

Care service inspection report

Full inspection

Ardnahein Care Care Home Service

10 Glenmorag Avenue
Dunoon



HAPPY TO TRANSLATE

Service provided by: Ardnahein Care Ltd

Service provider number: SP2014012301

Care service number: CS2014325883

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.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

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	5	Very Good
Quality of environment		N/A
Quality of staffing	4	Good
Quality of management and leadership		N/A

What the service does well

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. There is a strong commitment to meaningful involvement and residents and staff have developed positive relationships with residents and their families.

Healthcare is well managed and the staff team are well trained and motivated to deliver a good quality service within a very homely and welcoming environment.

What the service could do better

We continued four recommendations made at the last inspection to further improve record keeping, the management of residents' clothing, staff training and quality assurance as detailed in this report.

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.

What the service has done since the last inspection

Six recommendations for improvement have been met since the last inspection in relation to:

- the meaningful involvement of residents and their families
- the quality of residents' personal plans
- medication management
- meaningful activities
- environmental checks
- staff recruitment and induction training

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

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 strong commitment to continued improvement which would be supported by addressing the recommendations and areas for improvement identified at this inspection.

1 About the service we inspected

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 20 residents using the service during our inspection.

The service is provided from a converted, 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 is provided over three floors although the ground floor is currently not being used as refurbishment is underway.

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

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.

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 5 - Very Good

Quality of environment - N/A

Quality of staffing - Grade 4 - Good

Quality of management and leadership - N/A

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 18 and 19 April 2016. An inspection volunteer accompanied the Inspector on 18 April. We gave feedback about our findings to 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 manager to complete and submit to us.

We sent 15 care standards questionnaires to the manager to distribute to residents and nine were returned. We also sent 15 care standards questionnaires to the manager to distribute to relatives and carers. Relatives returned three completed questionnaire before the inspection.

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

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

We spoke to:

- four residents
- one of the housekeeping staff
- a laundry assistant
- five care workers
- a senior care worker
- the activities coordinator
- the manager

The Inspection Volunteer also spoke to six residents and a visiting relative.

We looked at:

- the way staff worked with residents
- 12 questionnaires filled in by residents (nine) and relatives (three)
- the service's annual return (a document completed each year detailing key information about the service)
- evidence from the service's most recent self assessment where the manager set out the strengths and areas for improvement
- significant events that the service had informed us about (notifications)
- the service information leaflet
- the draft information brochure
- participation records including the involvement strategy, newsletters, satisfaction surveys and personal plans
- the key-working policy
- residents' personal plans focussing on healthcare and the person centred approach
- six monthly care reviews
- medication records
- accident and incident records
- records of recreational activities
- menus and the lunchtime experience
- the management of personal clothing
- accident and incident records
- staff recruitment and induction records
- seven questionnaires returned by staff
- professional registration checks - the Scottish Social Services Council (SSSC) for care staff and the Nursing and Midwifery Council (NMC) for nurses
- staff training and development records
- staffing rotas and resident dependency assessments
- 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 registration certificate

- the insurance certificate
- the staffing schedule

We used the Short Observational Framework for Inspection (SOFI2) to directly observe experiences and outcomes for people. On this inspection we used SOFI2 to observe the lunchtime experience in the main dining room.

We chose the following four quality statements for inspection:

Quality Theme 1 - Statement 3: To assess how well residents' health and wellbeing needs had been met.

Quality Theme 1 - Statement 5: To see whether staff had supported residents using a person centred approach that took account of, and promoted, their individual choices, preferences and routines.

Quality Theme 3 - Statement 2: To make sure that staff had been recruited properly in a way that protected residents.

Quality Theme 3 - Statement 3: To assess whether the staff team were professional, trained and motivated.

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

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.

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.

Taking the views of people using the care service into account

For this inspection, we received views from four of the 20 residents who were spoken with individually. The residents we spoke to told us they were very happy with the quality of the overall service. Nine residents had also completed the Care Standards questionnaires.

The inspection volunteer also spoke with six residents during the inspection.

The responses about the quality of the care and support, the environment, staffing and management were positive. When asked in the care standards questionnaires whether they were happy overall with the quality of care they received in Ardnahein:

- six 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.

