



Inspection report

Isle View (Care Home) Care Home Service Adults

Aultbea
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Inspected by: (Care Commission officer)	John Corbett
Type of inspection:	Unannounced
Inspection completed on:	11 March 2010

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Service provided by:

Isle View Home Ltd

Service provider number:

SP2003003359

Care service number:

CS2003014502

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Easy read summary of this inspection report

We grade all the Quality Statements for a service at each inspection. Each grade describes how well we think the service is doing based on what we inspected.

We can choose from six grades:



We gave the service these grades

Quality of Care and Support		Very Good
Quality of Environment		Very Good
Quality of Staffing		Very Good
Quality of Management and Leadership		Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

What the service does well

The service provided a valuable resource for elderly people in a remote and rural area of Wester Ross. The care home permitted local residents to be cared for in a local facility and maintain family and social connections.

The service benefited from local ownership, and a core of local, loyal, long-

serving staff, whose knowledge and awareness of the culture of the area, the people who live there, and the community was a real positive to service users and their families.

The service enjoyed very good relations with all local agencies and support services to provide a comprehensive care service to its service users.

The service provided a welcoming, friendly and relaxed environment, where the outcomes for their service users, carers and families was paramount in their philosophy of care and operational systems.

The care home also offered respite and day care facilities on a limited basis.

What the service could do better

The service is maintaining current good standards and continuing to improve.

What the service has done since the last inspection

The service continued to involve the service users in evaluating the service through the use of a lay person who facilitated the process.

Service user questionnaires had been developed looking at key issues for service users, and which had been raised by them.

The service manager was looking to develop a questionnaire for stakeholders involved with the service.

Conclusion

The care home service offered a valued, local, care service to older people in the geographical area. The care home also offered respite care and a limited day care service within the locality.

The service was clearly meeting its aims and objectives, and had increased the level of service user and carer involvement in the service.

Who did this inspection

Lead Care Commission Officer

John Corbett

Other Care Commission Officers

Lay Assessor

Please read all of this report so that you can understand the full findings of this inspection.

About the Care Commission

We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: www.carecommission.com. Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

About the National Care Standards

The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: www.scotland.gov.uk

You can get printed copies free from:

Booksource
50 Cambuslang Road
Cambuslang Investment Park
Glasgow
G32 8NB
Tel: 0845 370 0067
Fax: 0845 370 0068
Email: scottishgovernment@booksource.net

What is inspection?

Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.

Recommendations, requirements and complaints

If we are concerned about some aspect of a service, or think it could do more to improve its service, we may make a requirement or recommendation.

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

How we decided what to inspect

Why we have different levels of inspection

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

How we decide the level of inspection

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

What is grading?

We grade each service under Quality Themes which for most services are:

- **Quality of Care and support:** how the service meets the needs of each individual in its care
- **Quality of environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of staffing:** the quality of the care staff, including their qualifications and training
- **Quality of management and leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

6	5	4	3	2	1
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

About the service we inspected

Isle View was registered by the Care Commission on 1 April 2002 as a care home for up to twenty three older people.

The home is a well established service located in the village of Aultbea and enjoys a scenic location overlooking Loch Ewe in Wester Ross.

The service aims to provide service users with a secure, relaxed and homely environment in which their care, well-being and comfort are of prime importance.

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

Quality of Care and Support	5 - Very Good
Quality of Environment	5 - Very Good
Quality of Staffing	5 - Very Good
Quality of Management and Leadership	4 - Good

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website (www.carecommission.com) to find the most up-to-date grades for this service.

How we inspected this service

What level of inspection did we make this service

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 activities did we undertake during the inspection

The service had submitted a completed Annual Return as requested by the Care Commission.

The service submitted a concise and objective self-assessment form as requested by the Care Commission which assisted the inspection and grading process.

We wrote this report after an unannounced inspection which took place on 11th March 2010.

During inspection, the Commission Officer met with the service manager and examined documentation relevant to the inspection focus.

The Commission Officer examined the premises and grounds, and facilities within the care home, and examined the policies and procedures, records, and systems relevant to the quality themes and areas of development being examined.

All of the above information was taken into account during the inspection process and used to compile the report.

Inspection Focus Areas (IFAs)

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2009/10 we will focus on:

- Meaningful activity for all adult services
- How care services assess the health of people with learning disabilities
- Involving parents for children's services
- Medication for looked after children for residential accommodation for children
- How care services make sure they have safe recruitment procedures for staff for all services except childminders.

