

# Care service inspection report

## Auchtermairnie Care Home

### Care Home Service Adults

Star Road

By Kennoway

Leven

KY8 5SF

Telephone: 01333 352560

Inspected by: Amanda Welch

Type of inspection: Unannounced

Inspection completed on: 31 May 2012



HAPPY TO TRANSLATE

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### **Service provided by:**

Fairfield Care Scotland Ltd

### **Service provider number:**

SP2007009107

### **Care service number:**

CS2007153219

### **Contact details for the inspector who inspected this service:**

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Telephone

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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	5	Very Good
Quality of Environment	6	Excellent
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

This is a very good service that provides a very high standard of care. Everyone who works here is enthusiastic about the service they provide. There are a wide range of opportunities and experiences for all residents regardless of health and cognitive ability. There is a warm and friendly atmosphere and relatives are made to feel welcome when they visit.

### What the service could do better

The service continually looks for areas in which to improve and develop. This is done in many ways and involves all who use or work in the service.

### What the service has done since the last inspection

The service have continued to develop new ideas for providing care. In particular, managers, staff, residents and relatives are currently working together to transform the upper level of the home into a dementia friendly space to meet the needs of residents living there.

The manager of the service has just been appointed as a Dementia Ambassador for Scotland.

## **Conclusion**

The service should be proud of the developments they have made over the last year. Everyone who lives and works at this service is continually experiencing a sense of achievement.

## **Who did this inspection**

Amanda Welch

# 1 About the service we inspected

Auchtermairnie Care Home is owned and managed by Fairfield Care Scotland Limited. The care service was registered by the Care Commission on 23 July 2007 to provide permanent and respite residential care for 24 Older People. The care home is situated on the rural outskirts of Kennoway midway between Glenrothes and Leven.

Accommodation is offered within a contemporary two level house providing 22 bedrooms, two of which can accommodate couples. All rooms have ensuite facilities. A small area for onsite parking is provided at the front of the building.

There were 22 people resident in the home on the day of inspection. The people who live in Auchtermairnie prefer to be known as residents therefore this term has been used throughout this report.

Feedback was given to the manager and directors at the end of the inspection.

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 - Grade 6 - Excellent**

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

**Quality of Management and Leadership - Grade 5 - Very Good**

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

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

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a 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

During the inspection evidence was gathered from a number of sources including the following:

- Policies and procedures including participation strategy
- Minutes of meetings
- A sample of service user personal care and support plans
- Activity records
- Examination of training and other staff records
- Examination of audits
- Examination of staff rotas
- Physical check of the environment
- Discussion with the manager and staff
- Discussion with residents
- Discussion with visiting relatives and carers
- Discussion with a visiting professional
- Observation of practice

### 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](http://www.firelawscotland.org)

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

There were no recommendations made at the last inspection.

## 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.

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The service submitted an electronic self assessment as requested by The Care Inspectorate. The self assessment provided a wide range of evidence and examples of service strengths as well as areas for improvement. The service were able to identify a variety of positive outcomes for residents showing how they are supported within the home. We agree with the evaluation the service has recorded. We also felt that the evidence provided in the self assessment indicated a grade of excellent in certain themes.

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

During the inspection, we spoke with two residents who were able to voice their opinions. We also spent time with residents who have reduced cognitive ability. All residents in the home appeared relaxed and comfortable. Observation of practice during the day, showed residents with a dementia recognising staff positively and enjoy interaction.

The residents we spoke with directly confirmed that they were confident in the care care provided and described the service as their 'home'. comments from residents included,

'I'm happy here'

'I've always been listened to'

'Staff respect me'

We received two completed Care Standards Questionnaires from residents. One agreed and one strongly agreed that they were overall happy with the quality of care they received in the home.

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

During the inspection, we spoke with five visiting relatives. The discussions held were extremely positive and confirmed other evidence examined during the inspection. Comments included,

'Lovely wee home'

'This place is amazing'

'Staff are super'

'This place is excellent, outstanding'

'Mum feels safe, secure and comfortable'

We received fourteen completed Care Standards Questionnaires from relatives. Three agreed and eleven strongly agreed that they were overall happy with the quality of care their relative received in the home.

## 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 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

The service has a wide range of key strengths in this area. The information provided by the service in their self assessment gave detail on the policies, procedures and work practice that enable residents and their relatives to be involved in all aspects of assessment and improvement. We confirmed this during the inspection through examination of records, discussion with residents and relatives and in observation of practice.