Three relatives returned completed care standards questionnaires. The inspection volunteer also had the opportunity to speak with a visiting relative during the inspection.

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

- one respondent strongly agreed they were
- two respondents agreed they were

Some of the comments 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: 5 - Very Good

Statement 3

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

Service strengths

We found this service had performed to a very 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
- reviewed the questionnaires we received

Staff were experienced in the care of older people and had undertaken training that supported them in their 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 we spoke to told us they had confidence in staff and felt that health and wellbeing needs had been well managed. Staff had developed good relationships with residents and we observed them interacting with residents in a warm, supportive and caring manner throughout the inspection. Some of the comments we received included:

"I'm well looked after."

"I'm better here than I was at home - I'm very glad I came and very pleased with the attention."

"The staff give exceptionally good care."

"My family are very happy with everything as am I."

"You can't fault the care."

"Her presentation and demeanour whenever we visit show us (relative) is well cared for and comfortable."

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 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.

After we spoke with staff and looked at personal plans, we concluded that residents' health and wellbeing needs had been well managed. We saw that residents' abilities and the promotion of independence had been taken into account when planning support.

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.

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. 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 maintain health by identifying issues and offering treatment at an early stage.

Staff had been involved in a local palliative care project. Training was on-going with a view to developing a staff member as a 'champion' to promote best practice. Involvement in a falls awareness project had also been arranged for staff. This showed that there was an on-going commitment to staff training to inform and support the delivery of care based on up to date guidance.

At the last inspection, 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. Staff used the original packaging system for medicines which is considered to be good practice. We did make the following recommendation in response to some areas where we identified staff needed to improve their practice:

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

Action: At this visit, we saw that the issues we identified with medication records and practice was better. Pharmacy audits had been carried out and the manager was also about to start in-house checks. We pointed out some areas where medication administration records could improve and the manager addressed this. This recommendation had been met.

We made the following recommendation at the last inspection so that the provision of meaningful and enjoyable activities would improve for residents:

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

Action: An activities coordinator had been employed since the last inspection. We found her to be very motivated and enthusiastic with lots of good ideas. The planning and delivery of meaningful activity had been improved and was seen as an important part of the day to day service. Personal interest checklists had been completed and used to inform the activities on offer. We saw that a range of good quality activities had taken place, including activities that promoted physical, mental and spiritual health and well-being. A record of these activities and how residents had responded had been kept. The residents we spoke to during the inspection told us how they enjoyed the activities they took part in. This recommendation had been met.

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.

We made the following recommendation at the last inspection:

- 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.

Action: The manager had carried out checks on the home environment to make sure good standards were maintained. Detailed audits for each area of the home were in the process of being developed to inform these checks in a more formal way. During our inspection of the overall environment, we saw that the premises had been well maintained. We advised at previous visits that hand rails should be fitted in the upstairs corridors to help residents walk about more easily and to help prevent falls. We saw that this had been done. The atmosphere was homely and welcoming and residents appeared very comfortable in their surroundings. We saw residents chatting with staff in the bright and sunny lounge where they were enjoying the very pleasant views. The care home was comfortably warm and noise levels were low. Bedrooms had been personalised and standards of cleanliness were good throughout. This recommendation had been met.

The service is delivered from an older property which has some limitations in terms of size, layout and facilities. However, the planned refurbishment programme showed that there was a significant commitment to the continued improvement of the overall environment for residents. Work to improve the accommodation and facilities on the ground floor (which was not currently in use) had started during our visit. The manager had used the King's Fund audit tool for the environment to inform the planned improvements. This included good initiatives like better signage, internet access and pagers that would support a soundless staff call system, all of which would benefit residents.

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. We found that there had been a low level of accidents.

There was up to date insurance in place and the environmental health department had issued a PASS certificate for compliance with food safety standards. These certificates were on display in the foyer.

Inspection volunteer report

The residents I spoke to were, on the whole, pleased with the care and support that they receive. They enjoyed the food and the choice of activities. They particularly enjoyed the location of the home which gives them excellent views from the windows.

Residents commented:

"Food is very good. Laundry service is excellent. I don't know how they can manage to do it so quickly."