You can find out more about these from our website www.carecommission.com.

Fire safety issues

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: www.infoscotland.com/firelaw

The annual return

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 28 February 2009.

Annual Return Received

Yes - Electronic

Comments on Self Assessment

We received a fully completed self assessment document from the provider. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

Taking the views of people using the care service into account

The service users were relaxed and comfortable.

Taking carers' views into account

Not examined at this inspection.

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 continued to involve the service users in evaluating the service through the use of a lay person who facilitated the process.

Service user questionnaires had been developed looking at key issues for service users, and which had been raised by them.

The service manager was looking to develop a questionnaire for stakeholders involved with the service.

Strengths for this Quality Statement remain as reported in the announced inspection carried out on 5th August 2009, which are listed below:

The service had created a range of methods to encourage the participation of service users and carers in relation to this statement.

The service had a "Participation Strategy" which outlined the methods of involving service users, carers, family and stakeholders in evaluating the quality of care and operational systems in the care home.

The service had completed a self-assessment analysis of the concept of "participation", identified good practice, formal and informal ways of involvement, and identified future objectives.

The service used a local volunteer as a "lay" advocate for the service users in terms of collating their responses, dealing with them in groups and on a 1:1 basis providing a valuable, objective source of service user feedback, from "outside" the care home environment. The lay advocate had assisted in organising service users meetings and was involved in the development of a new questionnaire for the service users.

This innovative development was commended.

Alongside the "formal" processes, within the care home, there was strong emphasis of the "informal" mechanisms within the home being as important with regard to service users involvement.

Service users felt relaxed and comfortable in terms of expressing their views, and described a flexible service where they had choice and a responsive staff group.

There was a Welcome Pack in place which was easy to read and well presented. It contained a statement on the service's philosophy of care and a charter of rights.

This made reference to consultation in relation to service users' daily living conditions and their participation in decisions regarding any proposed changes to their care.

There was a statement of the service's aims and objectives and an open door policy. Information was also provided on the service's complaints procedure.

Potential service users were also provided with a copy of the latest Care Commission report within the Welcome pack.

There was a pre-admissions process which involved meeting with the prospective service user and their family/carer to provide information, work to reduce anxieties and gather information for the assessment to ensure that the service was able to meet the needs of the service user on their admission.

A care planning format was in place which was specific to the service user group, and actively involved the service user, their next of kin / carer, or representative, where possible.

Service user participation was evident in terms of residents' meetings, the minutes of which demonstrated that service users were able to contribute to the service delivery, have their say and effect change. The use of a "lay" advocate provided service users with an additional outlet for their views.

There was evidence of outcomes being effected by service users' meetings in terms of choice of daily activities, routines, and some elements of personal care.

The cook carried out individual consultations with the service users as a group and individually, and with new or respite clients, with regard to food choices and diet.

Service users confirmed that the residents' meetings were open and that they felt comfortable in expressing their views. They felt the presence of the "lay" person was a positive bonus.

Service users were provided with questionnaires regarding service delivery and their care.

There were difficulties with carer contact as some service users had lost contact with family and some carers were geographically remote.

Respite care clients were given the option of a trial visit as well.

Service user choice and participation was evident within care planning, financial management, and choice of activities, daily routines, dress, menu, outings, and confidentiality issues.

Individual needs assessment, care and support plans showed service user / carer involvement. This included health needs, access to healthcare professionals, food & nutrition, access to preventative healthcare, screening, infection control, medication and mental health wellbeing, access to independent advocacy and mental health support services.

The complaints system was clear, understandable, user-friendly, fair, and robust.

Service users were made aware as to how to complain to the Care Commission via service information documents and the complaints notice.

Service users described easy individual access to the manager and an open door policy.

Service users confirmed an open culture within the care home in terms of having their say, expressing their views, and the responses from all staff.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

Service Strengths

Strengths for this Quality Statement remain as reported in the announced inspection carried out on 5th August 2009, which are listed below:

The service ethos and operational systems were focused on ensuring service users were assisted to maximise their potential, and retain their individuality, skills and abilities.

The staff group was long-serving and local, and whilst there was no active key worker system in place, by the nature and size of the service, the staff knew the individual service users, and their needs, very well.

