

Care service inspection report

Ardnahein Care

Care Home Service Adults

10 Glenmorag Avenue
West Bay
Dunoon
PA23 7LG

Type of inspection: Unannounced

Inspection completed on: 27 April 2015



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Service provided by:

Ardnahein Care Ltd

Service provider number:

SP2014012301

Care service number:

CS2014325883

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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	4	Good
Quality of Environment	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

There is a strong commitment to meaningful involvement and residents and their families have developed positive relationships with staff. We found that there are very good levels of satisfaction with the quality of the overall service.

A high priority is given to making sure residents feel safe, listened to and well supported in a way that meets their needs in accordance with their individual choices and preferences.

Healthcare is well managed and the staff team are trained and motivated.

The environment is very homely and welcoming.

What the service could do better

We made ten recommendations at this inspection that would further improve meaningful involvement, the quality of residents' personal plans, medication management, mental health records, activities, environmental audits, the management of residents' clothing, staff recruitment/induction, staff training and quality assurance as detailed under quality statements 1.1, 1.3, 2.3, 3.2, 3.3 and 4.4.

The additional 'areas for improvement' identified should also be addressed as they will help to make changes that will promote positive outcomes for the people using the service.

The refurbishment programme is on-going and this should further enhance the quality of the environment for residents and staff.

What the service has done since the last inspection

This is the first inspection of this service under the new provider.

Conclusion

The management and staff team at Ardnahein provide a homely, relaxed and personalised service where the needs, choices and preferences of individual residents are well managed and the meaningful involvement of residents and their families is welcomed and valued. There is a clear commitment to continued improvement which would be strengthened by addressing the recommendations and areas for improvement set out in this report.

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 registered with the Care Inspectorate in December 2014.

Ardnahein Care is a care home registered for 30 older people who may have dementia and/or physical disabilities. The provider is Ardnahein Care Ltd. There were 13 residents using the service during our inspection.

The service is provided from a large, three storey detached villa located in a residential area close to Dunoon town centre with good access to local amenities including shops, bus routes and ferry links.

Single room accommodation and facilities can be provided over three floors. At the time of the inspection the ground floor bedrooms were not being used as refurbishment was planned. Seven of the bedrooms currently in use have en-suite facilities (toilet and washbasin) with all others having a wash basin. There are a number of lounges, dining rooms and adapted bathrooms available to residents.

The stated aims of the service are:

- to provide the highest standard of quality of care and support.
- to treat all service users as individuals and to provide person centred care supportive of their individual needs in consultation with the individual and their appropriate family/carers.
- to support service users to maintain their independence physically, mentally, socially and spiritually and their privacy and dignity by respecting their wishes, needs, individuality and routines and supporting them in maintaining these in accordance with their wishes within the context of their health and care needs and involvement of family, carers, and professionals.
- to be alert to service users' health and welfare needs through observation, listening and collation of information from the service user, family, friends and supporting professionals and for these to be reflected and supported in the service user's personal care plan.
- to provide a dedicated, trained, supportive and motivated staff team and to provide strong, professional management and oversight which seeks, collates and drives forward development of provision on the basis of participation by all service users.

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 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 4 - Good

Quality of Environment - Grade 4 - Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - 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 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

We wrote this report following an unannounced inspection. This was carried out by one Inspector on 23 and 27 April 2015. An Inspection Volunteer accompanied the Inspector on 23 April. We gave feedback about our findings to the provider and the manager at the end of the second day.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent 10 care standards questionnaires to the manager to distribute to residents and seven were returned. We also sent 20 care standards questionnaires to the manager to distribute to relatives and carers. Relatives returned eight completed questionnaire before the inspection.

We also asked the manager to give out 15 questionnaires to staff and we received five completed questionnaires.

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

We spoke to:

- three residents
- two visiting relatives
- one care worker
- two senior care workers
- a member of housekeeping staff
- a kitchen assistant
- the manager
- the provider
- the client development manager for the new meal provision

The Inspection Volunteer also spoke to eight residents and one visiting relative.