"I go out with a carer sometimes. I go downstairs for the chair exercises."

"I'm fine. I love when they play music and I can dance."

"Food is good - only the odd time when I don't like it."

"I've had a bit of a problem with the laundry recently but as long as I've got clean clothes I'm not worried."

"I get a shower every other day."

"I enjoy the activities especially crosswords and Scrabble."

"We get lovely meals and plenty of them. They are all different."

"There is a lot for us to do if we want to."

The relative commented:

"I'm very happy with the care but I worry that she doesn't get enough fresh vegetables and oily fish."

There were lots of activities taking place - newspaper discussion, crosswords, floor snakes and ladders and musical entertainment. The activity programme for the week was extensive.

The lunchtime experience was calm and all residents were given assistance if needed. The menu was appetising and residents were given an alternative if they wished.

The home is bright, well furnished and spotlessly clean. The resident rooms had only name signage and keypads but these are going to be replaced eventually with pictorial signage.

There is an accessible garden area at the front of the building.

There was a calm, happy, welcoming atmosphere around the home. It had a very homely aura.

Residents' comments included:

"I've got a wonderful room. I love watching the children in the play park."

Areas for improvement

We said at the last inspection that, 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. We also said that staff should be provided with training/development about these topics to inform and support good practice and made the following recommendation:

- 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.

Action: The manager had started to consult residents' families about this and a register was in the process of being set up. We continued this recommendation meantime - see recommendation 1.

A protocol for the recording and use of 'as required' medicines should be developed. This is to show what the medication is for, why it has been given on each occasion and whether it has been effective.

The individual profiles developed to record important information about residents and what they like and enjoy should continue to be developed. These can help to further improve the range of activities in response to individual abilities, choices and personal preferences.

One relative commented:

"I am concerned about difficulties with the hot water supply which has restricted baths and showers."

A resident added:

"I would like a bath more often because the water pressure in the shower is poor."

We discussed these comments with the manager who advised that the issue was being addressed.

Signage could be improved throughout the home and the manager advised that there were plans in place to address this. The current key pad door locks should also be reviewed as part of the refurbishment programme to promote a more homely and manageable environment for residents.

A calendar of six monthly reviews had been developed but staff still needed to make sure that minutes of these reviews were included in residents' personal plans where the local authority have chaired the meeting. The manager agreed to progress this to fully establish and maintain a full record of all reviews.

The only common area in the care standards questionnaires related to awareness of complaint procedures. Residents and their families can be reminded about the care home complaint procedure and their right to complaint to the Care Inspectorate in a range of ways, for example, at reviews, meetings or in the newsletter.

We said at the last inspection that 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 the following recommendation:

- 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.

Action: This work was on-going. It was anticipated this would progress more quickly once a depute manager had been appointed. We continued this recommendation - see recommendation 2.

We found that there were two or three policies relating to both medication management and the safeguarding of vulnerable adults. We advised that manager that it would be helpful to combine these policies to make it easier to access all the relevant information.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 2

1. 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.

2. 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.

Statement 5

"We respond to service users' care and support needs using person centered values."

Service strengths

We found this service had performed to a very good standard in the areas we looked at under this statement. We concluded this after we:

- spoke to residents, relatives and staff
- observed staff at work
- looked at the relevant records
- reviewed the questionnaires we received.

The management and staff team demonstrated a strong commitment to valuing each resident as an individual and this supported the promotion and delivery of person centred care. We saw positive examples of person centred support that had enhanced the day to day lives of individual residents in meaningful ways. We also saw nice touches like staff putting a welcome card and gift into bedrooms for new residents arriving.

We observed staff being respectful, patient and kind towards residents during the inspection. We also observed good natured and appropriate humour being exchanged. The people we spoke to told us that the care and support delivered by staff had taken account of their needs, choices and preferences in a personalised way that they were very happy with. Some of the comments we received included:

"It's very relaxed - just a home from home really."

"The staff keep to your own routine - no rules."

"Staff made the effort to get to know me which is nice."

"No complaints - my life here is first class."

