

# Care service inspection report

Full inspection

## **Tigh-Na-Muirn Limited** **Care Home Service**

4 Victoria Street  
Monifieth  
Dundee



HAPPY TO TRANSLATE

Service provided by: Tigh-Na-Muirn Limited

Service provider number: SP2013012083

Care service number: CS2013317806

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

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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	6	Excellent
Quality of environment	6	Excellent
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

Tigh-Na-Muirn continues to enhance the environment to provide a very well maintained and pleasant place to live. The strong "customer focus" contributes to a high level of satisfaction among the people who use the service. The unique provision places emphasis on a high level of hospitality in tandem with supporting people with their health and social care needs.

### What the service could do better

The Provider must ensure that all staff are registered with the Scottish Social Services Council within the criteria set by them. It would be helpful for them to have a process whereby new employees are encouraged and supported to apply for registration at an early point in their employment.

## What the service has done since the last inspection

Since the last inspection the Provider had submitted an application to us to extend the service with the addition of four extra rooms. This had been completed to a very high standard to provide very comfortable bedrooms in the Garden Wing with direct access to the garden from each room.

## Conclusion

People living in Tigh-Na-Muirn continue to express a very high level of satisfaction with the service provided to them. We found the management and staff team worked well together and strived hard to be responsive to the individual needs of those living in the service.

# 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](http://www.careinspectorate.com)

This service was registered with the Care Inspectorate on 24 February 2014.

Tigh-Na-Muirn Ltd. is a very well established care home for older people in Monifieth. It is registered to provide 24 hour care and support for a maximum of 54 people in 51 rooms.

The accommodation comprises of the main unit and the garden wing, an extension completed in 2008. The home provides 24 hour care and support for people with a variety of care and support needs, in a pleasant, well maintained environment.

Choice, promoting independence and maintaining dignity are the main aims of the service. The focus is on the comfort and wellbeing of people living here. The involvement of people using the service, relatives and representatives is an integral part of planning and assessing care and support.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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

**Quality of care and support - Grade 6 - Excellent**

**Quality of environment - Grade 6 - Excellent**

**Quality of staffing - Grade 5 - Very Good**

**Quality of management and leadership - Grade 5 - Very Good**

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](http://www.careinspectorate.com) or by calling us on 0345 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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

### What we did during the inspection

This report was written following an unannounced inspection that took place on 1 February and 4 March 2016. Feedback was given to the manager at the end of the inspection. The inspection was undertaken by two Inspectors.

An inspection volunteer supported the inspection process on the first day of the inspection. An inspection volunteer is a member of the public who volunteers.

In this inspection evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents, including;

- evidence from the service's most recent self assessment
- personal plans of people who use the service
- training records
- health and safety records
- accident and incident records
- complaints records
- Public Liability Insurance Certificate
- Certificate of registration
- Schedule of staffing
- questionnaires that had been requested, filled in and returned to the care service from people who use the service, their relatives or advocates and staff members
- discussions with various people, including:
  - the management team
  - care staff
  - the people who use the service
  - relatives and carers of people who use the service

- observing how staff work
- examining equipment and the environment

Our Inspection Volunteer joined service users for a lunch and spoke to them both individually and informally.

We used SOFI2 (Short Observational Framework for Inspection) tool to help us see what people's experiences were. The SOFI2 tool allows us to spend time watching what is going on in a service and helps us to record how people spend their time and whether they have positive experiences. This included looking at the support that was given to them by the 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.firescotland.gov.uk](http://www.firescotland.gov.uk)

## 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.

As requested by us the service provided a fully completed self assessment detailing what they considered they done well in meeting each of the quality statements and some areas for further development. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

## Taking the views of people using the care service into account

We sent the service 18 questionnaires for distribution to people who use the service asking, "How satisfied are you with this care service?" Thirteen were returned. In addition our Inspection Volunteer spoke to five people individually and a number of people informally. Overall there was a very high level of satisfaction. Individual comments included:

"Excellent food and the portion is about right"

"There are concerts and activities; there has not been a concert for a while though"

"The food is first class."

"Activities are plentiful"

"There are activities, but my relative does not participate"

"The home is very clean and the linen is always very fresh"

"Cleanliness, very much so, I cannot fault it"

"Girls sit and chat, very much treated with dignity and respect"

### **Taking carers' views into account**

We sent the service 18 questionnaires for distribution to the representatives of people who use the service asking, "How satisfied are you with this care service?" Ten were returned. Our Inspection Volunteer also spoke individually to two visitors to the home; including one befriender. Overall there was a high level of satisfaction.