The service has a number of policies, procedures and systems in place to ensure that participation in the life of the home is consistently available to all. This includes,

- Resident and relative meetings
- Consultation and focus groups on specific issues such as the Dementia project
- Care planning and reviews
- Newsletters
- Staff Profiles
- Surveys and questionnaires
- Keyworking system
- Informal gatherings such as coffee mornings
- Family gatherings for birthdays and special occasions
- Fine Dining experiences
- Memory folders

Throughout the inspection, we were aware of a strong culture of inclusion within the service. Observation of practice showed that everyone working in the service promoted a strong value base with choice and opportunity being offered to all residents. All staff spoke in a friendly manner with residents and relatives and everyone was treated with respect.

The views and choices of residents was also observed as being upheld at all times within the boundaries of safe risk taking. This approach enables residents to sustain control over their lives and promotes positive self esteem. In discussion with residents, we confirmed that choice and opportunity are a recognised element of the service. One resident spoke positively about the Fine Dining experience that is held regularly. Residents are able to pick a menu which is then served in a restaurant atmosphere. This enables residents to retain a sense of continuity in their lives by participating in activities important to them.

Every resident within the home was seen to be treated as special, with their own individual contributions to make. For example, during the inspection, a resident celebrated a birthday. The resident had a dementia, however indicated happiness when staff members stopped to say Happy Birthday and spent time with her as she recognised it was her birthday. Family members were also welcomed in the afternoon for a special tea. There were decorations and balloons put up. This was done in a way to highlight celebration but was not overpowering or confusing for the residents in the home. In addition to celebrating birthdays and special events, the home also provides opportunities to all residents to have a 'family lunch'. This happens on a monthly basis and is offered to one resident at a time. Feedback we received on this from relatives was positive. This promotes positive well being in individuals and enables all residents who wish, to join in celebrations and enjoy life.

Staff demonstrated a very good understanding of each individual resident through day to day communication. For example, a number of residents with dementia appeared to be confused about their environment at times. Staff were able to engage residents quickly in conversation that would be relevant and immediately provide reassurance for the resident. This approach continues to build a sense of trust and security for residents. A member of staff commented to us,

' We pride ourselves in knowing each resident very well.'

We examined a number of care plans in detail during the inspection. The culture of participation and inclusion was clearly evident throughout the written documentation. In particular there is a strong emphasis placed on aspirations, dreams and new experiences. Good examples of this include, transformation of a communal area into a 1950s lounge, a garden mural with a washing line and real pegs and personal memory boxes outside each resident's bedroom door.

These experiences are something residents can relate to in their own lives and help to provide meaning and a sense of belonging. That is, residents feel at home and in a familiar environment.

The examples given are part of a larger project on dementia being developed in the service. This is a large piece of work. Minutes of meetings and consultation show that residents, relatives and staff have all been involved in developing ideas. Relatives and residents are encouraged to contribute to the projects development with ideas and practical help. A relative has brought a number of items for a memory basket which includes copies of ration books and other memorabilia. A relative commented in their Care Standards Questionnaire that,

'Linking.. residents with surroundings from their childhood/youth is a commendable idea.'

A number of pieces of work have already been started and are being reviewed as an on going process. The responses of residents to this has led to amendments already. A good example of this was in the replacement of red toilet seats. These were used as bright colours are more easily seen by people with a dementia. Staff quickly noticed however that residents were not using the toilets with red seats and felt that residents were possibly associating the red colour with danger. A change to blue toilet seats has now proved successful. This is a service that is dedicated to providing care that meets real need.

The manager of the home has a strong presence within the home and we observed positive working relationships with staff and residents throughout the inspection. We spoke with a number of relatives who confirmed they had a positive working relationship with the manager and staff of the service. For example, all relatives we spoke with during the inspection confirmed the inclusive approach of the service. Relatives also commented on their confidence to speak with staff and management. Comments included,

'You just have to mention something and it's done.'

'There is always someone talking to mum.'

'We're kept well informed'

This enables relatives to become part of the service and part of the resident's life there. This promotes positive living experiences with residents feeling settled and safe in their home.

Overall, the service has shown that they have maintained a high standard of practice in this area and continue to review and develop ways that promote positive participation and inclusion.

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## Areas for improvement

The service has identified in their self assessment that they must continue to be proactive in their approach and ensure any improvements and areas of development are identified to ensure positive outcomes for all.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

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

### Service strengths

During the inspection we found a wide range of evidence to confirm that the service is meeting a very high standard of care provision. We looked at a variety of examples of evidence which included care plans, assessments and reviews, activity plans and training records. We also spoke with a member of the catering staff and a visiting GP. A high level of positive outcomes for residents were identified and it was clear that the service is able to address the health and well being needs of all residents.