With the exception of some newer staff members, the staff team were experienced in the care of older people and we found that they knew individual residents very well. We saw how this helped to promote good continuity of care for residents and their families. We concluded that the development of positive relationships between staff and residents had helped to promote a person centred approach and saw nice examples of this during our visit. This had resulted in residents receiving a very good level of care and support informed by the choices and preferences they, or their relatives had discussed with staff.

We made the following recommendation for improvement at the last inspection:

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

Action: The personal plans we looked at showed that staff had a very good awareness of what was important to individual residents. We saw that staff had recorded some detailed information about residents' needs and how they were to be met. It was also very good to see that residents' abilities had been recorded alongside their support needs as this helps to recognise and promote independence. Overall, we saw that residents' needs, choices and preferences had been recorded well and this recommendation had been met but we did identify areas where staff could improve these records further as detailed below.

We made the following recommendation at the last inspection about the way the meaningful involvement of residents and their families could be better supported and promoted taking account of the areas for improvement we identified:

- 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.

Action: The recently revised participation policy was easier to read and it set out the ways that people could express their views and become involved. We saw that newsletters had given more information about topics that would be of

interest and could see them improving from month to month. Surveys had been used to get feedback about the quality of the service from residents and their relatives and we saw that levels of overall satisfaction had been very good. Admission surveys had been on-going. The manager felt the time was right to introduce meetings for residents and their families as the increased occupancy levels made it more likely that people would attend. The way that meaningful involvement can be supported was going to be discussed at the first meeting. This recommendation had been met.

We looked at aspects of day to day life in the service that tend to be particularly important to residents and their families with regard to their individual choices and preferences. This included personal care and support, the promotion of independence, menus, daily routines, the home environment and recreational activities. We found staff knew what people wanted and we concluded that this had helped them to support residents in a person centred way. The people we spoke to agreed that this was the case.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people at lunchtime in the main dining room. We saw that the food served was appetising and well presented. Meals were well managed and we saw that staff provided discreet help and support where this was needed. Staff promoted choice, gave gentle encouragement and prompted residents to be independent where possible. The manager advised that a consultation on the range of menu choices was scheduled to take place soon. This was to encourage residents to express their views on the food choices they would prefer to see included.

The operation of the home was flexible to working in a way that met the preferred routines of individual residents which was good practice. Residents also said that the homely and comfortable quality of the home environment contributed to their overall sense of wellbeing.

Residents' commented:

"I feel very at home here - I'm very content."

"It's a very nice place to live - I couldn't ask for better."

Areas for improvement

We made the following recommendation at the last inspection:

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

Action: Although we saw some improvement, we concluded that more work was needed to make sure that all items of clothing are named properly and returned to the owner. The improved key-worker system should help with this and the manager advised that the environmental audits being introduced will include checks on personal laundry. The records of personal clothing should also contain more details to make it easier to identify any un-named or missing items. We continued this recommendation - see recommendation 1.

The current personal plan format should be reviewed to prompt and support more person centred record keeping. Care plans and goals should be individualised for each resident. Evaluations and six monthly reviews should also be focussed on outcomes and positive experiences for residents. Staff should be supported to develop their person centred planning skills.

As advised at the last inspection, consideration should be given to the increasing number of 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 manager advised that this would be progressed, perhaps with the introduction of a folder of 1-1 discussions and agreements with individual residents.

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 policy, whilst very informative, was lengthy and we discussed the benefits of having a more user friendly version that clearly details what can be expected from key workers.

A revised information brochure was being developed to inform people about the scope of the service provided. We suggested that this would be a good time to speak to the people using the service to get their views on what they would like to see included in the brochure.

Although good overall, we suggested that the questionnaire for residents should be reviewed to include questions about additional topics like the environment, care and support, feeling safe and secure, laundry and awareness of complaint procedures. This helps to prompt more targeted responses that can inform good practice and improvements.

Grade

5 - Very Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

1. 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 2: Quality of environment

Quality theme not assessed

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 4 - Good

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:

- spoke to the manager
- looked at recruitment files
- checked induction records

The provider had a policy and procedure to inform the recruitment of new staff. The policy gave guidance as to how the recruitment process should be managed.