We looked at:

- the way staff worked with residents
- 15 questionnaires filled in by residents (7) and relatives (8)
- evidence from the service's most recent self assessment where the manager set out the strengths and areas for improvement
- participation records including the proposed strategy, the newsletter, satisfaction surveys and personal plans
- the key-working policy
- residents' needs assessments, care plans, risk assessments, daily notes and other associated records
- residents' healthcare records and case tracking for specific healthcare needs
- professional visitors records including community healthcare input
- six monthly care reviews
- medication management including storage and record keeping
- accident and incident records
- records of recreational activities
- menus
- food temperature records
- five questionnaires filled in by staff
- staff training and development records including SVQ training and registration with the Scottish Social Services Council (SSSC)
- staffing rotas and dependency assessments
- recruitment and induction policies
- recruitment and induction records
- quality assurance records including audits and action plans
- the complaint policy and log
- inspection of the environment, resources and equipment (for example, is the service clean, is it set out well and is it easy to access by people who use wheelchairs?)
- the refurbishment programme
- the registration certificate
- the insurance certificate
- the staffing schedule

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe staff interactions with a group of residents in the dining room over a half hour period.

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

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: No

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.

The Care Inspectorate received a completed self-assessment document from the manager. We were satisfied with the way this had been completed and with the relevant information they had given us for each of the headings we grade them under.

The manager identified what they thought they did well, some areas for development and any changes they had planned. The self-assessment was detailed and reflected the way that residents and their families had been involved in assessing and developing the service.

Taking the views of people using the care service into account

For this inspection, we received views from three of the 13 residents who were spoken with individually. The residents we spoke to told us they were very happy with the quality of the overall service. The Inspection Volunteer also spoke to eight residents.

Seven residents had also completed the care standards questionnaires. The responses about the quality of the care and support, the environment, staffing and management were positive and no issues were raised. When asked in the Care Standards questionnaires whether they were happy overall with the quality of care they received in Ardnahein:

- four respondents strongly agreed
- three respondents agreed

We have included some of the comments from residents and references to our questionnaires under the relevant quality statements throughout this report.

Taking carers' views into account

Carers in this context include parents, guardians, relatives, friends and advocates. They do not include staff or other professionals.

Eight relatives returned completed care standards questionnaires. We had the opportunity to speak with two relatives during our inspection. The Inspection Volunteer also spoke to a visiting relative.

The feedback in the care standards questionnaires was very positive. When asked whether they were happy overall with the quality of care their relative received in Ardnahein:

- five respondents strongly agreed they were
- three respondents agreed they were

Some of the comments from relatives and references to our questionnaires are included under the relevant quality statements throughout this report.

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: 4 - Good

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 found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records and reviewed the questionnaires we received. Staff recognised that residents and their families had a right to be involved in assessing and improving the quality of the service provided to them, including the quality of care and support and we saw how staff welcomed and valued their input.

We found that staff had developed good relationships with residents and their families. This helped to promote and support meaningful involvement. The people we spoke to told us that they felt comfortable going to staff to discuss any issues or concerns as they were approachable and responsive. The residents and relatives we spoke to were very happy with the care and support provided by staff and the way they had been involved in discussing and agreeing this. Some of the comments we received included:

"As my relative has advanced dementia, it is difficult for her to make her views known verbally but staff know her very well, her likes and dislikes and take these into account in managing her day to day care."

"Communication is very good - they keep us fully informed."

"Staff are keen to make sure that the person (relative) was before coming in isn't lost."

"I would say they do listen to me - I can have my own routine."

"Everything is just the way I like it."

"We have been asked for our views and it feels genuine."

"If I wasn't happy with something I could tell them without being worried about it."

"As a family, we do feel very involved - it's very welcoming."

The participation strategy was in the process of being reviewed and developed. This was to strengthen the methods that had been working well, to review those that had not and to explore choices and preferences relating to meaningful involvement with residents and their families. We saw that a good range of options were being considered and it was good to see that the people using the service were being consulted about what they wanted. It is important to do this as the population in the care home changes to make sure that the preferences of new residents and their families are considered.

We found that there had been good 1-1 consultation with residents and their families about the care and support to be provided. The personal plans we looked at contained a level of detail that showed staff knew individual residents well. Information on personal routines and things that were important to each resident had been included and the document 'This is me' reflected personal choices. We also saw evidence of residents being involved in agreeing care planning to meet support needs.

We saw that residents, their families and other relevant parties (like social workers) had been involved in giving their views about the care and support provided during the six monthly review meetings. This was an opportunity for staff to come together with residents and/or their representatives on a more formal basis to agree whether the personal plan continued to meet each individual's needs, choices and preferences in a way they were happy with. The way that six month reviews were managed had recently been changed and the quality assurance strategy included monitoring these meetings to make sure they took place within the required timescale.