The individual service user's personal care plan and needs assessment included:

- * what they preferred to be called
- * social history and personal background information record
- * personal preferences as to food and drink, and any special dietary needs
- * social, cultural and spiritual preferences
- * any special furniture, equipment and adaptations needed
- * who should be involved in reviews of care
- * communication needs
- * individual health needs and how these should be met
- * when and in what circumstances friends, relatives and carers would be contacted
- * arrangements for taking any medication

Personal plans examined demonstrated they were reviewed regularly.

Care staff encouraged service users to use existing skills and to develop new ones. The maintenance of independence was a key tenet within the service.

Service users' activities may be affected by specific legal provisions that applied to them (for example if they were on Guardianship or came under the auspices of the Mental Health Act (Scotland)).

Service users confirmed they had control over who went into their room or living space, and when this happened, and that their privacy was respected.

Service users confirmed their doors had a locking system that they could use but staff could open it if there was an emergency.

Service users confirmed they could entertain visitors and friends in private, and children

were made welcome.

Service users confirmed they could make and receive phone calls in private and receive mail, in private.

Service users confirmed they could keep up relationships with friends, relatives and carers and links with their own community. Staff would support them to do this, where possible and practicable.

Service users were free to come and go as they pleased, unless there were specific legal or care requirements which prevented this.

Service users confirmed they had no restrictions placed on the time they got up or went to bed, and that the routines within the home were flexible and based on their choice.

Service users confirmed they were supported and encouraged to use local services.

Service users confirmed they received information about local events, facilities and activities.

Service users confirmed that staff assisted them to arrange meetings with visitors, and to attend appointments etc.

Service users confirmed that they could prepare for important events (for example, reviews and hospital appointments) and had time to communicate their feelings, views and answers.

Service users were able to move around easily in the home and its grounds.

Service users could bring personal belongings with them, including items of furniture. The rooms had a high degree of personalisation.

Service users felt that at all times the number of staff who were on duty and who had the necessary skills were sufficient to meet their support and care needs.

The service had in place a policy to ensure voting rights were maintained.

The staff consistently tried to ensure that service users maintained links with their community and personal contacts, given the remote and rural nature of the locality.

Examination of rooms showed that service users could personalise their rooms to their own taste, and service users spoken with confirmed that they felt their rooms were their private areas.

Service users confirmed they had choice and flexibility in how they chose to spend their day.

There were spaces available within the home for privacy and quiet areas.

Service users confirmed they were consulted regarding the balance of rights and risks in how they spent their time.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

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: 5 - Very Good

Statement 1

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

Service Strengths

Strengths for this Quality Statement remain as reported in the announced inspection carried out on 5th August 2009, which are listed below:

The service had created a range of methods to encourage the participation of service users and carers in relation to this statement.

The service had a "Participation Strategy" which outlined the methods of involving service users, carers, family and stakeholders in evaluating the quality of environment in the care home.

The service had completed a self-assessment analysis of the concept of "participation", identified good practice, formal and informal ways of involvement, and identified future objectives.

The service used a local volunteer as a "lay" advocate for the service users in terms of collating their responses, dealing with them in groups and on a 1:1 basis providing a valuable, objective source of service user feedback, from "outside" the care home environment. The lay advocate had assisted in organising service users meetings and was involved in the development of a new questionnaire for the service users.

This innovative development is commended.

Alongside the "formal" processes, within the care home, there was strong emphasis of the "informal" mechanisms within the home being as important with regard to service users involvement. In discussion with service users it was evident the home had a relaxed and open culture and environment.

Service users felt relaxed and comfortable in terms of expressing their views, and described a flexible service where they had choice and a responsive staff group.

There was a Welcome Pack in place which was easy to read and well presented. It contained a statement on the service's philosophy of care and a charter of rights.

This made reference to consultation in relation to service users' daily living conditions and their participation in decisions regarding any proposed changes to their care.

There was a statement of the service's aims and objectives and an open door policy. Information was also provided on the service's complaints procedure.

Potential service users were also provided with a copy of the latest Care Commission report within the Welcome Pack.

There was a pre-admissions process which involved meeting with the prospective service user and their family/carer to provide information, work to reduce anxieties and gather information for the assessment to ensure that the service was able to meet the needs of the service user on their admission.

A new care planning format was in place which was specific to the service user group, and actively involved the service user, their next of kin / carer, or representative, where possible.