## 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: 6 - Excellent

#### 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

Examination of the evidence presented to us in respect of this quality statement assessed the service to be operating at an excellent level of performance. We made this decision after speaking with people, including service users, visitors and staff, and examination of written documentation including the services participation strategy.

The services participation strategy outlined their commitment to partnership working with relevant stakeholders including service users and their families. We found that they had a number of methods for involving people in service evaluation and development. This had positively influenced changes made in the service, for example the range of activities available. We saw that the service was dedicated to partnership working and had evaluated how well they had implemented the strategy. We felt that this was a good way to maintain and develop the impetus of partnership working.

The service has surveyed service users at planned intervals on specific aspects of the services operation. We saw that this information had been used to inform service development, for example the outcome of the catering survey had influenced menu planning. This helped provide a service tailored to meet the needs of those living in the care home.

Emphasis had been placed on developing and maintaining effective communication with relevant stakeholders. We found that the service had achieved this in a number of ways:

- We found there to be excellent on-going communication with relatives about how best to promote person centred care. We tracked e-mail communication with a relative about how best to meet the changing needs of a service user with advanced dementia in meeting their personal care needs. This confirmed that staff worked very closely with families to implement what was important to them.
- The service produced a regular newsletter. The editor of the newsletter was a service users representative. We saw that it contained "articles" initiated by service users as well as information about relevant events and developments in the home. There were also puzzles and light reading to engage in. Throughout the inspection we saw service users browsing the newsletter and engaging in the puzzles both independently and with the support of staff.
- people living in the care home were called "Guests". A Guest Committee had been formed and was chaired by a service user. The committee met monthly and provided a forum for discussion enabling people to have their say. Staff were in attendance and were able to participate in the discussion. We saw that service users often raised issues at the meetings that related to their care. For example one service user wanted to remind staff of the time they wished their curtains closed in the evening. We felt this allowed discussion around the finer details of care and support and contributed positively to the high level of satisfaction we found during the inspection.

The provider stated that "one to one interaction with guests is considered as important as group activities in maintaining general wellbeing." We found that activities were organised in a way that helped people maintain the lifestyle they had enjoyed prior to their time in the care home. A daily walking group took place, this was well attended and people we spoke to were very positive about this and the impact it had on their day. Other activities included a personal shopping service, where people were accompanied on shopping trips, weekly coffee mornings as well as organised "party" style events; we saw photographs of cocktail parties that had been hosted in the home. Events were said to be inclusive and we saw that service users, their friends and families as well as staff came together to enjoy the them. During the inspection we saw engagement in a range of activities. Staff held relaxed discussions in the lounges about what was reported in the daily newspaper, other service users were supported in their crafts, knitting, crochet etc. Service users told us ""There are lots of activities throughout the day." We found that some people had a very active social calendar. On one day of the inspection a number of people who had attended the walking group had also attended the weekly coffee morning, at the end of the morning we saw them relaxing in the bar with a pre-lunch drink. One service user told us ""I go swimming and to my tea dance." There were many friendships and acquaintances formed through the active social calendar.

Throughout the inspection we observed staff in their engagement with service users. It was clearly evident that the service was provided in a way that was very much service user led. We found that staff were informed about individual needs and preferences and supported people according to their preferences. We felt that the staff demonstrated excellent person centred care.

In summary, we found that participation and meaningful involvement was integral to everyday life. The excellent outcomes that we identified and the high level of satisfaction expressed to us were a measure of how well the service engaged people in their day-to-day life.

## Areas for improvement

Minutes of Guest Committee meetings were examined as part of the inspection and we followed up the actions taken on issues raised by those present. We found that all of the action points we looked at had been promptly addressed. However we found that there had been no further discussion or follow up at meetings on an on-going basis. We felt that an action plan or follow up discussions at meetings about previous action points would offer an additional opportunity to evaluate how satisfied people had been with the actions taken.

## Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

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

#### Service strengths

Examination of the evidence presented to us in respect of this quality statement assessed the service to be operating at an excellent level of performance. We made this decision after speaking with people including service users, visitors and staff, observations and examination of written documentation including personal plans and supporting documentation.