Residents had been supported to access advocacy input where they needed independent support and advice which was good to see.

A comprehensive policy on the role of key-workers had been developed. This detailed what key-workers were responsible for including the delivery of person centred care, linking with relatives and maintaining personal plans. This was good to see as residents and their families can often be unsure about the role of the key-worker and what they can expect from them.

We looked at some of the surveys that had been carried out for residents and their families. This included a questionnaire for new residents about the admission process.

It was positive to see that the surveys covered aspects of the service that people tell us are most important to them. We saw that feedback had been very positive with comments like:

"Changes incredible."

"Very homely."

"Felt well supported."

"Very good - warm and friendly."

A newsletter had been developed to keep people informed about what was happening in the home in terms of events, plans and developments. We saw that activities, environmental improvements, the new menu arrangements and staff training had been included. It was thought that this would probably be issued every three months. Newsletters are a good way of providing a wide range of information about topics that include getting involved, the home environment, staff news and plans for future development, especially where people do not visit the home on a regular basis.

Consideration was being given to using the 'you said - we did' approach which can be included in the newsletter to let people know what has been done in response to their feedback to further develop and improve the service being provided. This is an outcome based approach that tends to work well.

We saw that the complaint procedure and other useful information was on display in the hallway where people could see it. There had not been any recent complaints.

Areas for improvement

Whilst establishing the changes taking place to further improve the approach to evidencing meaningful involvement, consideration should be given to the residents who cannot complete questionnaires or participate in group meetings, either through choice or because of their support needs. This is important as it enables as many residents as possible to express their views about the quality of the service and become involved in a way that suits them, often on a 1-1 basis.

The key-worker role still had to be fully established. This included having information and photographs of staff in residents' rooms as a reminder of who key-workers are and what they do. This should be progressed as, where this system works well, it can benefit residents and their families.

The option to date and sign satisfaction surveys should be added to the format. This can help to address specific issues on a 1-1 basis. The overall satisfaction levels in the surveys issued should also include a 'not satisfied' option alongside the positive responses available. Where surveys are completed by staff on behalf of residents, this should be indicated.

Consideration could be given to completing satisfaction surveys alongside the six monthly review meetings as this can help to increase the level of feedback received.

As the newsletter becomes established, varying topics like on-going plans for the environment, staff registration with the SSSC and the way the quality assurance system is used to maintain and improve standards should be included. Continuing to cover a wide range of topics helps to keep people well informed about the way the home is being managed.

A revised information brochure was being developed to inform people about the scope of the service provided.

We made a recommendation about the way the meaningful involvement of residents and their families is supported and promoted taking account of the areas for improvement identified - see recommendation 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The way that the meaningful involvement of residents and their families in assessing and improving the quality of the service provided to them is supported and promoted should be fully established.

National Care Standards - Care Homes for Older People.

Statement 3

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

Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; observed staff at work, looked at the relevant records and reviewed the questionnaires we received. Staff were experienced in the care of older people and had undertaken training that supported them in their individual roles. We found that staff knew individual residents well, had a good awareness of their health and wellbeing needs and had acted properly to meet the needs identified.

The residents and relatives we spoke to told us they had confidence in staff and felt that health and wellbeing needs had been well managed. As detailed under Quality Theme 1 - Statement 1, staff had developed good relationships with residents and we observed them interacting with residents in a warm, appropriate and caring manner throughout the inspection. Some of the comments we received included:

"Our relative is well looked after."

"Staff are sensitive to managing (relative's) care, getting up, toileting, having a bath, etc."

"The menu is varied and there is choice."

"The food's lovely - very nice."

"I'm well looked after."

"I get everything I need - I'm very content."

"(Relative) likes it here - it's good to see him so happy and settled."

"I would say that things are going from strength to strength - I'm reassured that (relative) is safe and well."

The training provided to staff helped to inform and support them to meet residents' health and wellbeing needs as detailed under Quality Theme 3 - Statement 3 in this report.

We saw that staff had assessed residents' care and support needs well. Suitable risk assessments had been used where this was appropriate to help identify and reduce key risks in relation to areas that included moving and assisting, nutrition, falls, skin care, oral health and general dependency levels. We saw that care plans had been developed in response to the risks identified.