We saw that there were procedures and checks in place to assess the quality and suitability of applicants in order to protect residents. These included:

- application forms
- employment histories
- interviews
- interview assessments
- identity checks
- references
- police checks
- NMC registration checks
- SSSC registration checks
- health questionnaires

- an induction (training) process

In the files we checked, we confirmed that the essential recruitment checks had been carried out before new staff were allowed to start. We saw that references and police checks had been received.

We saw evidence to show that the manager had explored issues that had arisen during the recruitment process with applicants, for example, the suitability of the referees they had supplied. References had been signed and dated by the manager which shows they had been checked and considered satisfactory.

The induction records we looked at showed that staff had been provided with good information and training early on. We spoke to staff that had recently started working at Ardnahein and they told us they had been well supported.

New staff had been subject to a six month probationary period which could be extended if necessary. During this time their performance and suitability had been monitored and training had been on-going with any additional support and guidance being provided.

We made the following recommendation at the last inspection so that the areas for improvement we identified would be addressed to further improve and support the safe recruitment and induction of new staff:

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

Action: We saw that, overall, recruitment procedures had been improved although we did identify some areas for improvement as detailed below. This recommendation had been met.

Areas for improvement

Although the records we looked at were good overall, the management team should ensure that all gaps in employment identified and discussed should be clearly recorded in the recruitment file. This is to account for periods where applicants have not been employed.

Where references come from different people to those put forward as referees by the applicant, the reason for this and the relationship should be clearly recorded in the recruitment file.

The identity checks carried out should be signed off and dated. This shows that these records have been looked at and assessed as satisfactory.

It is considered good practice to have more than one person interviewing applicants. The manager agreed that this would be the case for interviews in the future.

We saw two different approaches to induction. One was very task based whereas the other included important topics like the aims and philosophy of care, values, rights and core standards. These should be combined into one comprehensive induction process. This to make sure that new staff are consistently provided with the kind of information they need to provide values based person centred care and support.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

We 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
- reviewed the questionnaires we received

We concluded that the staff team had been well trained and were motivated to deliver a good quality service to residents and their families.

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:

"Staff are excellent - each and every one of them."

"I can only praise the staff."

"Good company and a good laugh."

"I couldn't do without them."

"We get on great."

"They're very kind to me."

We watched staff at work during the inspection and saw that they treated residents well. We saw staff displaying warmth, respect and kindness. 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 manager who was said to be approachable and responsive. Communication was described as very good as was training and staff said that their ideas and suggestions were welcomed and listened to.

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

We saw that the training programme had included the kind of topics we would expect to see in order for staff to meet residents' needs. Some of the training was mandatory (must do) like health and safety, adult support and protection, fire safety and dementia. Staff had to attend this training and also had to update their knowledge within a set timescale. Training had been delivered online via the e-learning system but also face to face which is important for certain topics (like dementia) to allow discussion. A good range of additional training informed by the needs of residents and staff had also been delivered, for example, Parkinson's disease, medication management, palliative care and the Caring for Smiles (oral healthcare) programme.

The staff development system included a yearly appraisal and a minimum of two supervision meetings annually that explored training and development needs and how these would be met. There was an on-going 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 qualified and regulated social care workforce in Scotland. The manager was aware of the requirement for new staff to be registered within six months.

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

"I think Ardnahein Care Home is doing a great job, from the management to the staff. I also think Ardnahein Care Home is one of the best care homes in Dunoon and we are always improving for the better and best."

"Our aim is to achieve five star caring for our service users and to maintain standards."

"Ardnahein Care is a great place to work. Also a caring, safe and friendly environment for all our residents."

"(Manager) is helping me to develop."

"I'm confident about reporting any issues - you would be listened to and taken seriously here."

"I really enjoy my job - I feel we can give really good care to our residents."

Inspection Volunteer report

From what I observed the staff were all very patient, attentive, friendly and caring. At mealtimes they were attentive and assisted residents when needed. Residents commented:

"The staff are all very nice."

"The staff are very good."

"Staff are nice."

"The staff are wonderful. I don't know how they manage because they are so busy."

"The girls and young men are really nice. They help us all the time."

A resident commented that (manager) is "very approachable."