The service had its own nursing team employed in the service who worked very closely with the District Nursing Service and other Primary Healthcare Team members. This contributed positively to people having their healthcare needs met.

The service continued to implement an electronic system for assessing and planning care. This was well established and staff were familiar with its use. We examined a sample of records and found the system to be informative and easy to navigate. Health assessments that identified people who were at risk had been considered by the nurse employed in the service and a plan of care implemented if required. The nurse provided guidance and support to staff and evaluated the service users progress on a planned and regular basis. We thought that this was an excellent model for promoting well-being. We found that the electronic nature of the assessment and planning process had its limitations. For example there was little scope to add additional information in to the assessment process. This meant that the nurse had to included these in the overall assessment at the end of the process. The Provider had identified this themselves and were in the process of considering an updated version of the programme to accommodate this.

The nurse employed in the service considered the tissue viability needs of service users. Regular reviews of the assessments of those identified as being at risk of pressure ulceration was undertaken. The service had a range of pressure relieving equipment which was allocated and reviewed to people as part of the risk management strategy. We saw that the nurse provided support and guidance to staff when a service users risk rating changed. This meant that they had a direct communication, as well as written information in the personal plan, about the need to change their position or other strategies required to promote well-being.

An electronic medication management system was in operation and staff who administered medication had been trained to do, so and had been subject to a competency assessment. We were satisfied that medication was managed in a way that supported compliance with prescribed regimes. During the inspection we saw staff supporting service users to have their medications. We saw them explain what the medications were for and stay with people to ensure they had managed to swallow their medication. We examined the functionality of the electronic system used for medication management. We were impressed with the functions available to staff; an audit process enabled the persons administering to be aware of any discrepancies, for example if a previous dose of medication had not been given. This helped promote compliance with prescribed regimes and provided a summary of issues that could inform medication reviews.

The service undertook a dependency assessment of service users needs to help determine the compliment of care staff required to meet their needs. We saw that the service regularly worked in excess of what had been determined as being required. In addition to this the Provider had an activities team which provided a range of opportunities for people to join in with should they wish. Throughout the inspection we noted that there was a regular staff presence in the communal areas with relaxed engagement between both parties. It was clear to us that staff knew service users very well. We saw staff use person centred strategies for reassurance and distraction when engaging with people who were distressed or confused. We saw that the strategies used were effective in removing or diffusing the cause of their distress.

The Inspection Volunteer joined service users for lunch she said "I joined service users for lunch and with regards to food and presentation, this was in my opinion a positive dining experience, for both the residents and for me. The dining room is a very elegant room, much more like a dining room in a nice hotel. The table setting was lovely, with stemmed glasses for juice and proper tablecloths and napkins. The soup was lovely and hot, the chicken and leek pie was lovely and hot, as was the lovely vegetables, which were served silver service." Service users expressed a high level of satisfaction with the quality of the food served to them. We saw that people had been screened for under nutrition. Plans of action were in place for those identified as being at risk which included promoting high calorie snacks and drinks in addition to their meals. We saw that this was regularly monitored by the nursing team and where required appropriate referrals had been made to dietetics.

### Areas for improvement

Jugs of cold drinks were available to service users in each of the communal lounge areas. We saw staff getting people a drink if they requested one. However we felt that the jugs were large and would be potentially difficult for people to help themselves. We discussed this with the manager during feedback and she gave a commitment to consider alternatives.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 2: Quality of environment

Grade awarded for this theme: 6 - Excellent

### Statement 3

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

#### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at an excellent level of performance. We made this decision after making observations of the general environment including some service users bedrooms and the communal areas. We also looked at a sample of records including photographic evidence of how the facilities had been utilised.

The care home environment was bright, clean and in a good state of repair. We saw that décor and finishing's were to a high standard with attention being paid the co-ordination of the rooms to help create a very positive place to spend time. We felt that service users appeared comfortable and relaxed in their environment. The Provider had recently extended the service to provide additional bedrooms. We visited the new bedrooms and were pleased to see that they exceeded the minimum space standards and provided a very comfortable private room for service users.

Extensive, secluded gardens surrounded the care home. The care home consisted of the main Victorian building with an extended wing. All bedrooms in the extended part of the home had private access via French Doors into the garden. The gardens offered a number of opportunities for service users. Small animals including chickens and rabbits, were in a courtyard which were enjoyed by service users. A greenhouse also provided opportunities for people to engage in growing their own flowers and vegetables. This contributed positively to helping to create a meaningful lifestyle for those living in the service.