We looked at the support being provided to individual residents with more complex healthcare needs around nutrition, continence care and mental health. We also looked at the personal plan for a resident who had not been in the home long to see how well their needs had been assessed. We spoke with staff and looked at the associated records and concluded that residents' needs had been well managed. We saw that residents' abilities and the promotion of independence had been reflected. The personal planning format had been reviewed and developed and, although the information recorded in the records we looked at was good overall, we saw that personal plans needed to improve to more fully reflect residents health and wellbeing needs and the way these were being met as detailed under 'areas for improvement' below.

Staff had good links with the local community healthcare network. We saw that staff had contacted the relevant professionals where a need for this had been identified and this had resulted in positive benefits for residents like good pain management and weight maintenance. Staff had also supported residents to attend appointments and access health screening services like dentists, opticians and podiatrists either in house or in the community. This helps to promote good health by identifying issues and offering treatment at an early stage.

We looked at the way that medication had been managed and concluded that this had been good overall in relation to ordering, storage, administration and recording. The service had gone back to using original packaging for medicines which is seen as good practice. However, we did identify areas where this needed to improve as detailed below.

A new menu system had just been introduced at the time of the inspection with a view to reviewing this with residents after a month to see what their preferences were. We saw that there was a very good range of choices backed up by detailed nutritional values. The management of food fortification for residents needing more calories and textured diets that resembled normal food was also very good. Snacks and drinks were available out-with main mealtimes as were fresh fruit and regular home baking. Residents told us they were enjoying the food. We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe staff interactions with a group of residents in one of the dining

areas over a half hour period. We saw that mealtimes were a relaxed and positive experience for residents and staff provided good levels of support and encouragement where this was needed.

We found that standards of cleanliness were good, there was a pleasant, relaxed atmosphere and noise levels were low. Residents told us that they liked the homely environment and said that this contributed to their sense of wellbeing living in the home.

We saw that the provision of meaningful activities that residents could enjoy and benefit from was seen as important. The need to adapt the programme to meet the abilities, support needs and preferences of each individual resident had been recognised. Some good quality, varied activities had taken place, including activities that promoted physical, mental and spiritual health and well-being. It was also good to see that residents continued to be involved in events and activities in the local community. However, people had varying views about the activities on offer as detailed under 'areas for improvement' below.

The manager had an overview of accidents and incidents each month to monitor the quality of record keeping and to identify any trends or patterns. This helped to make sure that the necessary action had been taken to minimise the risk of recurrence.

Registration conditions relating to staff training, laundry facilities, the provision of a sluice room and proper falls management had been met. The provider should subsequently apply for a variation to remove these conditions from the registration certificate.

Inspection Volunteer report

On the whole, residents and the relative I spoke to were happy with the care and support received. Resident's comments were:

"It's very good in here."

"It's good in here. You get used to it."

"I get looked after well."

"They do the best they can."

Relative's comments included:

"I think the care is good. (Other family member) is involved in the care plans."

I joined some residents for lunch in the main dining room. A new system had commenced the previous day where the meals were delivered to the home frozen and kitchen staff had to cook the meals in a special trolley. Residents appeared to enjoy their meal. Comments were:

"I enjoyed my lunch yesterday."

"The food is good."

"Food is alright."

"Food is very good."

"Food is okay."

"They just started serving the new food yesterday. I will have to see what it is like."

Relative's comments were:

"My relative enjoys their food."

Unfortunately, I did not see any activities taking place during my visit. However, resident's comments were:

"I sometimes paint or draw."

"We have been to a concert across in the hotel opposite."

"I like watching TV in my room."

"They do exercise here which is good."

"I like out if I can go."

"I like playing bowls."

"I just sit and enjoy myself."

"I like going out for a walk."

"I like the exercises."

"I like going out when staff take me."

"I like my knitting."

"They have exercises on a Wednesday and sometimes they bring the fiddle club in."