During the inspection we looked at 3 care plans in detail. The information within these showed that the service works to a consistently high standard when planning and delivering care. Records of audits, and monthly recording sheets confirmed that plans were being followed and evaluations of guidance being reviewed. This ensures that health needs are being addressed consistently and therefore improving or maintaining quality of life.

For example, records for the nutritional needs of each resident were clearly identified. Appropriate monitoring tools for weight and BMI were completed correctly and regularly. Care plans and guidance reflected the assessments and any changes were made, signed and dated as required. Plans and assessments were all cross referenced to other records such as dietician support. We also spoke with kitchen staff who confirmed that all information required was passed to them and regular communication ensured appropriate nutritional support was given. A visiting relative confirmed effective practice in this area as they had seen their mother gain weight now she was living in the home. Another good example, we saw was in a care plan to assist a resident to manage diabetes. We spoke with the resident who was able to confirm the plan in place, that his diabetes was being managed effectively with dietary support.

During examination of food and nutrition in the home, we were able to confirm the very high standard in meal provision. The catering staff had a very good knowledge of everyone's likes and dislikes and met regularly with residents to develop menus for everyday and for fine dining events. A good example of this was seen in the nutritional plan for a resident who had moved to the home from England. The plan recognised that the resident may not understand or have heard of more 'local' type dishes such as stovies. The quality of nutritional provision at the service was also confirmed in documentation from a Senior Dietician within NHS Fife. Overall, we could see that all residents in the service were offered tasty and nutritious meals. For residents who required more support, additional measures were in place to ensure residents enjoyed the food they ate and also obtained nutritional benefits from it to improve or maintain health.

The written content of care plans clearly showed that staff are consulting and discussing health and well being needs and aspirations with individual residents and their relatives. This ensures that residents experience a sense of control over their lives and can influence the care they receive. The opportunity to take part in well loved activities and also experience new opportunities provides a sense of continuity and stimulation for residents and promotes positive physical and mental well being. For example, a picnic at a local park was being planned for the following day. This can provide a wide range of benefits from socialising with others, enjoying the local community, fresh air and sunshine and also walking and mobilising. Examination of feedback from residents after activities confirmed that trips out in particular are popular with residents. This enjoyment helps residents to live full and active lives.

Care plans were seen to be very person focused in format and observation of staff practice confirmed this approach. For example, a number of residents with a dementia spend large parts of their day wandering within the home. Staff clearly followed guidelines to ensure residents safety and well being and used appropriate methods of communication to reassure residents if they appeared anxious.

Good examples of practice include,

- Detailed Life Stories
- Appropriate risk assessment, including falls or restraint where appropriate and skin viability
- ' Things I need help with '
- ' Things I can do for myself '
- Communication details
- Social and leisure likes and dislikes
- Nutrition

- Mental health and wellbeing ( in particular self esteem, appearance and sexuality)

We spoke with a number of residents and relatives who confirmed their involvement in planning and reviewing care plans. One resident in particular, had a very good understanding of the help and support they need. The service have worked hard to develop an effective way to assess risks for residents. The written content of risk assessments places an emphasis on enhancing opportunities and promoting as much independence as possible as opposed to limiting opportunities. Safe and calculated risk taking is good practice and helps to promote a sense of continuity and achievement in peoples' lives. The emphasis remains on supporting people to be as independent as possible, providing as much choice as possible. For example, a risk assessment regarding a resident with epilepsy identified a number of night time safety measures such as bed rails which would keep a resident safe from harm and reduce the amount of interruption by staff during the night.

During the inspection, we spent time with a visiting GP to discuss the quality of the service. The GP spoke very highly of the service and the staff team. In particular, the GP spoke of the good staffing levels with very little turnover. This promotes continuity of care and effective team working. A good of example of this was highlighted by the GP. They felt that the staff team work pro-actively and are very responsive to changes in residents' health and seek support appropriately. As a result, effective care and intervention can be implemented at an early stage and increase the possibility of recovery or healing for example. Records of staff training also confirmed that staff were knowledgeable on a wide range of health issues such as falls, nutrition, dementia and palliative care. Knowledge in these areas enable staff to have a greater understanding of how to maintain good health and well being.

As we have already highlighted, the service are currently developing and implementing a dementia strategy that will enhance the life of residents with a dementia. This is an excellent new development fro the service and is already enhancing the health and well being for residents. For example, a resident who used to enter a number of other bedrooms due to confusion now has her bedroom door painted in a colour chosen by and unique to her. The resident no longer enters other bedrooms as she can clearly identify her own room. This promotes independence and reduces a reliance on staff. We will look forward to seeing how this project continues to grow and develop.