We noted there was no obvious signage identifying the property from the street view as a care home. The management team told us that this was a conscious decision as the lack of signage enabled the service to integrate with the other large Victorian houses that were in the locality and preserve peoples individuality and dignity.

The Inspection Volunteer said in her report "My personal observations were that the garden grounds were lovely. Very well kept, and enclosed." She told us "all the residents that I spoke to enjoyed the garden." Individual comments about the garden included:

"I sit out in the garden in good weather, and I can actually go out for a walk, I normally go out after lunch to get a breath of fresh air"

"I sit out in the garden in good weather"

"The garden is lovely I enjoy sitting out when it is good weather"

All bedrooms were single occupancy with en-suite facilities. Each room had a generous furniture package that included either a single or double bed, a flat screen television, a dedicated telephone line and an electric reclining chair and matching easy chair. This was in addition to ample storage for clothing and other personal items. This contributed positively to providing a very comfortable private space to each service user. Some people had brought in some furniture and furnishings from home. This helped personalise their room providing some familiarity and comfort.

A call system was available in private bedrooms and communal areas to enable service users to call for assistance should it be required. We saw this in operation and saw that staff responded promptly. This helped provide reassurance and support to service users.

The care had been upgraded and extended to provide purpose built accommodation. We saw that importance had been given in the design of the newer part of the building to maximise access to natural light. Natural light is known to be beneficial to enhancing peoples well-being. Accommodation provided a mixture of large and smaller spaces for people to spend their time. We found there to be a number of focal points and areas of interest in the sitting rooms, such as the fire place and outlook the gardens. We saw that events were organised in different areas of the home, this enabled service move around the environment and make use of the resources available to them.

Facilities in the home helped promoted a positive social environment. Pre-lunch and dinner drinks were served daily in the "bars". The Provider said in the care home brochure "We strive to give our guests a very high quality of life, and enrich them in both body and spirit" "before sitting down to meals, guests are offered a drink from either of our bars." Many service users had their own supplies held in the bar to enjoy on social occasions.

Two vehicles, one of which supported wheelchair access helped people access community facilities. A mini-bus was available for organised group activities, and a people carrier supported smaller more individual trips. We saw that access to community facilities was widely supported to maintain inclusion into the community.

### Areas for improvement

The Provider tried where possible to maintain carpets in most of the areas of the home. Regular carpet cleaning, including shampooing was undertaken to maintain them in a good, stain and odour free condition. We noted that some of the carpets in the garden room and upper floor had ripples in them. The management team told us that they had a contract with a local carpet company who were due in to attend to the carpets, some of which were to be replaced and others stretched. We had a discussion with the manager about the importance of reducing trip hazards. The manager confirmed that they were to be attended to imminently.

One of the bathrooms in the upper part of the home had no signage. We were told that most people chose to use their en-suite facilities, however we felt signage would help orientate people to facilities should they be required.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“The accommodation we provide ensures that the privacy of service users is respected.”

### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at an excellent level of performance. We made this decision after we spent time in the service and looked at the general environment including some service users bedrooms and the communal areas. We also observed staff practice.

All bedrooms were single occupancy with lockable doors and lockable storage as standard. Each service user had a private telephone line in their bedroom, this meant that they could keep in touch with friends, relatives and other relevant persons at their convenience. We noted that telephone equipment had extra large buttons to help make them easier to use for people with visual impairments or co-ordination difficulties. A number of service users spoken to told us that they regularly used their telephone to keep in touch with friends and family. The home had wi-fi access to accommodate internet access.

Adapted bathrooms provided facilities and equipment for people who required a high level of support. This offered space to support ease of access and facilities to help meet their personal care needs in a dignified way.

There were different areas within the home that could be used by service users in privacy to entertain friends and families. We saw that visitors were welcomed in to the home and included in some of the social opportunities that had been organised.

We found that personal documentation such as care plans and monitoring charts were stored securely in a staff only area. We also saw that telephone calls and discussions with visiting professionals were made in private. This helped maintain confidentiality.

A system was in place for the distribution of private mail. We saw staff deliver unopened mail to service users rooms, offering support to open and read the content if required. During our observations we saw that staff knocked on bedroom doors, giving people time to consider whether or not they permitted entry. We felt the way in which permission was sought to enter rooms reflected the general relationship between service users and staff. It was clear through our observations that the service was very much customer led and that staff sought permission from service users in most of what they did.