Areas for improvement

Although we saw that there was good information within the personal plans we looked at, we identified a number of areas where these records should be improved to more fully reflect residents' needs, choices and preferences and how these are met by staff. These were:

- staff need to develop care plans in response to all identified needs. For example, the skin care risk assessment had indicated that a resident was in the 'high risk' category but a care plan had not been written as the resident was mobile, in quite good health and was not considered to be at risk from pressure ulcers. Another resident did not have care plans for continence management or eating and drinking. Although we were satisfied that staff had dealt with these needs properly, this needs to be fully reflected within the personal plan.
- the minutes from the previous meeting should be reviewed as part of the six monthly review process to reflect on how plans and agreements have been taken forward. This had not happened in the records we looked at which meant we could not see what had been done following the review without confirming this with staff.
- the management team should ensure that the information written in anticipatory care plans (for end of life care) and DNACPR orders is consistent as one of the records we looked at was contradictory. These records should be reviewed regularly in line with good practice so that all staff are clear about the decisions that have been made.
- staff should ensure that the language used is always respectful as some of the records we read contained a couple of inappropriate entries.
- staff should ensure that all records are legible as some were hard to read.

We recognised that personal plan audits had recently been introduced. Staff development and regular audits to monitor the quality of residents' personal plans should be used to ensure that needs assessments, risk assessment, care planning and all other associated records are of a high standard. We made a recommendation about this - see recommendation 1.

Although medication management was satisfactory overall, we did identify several areas where practice should be reviewed and improved including:

- having a clear policy on what to do when residents refuse their prescribed medication and acting on this.
- reviewing regular medicines that are being refused and others that are 'as required' but taken regularly with the GP.
- ensuring that hand written instructions on the administration sheet follow best practice.
- ensuring that all medicines are signed for properly.

We discussed these with the management team and made a recommendation to inform and support the necessary improvements - see recommendation 2.

Where Power of Attorney arrangements, AWI (Adults with Incapacity) certificates and/or DNACPR orders are in place, this should be clearly reflected in residents' personal plans and evidence of the relevant records should be kept. Staff should be provided with training/development about these topics to inform and support good practice. We made a recommendation about this - see recommendation 3.

A relative commented:

"It would be better if there was a wider range of activities."

Residents commented to the Inspection Volunteer were:

"I don't think they have any activities."

"I sit here."

"They don't have any activities."

"There are no activities in here."

"I very seldom go out."

The manager was aware of the need to further develop the activities programme. An activities schedule should be developed as it supports planning, informs residents and provides evidence of what has taken place. We made a recommendation about this - see recommendation 4.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. Personal plans should fully and accurately detail residents' needs, choices and preferences and how these are met by staff.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

2. Medication management should be reviewed and improved in line with good practice and staff should be updated to implement and maintain the necessary improvements.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 15: Keeping well - medication.

3. The management team should develop and maintain an overview of the Power of Attorney arrangements, AWI (Adults with Incapacity) certificates and/or DNACPR orders that are in place and staff should be aware of this.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements; Standard 14 - Keeping well - healthcare.

4. A programme or planner should be developed to inform the way that activities are planned and delivered.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

Statement 1

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

Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records and inspected the environment.

The bedrooms we looked at were seen to be homely and personalised with residents' own belongings.

We saw that information had been shared about changes to the environment like the upgrade to the outside areas and plans for the on-going refurbishment.

It was intended that residents and their families would continue to be involved in decisions about the home environment as the refurbishment programme continued to progress and that evidence of this would be kept.

Participation was considered under Quality Theme 1 - Statement 1. For shared strengths around participation see Quality Theme 1 - Statement 1.

Areas for improvement

Participation was considered under Quality Theme 1 - Statement 1. For shared areas for improvement around participation see Quality Theme 1 - Statement 1.

Grade awarded for this statement: 4 - Good

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 found this service had performed to a good standard in the areas covered by this statement. We concluded this after we looked at the relevant records, spoke to residents, relatives and staff, reviewed the questionnaires we received and inspected equipment, resources and the environment. The residents and relatives we spoke to said that they were happy with the quality of the environment. They felt that the home was safe, clean, comfortable and homely. Some of the comments we received included:

"I like living here - it's a home from home."

"It's lovely - nice and clean and homely."

"It's very homely."

"We liked it straight away - it has a lovely feel about it."

"I do feel safe here - the staff are around if I need them."

"We went to look at other homes in the area but as soon as we came into this one we felt it was right for (relative) and for us."

"It doesn't feel like a care home - it's like visiting (relative) at home."

The use of various rooms in the home had recently been reviewed with positive benefits for residents and this work was on-going. This included the development of a spacious dining area on the ground floor. Everyone we spoke to was positive about these changes.

There were suitable arrangements in place to keep the home secure and safe from intruders. The front door was controlled via a key pad which meant nobody could enter the home without staff knowing who they were. Visitors were required to sign in. This also protected residents who could be placed at risk if they left the home on their own without the proper support.