### **Areas for improvement**

The service have identified that they will continue to roll out and implement the dementia project, which will include on going review and consultation.

The service has also identified that they intend to share good practice with other services in the provider group. In particular, plans are being drawn up to review the system of care planning with a view to introducing a consistent, streamlined system.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 6 - Excellent

### Statement 1

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

#### Service strengths

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

#### Areas for improvement

See Quality Theme 1 Quality Statement 1.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 2

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

#### Service strengths

During the inspection, we found a wide range of evidence to confirm that the care home is safe and residents are protected. There are a wide range of relevant policies and procedures that include,

- Health and Safety
- Cooksafe
- Infection Control
- Accident and Incident Reporting
- Restraint
- Adult Protection
- Safer Recruitment
- Medication
- Audits of environment, equipment, procedures and practice
- Risk Assessments
- Challenging Behaviour

During the inspection, we carried out a physical check of the environment, both internally and externally. Everywhere was maintained to a very high standard. The environment was fresh and clean with no malodours. Residents with a dementia were kept safe within the home through a series of coded doors. This enabled safe wandering within the environment. Residents on the lower floor of the building were able to gain access outdoors through an unlocked door system in that part of the building. Some residents also had outdoor access through doors in their bedrooms. One resident spoke about this being particularly appreciated in hot and sunny weather. Residents with a dementia were able to access safe gardens with support from staff and a number of residents went out to enjoy the sun and an icecream with staff support. This provides a high quality of life for all residents and encourages residents to be as independent as possible.

It was very clear during the inspection that all staff take a pride in the appearance of the home. Regular room audits, including bedroom, kitchen, laundry and bathrooms ensure high standards are maintained. Records of audits were examined during the inspection and we confirmed that any work required is transferred to appropriate checklists and recorded when completed. This ensures that outstanding work is dealt with quickly and not forgotten. For example, records showed bulbs that required to be replaced in bathrooms were done so immediately. This greatly reduces the risk of accidents and falls that could have been prevented. Effective environmental management contributes to an overall outcome of safe and healthy living and again encourages independence and a reduced reliance on staff for small achievable tasks of daily life such as going to the toilet independently.

As we have already highlighted, the service has recently taken part in a Falls Prevention and Management Project. The manager of the service keeps detailed records of falls, where they occur and at what times. This is leading to a greater understanding of any similarities or key triggers that could shape future assessment and support in this area.

Overall, we could clearly see that residents within this service are safe and protected. This is both in a physical and emotional sense. The dementia project in particular, is promoting a strong sense of security and familiarity for residents with different door colours for each resident and the development of the 1950's living room.

This is all supported by a well trained and knowledgeable staff team. Records of training confirmed attendance at Food Hygiene, Fire Safety, Moving and Handling, Infection Control and Challenging Behaviour training on a rolling programme. This is good practice and ensures staff maintain and improve on the skills they have.

### **Areas for improvement**

The service should continue to ensure that the high level of practice in this area is maintained.

**Grade awarded for this statement:** 6 - Excellent

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service Strengths

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

#### Areas for improvement

See Quality Theme 1 Quality Statement 1.

**Grade awarded for this statement:** 6 - Excellent

**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

During the inspection we were able to see in written documentation and observation of practice that the staff team are a valuable asset to this service. We have already mentioned that everyone in this service is made to feel special and valued. This clearly includes the staff team and was confirmed in discussion with a member of staff. Staff were confident in carrying out their day to day duties and showed that they worked from a strong value base. For example, all staff had time to chat with residents throughout the day. One member of staff sat outside with residents in the sunshine, looking at magazines and engaging in conversation. This approach not only helps to motivate staff, it also reflects in how residents feel about themselves, that they are important. This avoids social isolation and loneliness.

All staff appeared enthusiastic and motivated in their day to day work. There was strong evidence of team work, effective communication and sharing of tasks. For example, during meal times, identified members of staff sat with residents who required support and other staff served meals or monitored other parts of the building where residents were more likely to wander. We observed staff using their time effectively, interacting with all residents. Staff were seen and heard to be friendly but not over familiar, thus still maintaining a clear level of respect.

There is a strong culture of learning and development amongst the staff team which was confirmed through attendance records and a training matrix. This is supported by the manager and directors of the company. There continues to be a substantial investment in staff learning and development and courses attended are varied and wide ranging. We have referred to the range of courses under Theme 1, Statement 3. Staff are also encouraged to complete vocational qualifications and a member of staff spoke enthusiastically about her achievements and how she has been able to put her learning into practice and share with others. For example, at a recent course on dementia, the staff member was able to talk about the dementia project, sharing good practice in this area with other services.