Service users appeared well groomed with attention paid to the finer detail of their appearance in particular with the ladies who wore make up and jewellery to help them feel good about themselves. We noted that the laundry facilities in the home had been ungraded since the last inspection. The service said in its brochure that they "also provide a dry cleaning service." This helped keep peoples clothes in good order. Following the upgrading of facilities the service had undertaken a survey with service users to help identify if they were satisfied with how well their clothes were looked after. This confirmed that people a high level of satisfaction. This is an important feature in helping people feel good about themselves and maintaining their identity and dignity.

During the inspection we saw that service users had been supported to exercise their voting rights in political elections.

### Areas for improvement

The Provider told us in the self assessment "We continually endeavour to ensure that the service users personal possessions remain with them at all times, but this can prove difficult at times due to the level of need and requirement for safety. The guest service manager is on hand and is available to discuss with service users and their advocates, representatives or families of any issues mentioned above, providing that personal touch immediately." We will continue to monitor the services approach to customer care throughout our on-going regulatory activity.

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

### Statement 3

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

### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a good level of performance. We made this decision after speaking with management and staff, observation of practice and examination of written documentation including personnel files.

Staff spoken to during the inspection were very motivated and positive about their role in the care service. They told us that they felt supported by the management team and they spoke positively about their colleagues, one staff member told us that they found the management team to be "enabling". Overall we found morale among the team to be positive.

The Inspection Volunteer told us in her report that "My personal opinion was that I found the majority of staff to be very friendly and helpful." "As far as I could see, service users were treated with dignity and respect and by the smiles on the faces of the members of staff at times, they also seemed to enjoy engaging with the residents. "

Systems were in place to promote the personal and professional development of the team. We saw that staff received regular supervision and appraisal. This provided opportunities for staff to appraise their performance alongside their supervisor. We saw that opportunities for further development and support had been considered and planned for.

A training plan was in place to support staff development. A record of all training undertaken had been maintained. This was monitored by management to ensure that staff had met all mandatory obligations and other opportunities to support their development.

The service was aware of the requirement for all care staff to be registered with a professional body and staff were either registered or being supported to register within the allocated timescales. This contributed positively to a professional and trained workforce.

We looked at a sample of staff personnel files and examined the services recruitment practice. We saw that the service had undertaken an audit of all staff files, this had been as a direct result of a requirement made by us through our on-going regulatory activity. The audit measured current practice against the services recruitment procedures and identified a plan of action for any deficits found. We were satisfied that the recruitment procedures reflected safe practice and included two satisfactory references as well as checks through the Protection of Vulnerable Groups (PVG) Scheme. We looked at files of staff recruited since the requirement had been made. We were satisfied that current practice reflected best practice.

All new employees were allocated a mentor to work alongside to help them become orientated to their new role and the operations of the service. The mentor worked with the new employee to progress a formal process of induction. We were pleased to see that the induction was undertaken at the pace that was required by the new staff member to enable them to feel confident and supported in their role.

## Areas for improvement

The management team maintained a register of staff who were registered or in the process of registering with the Scottish Social Services Council. We saw that all eligible staff, with the exception of one, were either registered or in the process of registering within the allocated timescales. The management team told us that they had regularly spoken with the staff member about the need to progress their registration. However we saw no evidence of formal support or counselling to help ensure that the staff member was aware of the implications of being unregistered and being helped to progress their application. We discussed this with the management team on the first day of the inspection who took immediate action and confirmed with us by the end of the inspection that the staff members application had been completed and submitted to the Scottish Social Services Council for consideration (see quality theme 3, statement 3, requirement 1)

The service had a nurse registered with the Nursing and Midwifery Council employed in the service. This position was in addition of the requirement of the staffing schedule. The policies and procedures that the nurse used to inform practice were those of the local NHS Trust. We examined these and found that they were not always relevant to the role and practice undertaken in the care home setting and were not always recent and up to date (see quality theme 3, statement 3, recommendation 1)

## Grade

4 - Good

## Requirements

### Number of requirements - 1

1. The care service provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, or who are newly recruited and are capable of achieving such registration within 6 months of commencing in post, may carry out work in the care service in a post for which such registration is required **(The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 regulation 9(2)(c) which refers to the provisions of regulations 6(2)(a) and 7(2)(d) whereby any person, who in order to perform the duties for which the person is employed in the care service, is required by any enactment to be registered with any person or body and is not so registered; also regulation 15 - Staffing, and regulation 19 Offences, in particular regulation 19(1) which makes it an offence to contravene or fail to comply with regulation 9(1)[ together with and the Regulation of Care (Fitness of Employees in relation to Care Services) SSI 2009/118 (Scotland) (No 2) Regulations 2009 as amended by SSI 2009/439 and 2010/443**

Timescale for implementation: One week from receipt of this report.

