a laundry audit carried out, though this was undated. We noted a health & safety audit which showed a high level of compliance. We also saw that audits were being carried out for accidents, pressure sores, weight loss, care plans, infection control and medication.

Areas for improvement

We had made a recommendation following the previous inspection that the manager should ensure that all internal audits are accurately recorded and include action plans with timescales and an identified person taking forward the actions.

It was evident from the audits we sampled that the actions needed to progress areas for improvement were not always being followed up. This was the case with the care plan audits. For example, we saw that there had been a care plan audit within Roan in July. It was evident that areas for improved recording had been identified but that many of these were blank, suggesting that they had not been up-dated. For one service user, there was an audit running to several pages of actions to be undertaken. We noted that the progress with this had been minimal, with only one area having been completed. We also noted that there appeared to be no analysis of observational records taking place. For example, we noted a significant number of instances where a service user had been particularly distressed overnight which had escalated to aggressive reactions to staff trying to provide assistance.

We noted that a number of unobserved falls had been taking place in Allanbank over previous months. It was unclear from the audit what action was being taken forward to address this and minimise the risk of falling. It was also unclear if this data was informing the assessments of resident dependency and therefore overall staffing levels.

Whilst we would acknowledge that audits were being carried out, the service must ensure that this information is being actively used to improve outcomes for service users. The service should also consider a greater degree of involvement with all relevant stakeholders in quality assurance processes. We have therefore repeated this recommendation.
See recommendation 1.

The areas for improvement identified in Quality Statement 1.1 also apply here.

The recommendation made in Quality Statement 3.3 also applies here.

Grade awarded for this statement: 2 - Weak

Number of requirements: 0

Number of recommendations: 0

Recommendations

1. The manager should ensure that all internal audits are accurately recorded and include action plans with timescales and an identified person for taking forward the actions.
   National Care Standards. Care Homes for Older People and Care Homes for Adults with Mental Health Problems. Standard 5.4 - management and staffing arrangements.

4 Other information

Complaints

There have been two complaints about the service which, at the time of this inspection, were still under investigation. These will be assessed at the next inspection.

Enforcements

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

Additional Information

We looked at the recently produced brochure for Allanbank. We noted that this did not accurately reflect the service provided. For example, the wording in one section refers to "the activities team". There is only one member of staff currently employed as the activities co-ordinator. In addition, the brochure does not reflect the fact that there is significant involvement in Allanbank by the NHS and the local authority.
We have suggested to the manager that the wording in the brochure is reviewed and revised to reflect the service currently on offer.

The service gave us an appropriate action plan on 23 May 2014 and we re-graded to the appropriate level.

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

6 Inspection and grading history

Date	Type	Gradings	
13 Mar 2014	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate 3 - Adequate 2 - Weak
10 Jan 2014	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
10 Oct 2012	Unannounced	Care and support Environment Staffing	3 - Adequate 3 - Adequate 3 - Adequate

		Management and Leadership	3 - Adequate
28 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
8 Dec 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
2 Nov 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate Not Assessed
1 Sep 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
31 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
24 Apr 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
8 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
4 Jul 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

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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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

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

هذا المنشور متوافر عند الطلب بتنسيقات وبلغات أخرى.

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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