During our inspection of the overall environment, we saw that the home was well maintained, homely and welcoming. There was a good atmosphere, it was comfortably warm and noise levels were low. Bedrooms had been personalised and standards of cleanliness were good throughout the home. Cleaning schedules were in

the process of being further developed to inform and evidence the arrangements in place to maintain high standards.

All bedrooms were single and this promoted privacy for residents. The bedrooms we inspected had a working call system in place so that residents could summon help when they wanted. We saw that staff were visible at all times during the inspection and observed residents receiving assistance when they needed it. There were also a number of comfortable sitting and dining areas - most of which had scenic views. Residents told us that they appreciated this.

Information about residents had been stored properly to maintain privacy and confidentiality.

The outside of the home had been refreshed with new paving, seating and a lawn area for playing games. People were very positive about these improvements. There were also plans to develop the side garden with good wheelchair access and sensory raised beds. This would offer additional outdoor space that residents can use.

The service is delivered from an older property which has some limitations in terms of size, layout and facilities. However, a refurbishment programme was on-going and the plans we were shown demonstrated a significant commitment to the continued improvement of the overall environment for residents. Residents told the Inspection Volunteer:

"I have a nice bedroom but it's very small and has no bathroom in it."

"My bedroom is too small. I'm waiting on a new one being refurbished."

There was up to date insurance in place and the environmental health department had issued a PASS certificate for compliance with food safety standards including the monitoring of food temperatures.

Inspection Volunteer report

The home appeared to be clean and had no unpleasant odours.

The gardens at the front had recently been upgraded and one of the lawns was now able to facilitate lawn bowls. This also enabled residents who used wheelchairs to participate.

Resident's comments were:

"I have a nice bedroom."

"I have pictures up in my room."

"The gardens are nice."

"My bedroom is alright. I don't clean it."

"My room is quite nice. I like it very much."

"I like out in the garden when it's nice."

"I like outside but I can't go out by myself."

"I like out in the garden."

Relative's comments were:

"Bedroom's not that big but has (relative's) photographs in it. The gardens look nice."

Areas for improvement

Although we found many positives when we inspected the overall environment, we did identify some issues and we gave a list our findings to the manager to address. Environmental audits should be developed to inform the required standards and these should be carried out regularly to monitor, maintain and improve the quality of the environment for residents and staff. We made a recommendation about this - see recommendation 1.

Although there had not been any complaints about the management of residents' personal clothing, we found a few items in the wrong bedrooms and a number of items that were not named. This should be addressed so that all clothing items are named (not numbered according to bedrooms) to promote person centred care. The key-working system should be used to help manage the care of residents' clothing properly. Clothing inventories should also be improved to prompt staff to record a level of information that will make it easier to return any unidentified personal clothing as this is important to residents and their families. This could be achieved by including size, colour/pattern and the label of the shop where items were purchased as current records lacked detail. We made a recommendation about this - see recommendation 2.

Not all areas of the home had hand rails to help residents with mobility difficulties walk around more easily. We advised that handrails should be fitted throughout as part of the falls prevention strategy.

We identified some issues in the small servery area upstairs and staff dealt with these during the inspection. The standards that are to be maintained should be reinforced and checked regularly. All foodstuffs in the fridge should be covered and dated in line with good food hygiene practice.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. Environmental audits should be developed to inform the required standards and these should be carried out regularly to monitor, maintain and improve the quality of the environment for residents and staff.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

2. The management of residents' personal clothing should be reviewed and improved to promote privacy, dignity and person centred care.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements; Standard 16: Private life.

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; observed staff at work and looked at the relevant records.

We received a lot of positive feedback about the staff team. Participation was considered under Quality Theme 1 - Statement 1. For shared strengths around participation see Quality Theme 1 - Statement 1.

Areas for improvement

Participation was considered under Quality Theme 1 - Statement 1. For shared areas for improvement around participation see Quality Theme 1 - Statement 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we had discussions with the manager and looked at the relevant records.

There was a local policy and related procedures in place to assess the suitability of applicants and these detailed the way in which new staff were to be recruited and the checks carried out to protect residents. These included:

- application forms
- interviews
- identity checks
- references
- police checks
- SSSC registration checks
- health questionnaires
- an induction process

We saw that the manager had explored issues that had arisen during the recruitment process and the outcome of this had been recorded.

The induction records examined showed that staff had been provided with good information and training.