## Recommendations

### Number of recommendations - 1

1. Policies and procedures for clinical practice should be reviewed to ensure they are up to date, accurate and provide appropriate operational guidance in line with best practice.

**National care Standards for care Homes for Older people: Standard 14 - Keeping well - healthcare.**

## Statement 4

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

### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at an excellent level of performance. We made this decision after observation of practice, discussions with service users and staff.

We found that positive relationships had been developed between service users and the staff team. There was a relaxed and friendly atmosphere in the home and we were impressed with how natural the engagement appeared between service users and staff. For example we saw staff and service users reading and discussing the newspaper headlines. Both parties appeared interested and shared their views on some of the topics. We also saw staff support people with their knitting, again both parties appeared knowledgeable and interested in what they were doing. This demonstrated to us that they recognised the importance of meaningful engagement.

Throughout the inspection we saw staff support people in a person-centred way. We felt there was a strong emphasis on the care home promoting a customer led service. Staff were knowledgeable about the individual care needs of service users and checked with them throughout their engagement if they could do anything else to meet their needs. We saw staff giving people time to consider replies in communication and reassurance during support. We felt this showed a high level of respect for the people being supported.

Staff presented as confident and professional offering a positive role model for new and more junior employees. Those spoken to were knowledgeable about the Scottish Social Services Council Code of Practice and we saw examples of how this had been reflected upon and considered throughout staff practice and evaluations. We felt that this helped maintain and promote the high level of professionalism shown.

We saw a very good example where staff intervention was required to diffuse a potentially volatile situation. Staff intervened quickly to diffuse and redirect the situation with good effect. We felt this was done with minimal fuss and the staff member remained with the service user to offer reassurance and support in an activity that they were content with.

Staff described a very supportive and involved management style. They described the senior team as "being on our level" and they told us that they felt "heard" when they expressed their views. It was clear that the management team had a visible presence in the care home and worked in a collaborative way with the team. Overall we felt that there was a very supportive culture across the staff team.

### Areas for improvement

The service should continue to build on excellent practice that we found during this inspection.

They told us in the self assessment that they are "constantly researching our standards and the delivery of an excellent service to our service users and the staff team."

### Grade

6 - Excellent

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 4: Quality of management and leadership

Grade awarded for this theme: 5 - Very Good

### Statement 2

“We involve our workforce in determining the direction and future objectives of the service.”

#### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We made this decision after speaking with staff and looking at written documentation including minutes of staff meetings and the services staff participation strategy.

A staff participation strategy was in place outlining the services commitment to staff consultation in making decisions about the service. We saw that regular team meetings took place and a minute of the meeting maintained. This enabled staff who had not been in attendance to have an understanding of the discussions that took place and any decisions made. We saw that issues raised by staff had influenced changes. A new shift pattern had been implemented, this had been as a direct result of staff suggestions and consultation. A staff survey had been undertaken since the last inspection. This identified that there were some areas where staff felt there could be improvements. The management team were in the process of setting up a Staff Council to look at the issues raised. Staff told us that they were happy with this and felt confident that the issues raised in the survey would be addressed. They told us that a Council had previously been set up to consider the facilities available to staff for their breaks. We saw that additional equipment had been purchased for the staff room as a direct result of this. We felt this was a very good way of maintaining a short lived focused group to address key issues.

The service offered regular supervision to staff, where discussion took place about their performance, training and service delivery. We also saw that supervisions outwith the planned frequency had been offered to support staff in specific aspects of their work. Staff spoken to told us that supervision was a two way process where both they and their supervisor had the opportunity to comment on their performance. Staff confirmed that they felt listened to by the management team and where they had identified training needs or the need for support and direction, management acted on this and a plan of support was agreed and implemented.