Staff learning and development are supported not only by the individual efforts of managers and directors but also a number of systems. This includes,

- Staff Meetings
- Comprehensive Induction
- Supervision
- Appraisal
- Reflective Discussion
- Job Chats

We examined a number of minutes of staff meetings that showed a variety of discussion ranging from day to day work issues, service plans and development and also training opportunities and reflective discussion. Not all meetings were well attended, however, minutes were made available to all and important information was sent direct to staff to ensure they were aware of decisions and outcomes. It is important to recognise however that the benefits of group discussion and sharing are an important aspect of service development.

We examined a small number of supervision records during the inspection. These confirmed that this was used as an opportunity for reflective discussion as well as a more 'clinical' discussion of practice. We spoke with a staff member who confirmed that they found supervision to be a positive experience. We also examined records of job chats where all members of staff were invited to chat with the directors on a one to one basis about aspects of their jobs and the service. The minutes of these meetings showed that staff members were confident to raise concerns and were candid in discussion. For example, during a review of dependency and changing needs of residents, a large number of staff raised concern about staffing levels not reflecting the increasing needs of residents. The result of these discussions led to an increase in staffing which was confirmed by staff during the inspection. By using 'job chats' as an alternative way to engage staff and showing that change can be influenced is a very motivating example of staff support.

Overall, the staff team at this service work to a very high standard. Their knowledge and commitment to the job they do ensures that residents are all well cared for, supported and live a life with meaning and opportunity. This was confirmed in discussions with residents and relatives.

### **Areas for improvement**

The service should continue to develop systems where staff feel confident to share views, opinions, ideas and feedback. In particular, the service should continue to look for ways to encourage greater attendance at staff meetings.

The service has identified in their self assessment that they intend to develop a questionnaire regarding attitudes and skills values of staff over the coming year.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 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

Evidence in support of this statement can be found in Quality Theme 1 Quality Statement 1.

#### Areas for improvement

See Quality Theme 1 Quality Statement 1.

**Grade awarded for this statement:** 6 - Excellent

**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

The service places a great emphasis on quality assurance to ensure that the service they provide continues to offer a high standard of care and support. Anyone involved with the service are encouraged to become involved in assessing aspects of the service. This includes residents, relatives, staff and other professionals. There are a wide range of systems and opportunities to gather and assess information. These include,

- A wide range of regular and spot check audits
- surveys and questionnaires, including, ' How good is your team '
- Managers Meetings and sharing of good practice
- Action Plans to ensure work is carried out
- Good communication systems with an 'open door' policy

We examined a range of documentation and audit records and found these to be carried out on a regular basis. Work identified was completed and followed up. For example, surveys and reviews have led to environmental changes and improvements in decor and in the garden. These continue on a rolling programme. The service clearly works to the principle of ' plan, do, check '.

Emphasis is placed on the sharing of good practice and the service has recently enabled supervisors working in the two homes in the group to 'swap' services for five days. The manager of this service confirmed that this had been of great benefit and a useful learning opportunity. For example, this report has already highlighted plans to review and streamline the care planning system. This example shows that the provider and the service have a strong commitment to providing a high quality service that continues to meet the needs of residents.

The service actively encourages participation in quality assurance which gives residents a strong sense that this is their home and that their opinions are being listened to. There is a sense of achievement when ideas and developments are realised. This is clearly see in the dementia project we have already highlighted.

### **Areas for improvement**

The service should continue to maintain and develop the high standards achieved in this area. In particular, continue to develop the opportunities for sharing and reviewing good practice across the provider group.

**Grade awarded for this statement:** 5 - Very Good

**Number of requirements:** 0

**Number of recommendations:** 0

## 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 noted.

### 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 SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
<b>Quality of Environment - 6 - Excellent</b>	
Statement 1	6 - Excellent
Statement 2	6 - Excellent
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	6 - Excellent
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	6 - Excellent
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
2 Nov 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
3 Aug 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership 5 - Very Good
4 Feb 2010	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed

## Inspection report continued

28 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
19 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
9 Apr 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 5 - Very Good 5 - Very Good

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

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## Translations and alternative formats

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

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iarrrtas.

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ی ر خ ا ت ا غ ل ب و ت ا ق ی س ن ت ب ب ل ط ل ا د ن ع ر ف ا و ت م ر و ش ن م ل ا ا ذ ه

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