New staff were subject to a six month probationary period during which their suitability was assessed, training was on-going and any additional support was provided.

Areas for improvement

Although we saw that staff recruitment had been well managed overall, further improvements would be made by:

- discussing the application form (especially gaps in job histories and the suitability of references) to fully check the information supplied, address any issues and record the action taken.

- signing and dating induction tasks when they are actually completed to reflect a staged and prioritised approach.
- reviewing the different induction records in use to develop a comprehensive and targeted approach to the way that new staff are trained.
- disposing of the original record in line with good practice guidance once the outcome of police checks have been noted.

We made a recommendation so that the areas for improvement identified will be addressed to further improve and support the safe recruitment and induction of new staff - see recommendation 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. Recruitment and induction procedures should be reviewed and improved to further inform and support the way this is managed to protect residents.

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

Statement 3

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

Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we had discussions with residents, relatives and staff; looked at the relevant records, observed staff at work and reviewed the questionnaires we received. We concluded that the staff team were trained, experienced and motivated to deliver a good quality service to residents and their families.

The people we spoke to told us that they had developed positive relationships with staff. We found that residents and their relatives had high levels of satisfaction with the quality of the staff team and the care and support they provided. Some of the comments we received included:

"We trust the staff to make sure our relative's needs are catered for, both physically and mentally."

"The attitude of staff and the ambience of the establishment fill me with confidence."

"Staffing numbers have always been high during my visits."

"Staff do have a good rapport with my relative."

"Staff are nice."

We observed staff at work during the inspection and saw that they treated residents in an appropriate and respectful way. We found staff to be motivated and professional with a caring attitude. The staff we spoke to valued the work they did and felt able to provide a high standard of care to residents. Staff told us they felt well supported by the management team who were said to be approachable and responsive.

Communication was described as very good as was training and staff said that their ideas and suggestions had been welcomed and listened to.

We found that staffing levels were satisfactory in relation to the current dependency needs of residents. Assessments that compared the staffing hours, skills mix and deployment with actual provision had been done monthly. The residents and relatives we spoke to during the inspection also felt that staffing levels were sufficient. We saw that staff were visible during the inspection and residents got support from staff when this was needed or asked for.

We looked at training in relation to the way that staff development had continued once new staff had been recruited and inducted. We saw that there had been a programme of mandatory training that staff had to attend and training had been well recorded. This included the health and safety topics we would expect to see like fire training, safeguarding vulnerable adults, food hygiene and moving and assisting. A good range of additional, important training informed by residents' needs had also been provided. This included topics like palliative care, oral health, continence management and medication.

There was an SVQ programme in place to support staff to gain qualifications suitable for registration with the Scottish Social Services Council (SSSC). The purpose of this register is to support the delivery of a safe, qualified and regulated social care workforce in Scotland. We found that almost all of the staff team had completed or were undertaking the relevant training. The management team confirmed that senior care staff with supervisory roles had registered with the SSSC as had most of the staff team. The manager was aware of the requirement for new staff to be registered within six months.

Reflective learning had recently been introduced to enable staff to maintain the continuous learning and development portfolio needed for re-registration with the SSSC. Staff continued to be supported to develop these skills.

We received five completed questionnaires from staff. The responses were very positive about support, training, resources, communication and the quality of the service provided to residents and their families. Comments from the staff we interviewed and the questionnaires included:

"Everything with this job is fantastic. I get listened to when needed and supported if needed."

"I have worked in care before starting at Ardnahein and it is the best place yet that I have worked. Always, all the workers are great with the residents."

"The way me and my colleagues work is brilliant - always have good communication and help each other."

"I'm happy - I feel able to give good care."

"Training has improved and there are better structures in place."

"Communication has improved and we have opportunities to develop."

"There have been recent changes for the better."

Inspection Volunteer report

Staff appeared to be pleasant, friendly and knew the residents well. Residents' comments were:

"I get on fine with the staff."

"I get on well with the staff."

"They give us good care."

"Staff are alright."

"Staff are very, very good."

"Staff are very nice although there have been a few changes since I came in."

Relative's comments were:

"Staff are very friendly and caring."