A relative said:

"Manager is excellent and always responds to queries."

Areas for improvement

We said at the last inspection that 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 was to reflect the role specific mandatory (must do) 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 the following recommendation:

- 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.

Action: Some training was overdue as a result of recent staffing issues which had since been resolved. We saw that some staff had undertaken more training than others and staff were at different stages with their on-line training. We discussed how staff could be guided to prioritise the on-line training so that important topics like adult support and protection, health and safety topics and dementia are completed first. There were lots of records around training but we found it difficult to get a clear overview of what the staff team had done. We said that training records should be reviewed and streamlined. We continued this recommendation - see recommendation 1.

Dementia training was a 'must do' topic for all staff and this was on-going. Evidence needs to be sought from the training provider to make sure that the dementia training being delivered is equivalent to the learning in the 'Promoting Excellence' framework at the informed and skilled levels.

The folder for recording information about staff registration with the SSSC and NMC should be reviewed and improved. The part of the register staff are on should be added as should the annual renewal dates. This helps to prompt checks in advance of renewal dates to make sure staff remain registered and eligible to work.

We discussed how supervision records could improve to better reflect the training and development staff have undertaken including progress with their individual training plan for the year. The staff development system should also include the promotion and recording of reflective practice. This is important in terms of staff being able to identify what they have done well and where they can continue to develop their skills and knowledge. We saw some evidence of this but more work is needed to support staff with reflective practice.

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. The manager advised that this was an area that would be looked at in the future.

We saw that the outcome of the recent staff survey had been good overall. The outcome and the action plan should be shared with the staff team.

Grade

4 - Good

Number of requirements - 0

Recommendations

Number of recommendations - 1

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

Quality theme not assessed

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

Previous requirements

There are no outstanding requirements.

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

Previous recommendations

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

This recommendation was made on 27 April 2015

The issues we identified with medication records and practice was better as detailed under quality theme 1 - statement 3. This recommendation had been met.

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

This recommendation was made on 27 April 2015

An activities coordinator had been employed since the last inspection. The planning and delivery of meaningful activity had been improved as detailed under quality theme 1 - statement 3. This recommendation had been met.

3. 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.

This recommendation was made on 27 April 2015

The manager had carried out checks on the home environment to make sure good standards were maintained. Detailed audits for each area of the home were in the process of being developed to inform these checks in a more formal way. During our inspection of the overall environment, we saw that the premises had been well maintained as detailed under quality theme 1 - statement 3. This recommendation had been met.

4. 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.

This recommendation was made on 27 April 2015

The manager had started to consult residents' families about this and a register was in the process of being set up. We continued this recommendation.

5. 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.

This recommendation was made on 27 April 2015

This work was on-going and we continued this recommendation.

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

This recommendation was made on 27 April 2015

Overall, we saw that residents' needs, choices and preferences had been recorded well and this recommendation had been met.

7. 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.

This recommendation was made on 27 April 2015

The management of meaningful involvement had improved as detailed under quality theme 1 - statement 5. This recommendation had been met.

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

This recommendation was made on 27 April 2015

Although we saw some improvement, we concluded that more work was needed to make sure that all items of clothing are named properly and returned to the owner. We continued this recommendation.

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

This recommendation was made on 27 April 2015

We saw that recruitment procedures had been improved. This recommendation had been met.

10. 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.

This recommendation was made on 27 April 2015

There were lots of records around training but we found it difficult to get a clear overview of what the staff team had done. We said that training records should be reviewed and streamlined. We continued this recommendation.

6 Complaints

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

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								
27 Apr 2015	Unannounced	<table> <tr> <td>Care and support</td> <td>4 - Good</td> </tr> <tr> <td>Environment</td> <td>4 - Good</td> </tr> <tr> <td>Staffing</td> <td>4 - Good</td> </tr> <tr> <td>Management and Leadership</td> <td>4 - Good</td> </tr> </table>	Care and support	4 - Good	Environment	4 - Good	Staffing	4 - Good	Management and Leadership	4 - Good
Care and support	4 - Good									
Environment	4 - Good									
Staffing	4 - Good									
Management and Leadership	4 - Good									

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

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