The Provider was in the home on a regular basis. It was clear that staff and service users knew him and had the opportunity to speak with him during his visits. The Inspection Volunteer told us that some people had known him by name. The manager told us that she worked very closely with the Provider to discuss service development and improvement.

Staff told us that they felt supported in their role and were encouraged and supported to undertake training. We saw that there was a programme to support staff to obtain vocational qualifications. This helped them meet the requirements of the Scottish Social Services Council.

The Inspection Volunteer told us that there had been a very high level of satisfaction among the service users with whom she had spoken to. We felt that this reflected a well managed service. Individual comments included:

"There is nothing that I dislike about the home and there is no need for any improvement"

"There is nothing to complain about, I am contented, too contented"

"I have no complaints and I am not aware of any improvements required"

"I would open up and tell you if I had any complaints"

"The home is marvellous; I am looked after very well"

## Areas for improvement

The management team were able to discuss with us their plans for development but this had not been formulated in to a plan that could be shared with others. We would encourage the implementation of a development plan to help communicate and share the services key areas for development with relevant stakeholders.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

### Statement 3

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

#### Service strengths

Examination of the evidence presented in respect of this quality statement assessed the service to be operating at a very good level of performance. We made this decision after carrying out observations of staff practice, speaking with people including staff and service users and looking at written documentation including minutes of staff meetings.

The care home has a well established staff team, this was evidenced through the low staff turnover that we found at inspection. We found staff worked well together and appeared confident in carrying out their roles. We saw senior staff offer direction and support to team members to promote a well co-ordinated team. Staff spoken to told us that they felt that there was a "great team" and that it was good from "the head down". We felt this reflected the positive team spirit we found during the inspection.

Staff spoken to were clear about their lines of reporting and we saw that an operational flow chart was in place to remind staff of this. We felt this encouraged effective communication which we identified as a key strength during the inspection.

Management and staff meetings took place on a planned and regular basis. This provided a platform for staff to have their say about the operations of the service. We examined a sample of minutes of the meetings. This evidenced that key staff had been identified to take action on the points raised. This helped raise accountability among the team and helped progress development.

The management team were familiar with the Promoting Excellence Framework (Scottish Government, 2011) and had considered the implications for the service for promoting good dementia care. We saw that in line with best practice a staff member had been identified and was being supported to become a Dementia Ambassador. The named individual had formed positive links with the local Dementia Liason team to enhance her role and promote positive outcomes for service users.

## Areas for improvement

We signposted the management team to the Step Into Leadership resource available from the Scottish Social Services Council. We felt this could be helpful to staff to facilitate them to further enhance the use of their leadership skills.

We were impressed to see the services commitment to the development of a Dementia Ambassador. We felt the service could benefit from Champions or leads in other key aspects of service delivery in line with best practice guidance, for example oral care (Caring for smiles, NHS Education Scotland, 2013)

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

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

### Previous requirements

1. 1. The provider must demonstrate safer staff recruitment, selection and induction procedures to safeguard people who use the service and meet legal requirements. In order to do this you must:

- \* Ensure that employment references and PVG records are obtained prior to the commencement of employment.

- \* Ensure that, in exceptional circumstances, a clear and detailed risk assessment is in place where a PVG is delayed.

- \* Ensure that all staff are aware of the responsibilities and restrictions required.

- \* Ensure that the policy includes guidance in relation to all safer recruitment practice.

- \* Ensure newly employed staff receive adequate training in accordance with the work they are to perform.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 6(1), regulation 7(1), regulation 9(1) and regulation 9(2)(a) - requirement about fitness of provider, manager and employees.

**This requirement was made on 07 January 2016**

The Management team have undertaken an audit of all personnel files of staff employed in the service to ascertain if there are any deficits in their recruitment process. we examined a sample of newly recruited employees, this confirmed that safer recruitment practice had been implemented in line with the Providers recruitment policy.

**Met - Within Timescales**

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

### Previous recommendations

There are no outstanding recommendations.

## 6 Complaints

One complaint has been upheld since the last inspection. Information on complaints can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

## 7 Enforcements

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

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
6 Mar 2015	Unannounced	Care and support	6 - Excellent
		Environment	6 - Excellent

		Staffing Management and Leadership	5 - Very Good 6 - Excellent
5 Dec 2014	Unannounced	Care and support Environment Staffing Management and Leadership	6 - Excellent 6 - Excellent 5 - Very Good 6 - Excellent

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