Areas for improvement

It would be beneficial to develop a localised training policy to inform the range of training needed to meet the needs of residents and staff. This should reflect the 'role specific' mandatory and 'should do' training that staff need and the timescales for refreshing this. We also discussed the benefits of annual training plans for individual staff. This approach helps to give staff more responsibility and ownership of their own training and personal development. Reviewing these at each supervision meeting to assess progress in meeting the training needs identified helps to keep them meaningful and up to date. We made a recommendation about this - see recommendation 1.

Dementia training was on-going for staff. This was now mandatory for all staff. Clarification should be sought from the training provider to make sure that the dementia training being delivered is equivalent to the 'Promoting Excellence' programme.

Improvement

The development of staff 'champions' should be considered in response to the needs of residents. Where this is introduced and managed properly, the role of 'champions' helps to inform and promote best practice as well as continuing to develop the knowledge and skills of the staff team.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. A localised training policy should be developed and each member of staff should have an individual training plan that sets out the mandatory and needs led training they have to undertake each year. This should be reviewed at supervision meetings to make sure staff keep their training up to date.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

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

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; observed staff at work, inspected the environment and looked at the relevant records.

We found that the management team had a strong commitment to the meaningful involvement of residents and their families and the development of an effective strategy. The residents and relatives we spoke to were also very positive about the way the home had been managed as detailed under Quality Theme 4 - Statement 4.

Participation was considered under Quality Theme 1 - Statement 1. For shared strengths around participation see Quality Theme 1 - Statement 1.

Areas for improvement

Participation was considered under Quality Theme 1 - Statement 1. For shared areas for improvement around participation see Quality Theme 1 - Statement 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents, relatives and staff; looked at the relevant records, reviewed the questionnaires we received and considered the overall findings of this inspection. In addition to the strengths around the involvement of residents and their relatives and the quality assurance methods detailed under Quality Theme 1 - Statement 1:

The people we spoke to during the inspection were happy with the quality of the overall service and the way the home had been managed. They knew how to speak with the manager if they wanted to. This was supported by the very relaxed, homely atmosphere and environment and the positive relationships between staff, residents and visitors. All spoke positively about the on-going improvements to the service and some of the comments we received included:

"Management and staff have been helpful in giving information, understanding care needs, communicating and assuring us that we can visit unannounced at any time as indeed we do."

"Ardnahein has made tremendous improvements in the last 15 months or so."

"Overall, we are very satisfied with the quality of care our relative receives."

"Home is fine - clean and well run."

"I have absolutely no complaints about my (relative's) care."

"We couldn't ask for more."

"There's a nice family atmosphere."

We saw that the provider and the manager had provided good leadership to the staff team and they valued the contribution made by each individual. The staff we spoke to were very positive and said they felt well supported. They also told us they found the management team approachable and responsive. Staff spoke highly of the supportive management team and said Ardnahein was a good place to work.

The day to day running of the service had been well managed. Individual members of staff were responsible and accountable for making sure that specific aspects of the service were properly organised. We also found that there were good communication and reporting systems to keep staff up to date with what was happening.

A range of checks and audits had been carried out to make sure that good standards were being maintained. This had included areas like maintenance checks, meetings and community networking, personal planning, six month reviews, medication and resident dependency levels. This helped to monitor the way the service was performing and included highlighting good practice and areas for on-going improvement. The management team had a good awareness of what needed to be done to continue to develop the service and the quality assurance system continued to be strengthened.

Inspection Volunteer report

Resident's comments were:

"I know the manager."

"If I had a problem I would speak to one of the staff."

"If I had a problem I would speak to the manager."

"Not sure of the manager but would ask to speak to her if I had a problem."

"(X) is the manager. If I had a problem I would speak to her."

Relative's comments were:

"Would speak to the manager or carers if I had a problem."

Areas for improvement

The governance system in place should continue to be developed and established to inform and support the way that standards of performance are informed, monitored, maintained and improved in line with best practice. This includes the development of audit tools that can be used to inform the standards of performance expected. We made a recommendation about quality assurance - see recommendation 1.

As the promotion of involvement relating to the management of the service can be challenging to achieve, information about the audits and checks carried out and the outcome of these should be shared with residents and their families so that they know how the management team monitor and improve the quality of the service.

This could be done via meetings or the newsletter. Where residents and relatives can become involved in the audits carried out this should continue to be supported, for example, carrying out audits of the environment or reviews of activities, menus and so on.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. An effective quality assurance system that ensures high standards of performance are maintained across the overall service should continue to be developed and fully implemented.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

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

Additional Information

No additional information.

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

6 Inspection and grading history

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