Service user participation was evident in terms of residents' meetings, the minutes of which demonstrated that service users were able to contribute to the service delivery, have their say and effect change. The use of a "lay" advocate provided service users with an additional outlet for their views.

There was evidence of outcomes being effected by service users' meetings in terms of choice of daily activities, routines, and some elements of personal care.

The cook carried out individual consultations with the service users as a group and individually, and with new or respite clients, with regard to food choices and diet.

Service users confirmed that the residents' meetings were open and that they felt comfortable in expressing their views. They felt the presence of the "lay" person at their meetings was a positive bonus.

Service users were provided with questionnaires regarding service delivery and their care.

There were difficulties with carer contact as some service users had lost contact with family and some carers were geographically remote.

Respite care clients were given the option of a trial visit as well.

Service user choice and participation was evident within care planning, choice of activities, daily routines, dress, menu, outings, and matters relating to the care home environment.

Individual needs assessment, care and support plans showed service user / carer involvement. This included health needs, access to healthcare professionals, food & nutrition, access to preventative healthcare, screening, infection control, medication and

mental health wellbeing, access to independent advocacy and mental health support services.

The complaints system was clear, understandable, user-friendly, fair, and robust.

Service users were made aware as to how to complain to the Care Commission via service information documents and the complaints notice.

Service users described easy individual access to the manager and an open door policy.

Service users confirmed an open culture within the care home in terms of having their say, expressing their views, and the responses from all staff.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

Grade awarded for this statement

5 - Very Good

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

Strengths for this Quality Statement remain as reported in the announced inspection carried out on 5th August 2009, which are listed below:

Potential service users and their carers or representatives were provided with a comprehensive information package prior to, and on taking up the service.

This included key service information and policies and procedures.

Service users could undertake a trial period at the home which was flexible and geared towards the individual's needs.

Service users were provided with an information pack which described service delivery and systems within the care home, and also outlined the complaints procedure.

Service users were each supplied with an individual contract.

The service provider had comprehensive policies and procedures in place with regard to Health & Safety, COSHH, infection control & waste management, medication, risk assessment & management.

A comprehensive service risk assessment had been undertaken in August 2009.

Health and safety audits were carried out within the service provider's own guidelines.

Fire Safety maintenance and drills were recorded.

Maintenance of the fire systems and equipment was being carried out.

The service had been the subject of recommendations in the Highlands and Island's Fire Service report of 27 April 2009 and the manager stated some of these recommendations have to be completed.

The service had risk assessment and management policies and procedures.

Staff had undertaken Protection of Vulnerable Adults training.

The cook stated that the Food Hygiene inspection report recommendations had been carried out.

The appropriate staff had undertaken food hygiene training. Food hygiene policy and procedures were being followed. The service had a Control of Infection policy in place.

There were systems in place for the recording of incidents / accidents and any episodes of restraint. Accident recording demonstrated evidence of clear reporting, appropriate action, evaluation and review, and audit by the manager.

The restraint policy met the needs of the service user group - there had been no episodes of restraint recorded in the service.

A sample of the service provider's staff recruitment and induction systems were audited and found to be robust and met the Regulation of Care (Requirements as to Care services) (Scotland) Regulations 2002 and relevant National Care Standard (Standard 5)

Staffing rotas confirmed the appropriate levels were being maintained.

The service users spoken with confirmed an environment that was free from bullying, harassment and abuse.

Examination of the home environment demonstrated it was clean, bright and tidy, well furnished and resourced and well maintained.

Service user's rooms demonstrated a high degree of personalisation. There were quiet sitting rooms and areas available to service users.

Service users confirmed that they had freedom to move around the home and immediate area, and they had access to outings. The home enjoyed a pleasant location, with magnificent views over Loch Ewe and is surrounded by pleasant gardens.

Service users felt the home was secure and the provider had a visitor's policy in place.

Service users confirmed they were afforded privacy when seeing visitors.

Service users were afforded the opportunity to comment, express their views and make suggestions concerning the care home environment, through residents meetings and through further service questionnaires.

Service users were advised of their rights to independent advocacy and assisted in accessing support when required.

The service users enjoyed the support of a "lay" advocate from outwith the home who assisted them in expressing their views on service provision, through the residents meetings.

The service had the appropriate insurances in place to protect service users.

The service complied with the conditions of registration as defined on the registration certificate and staffing notice.

The service had in place the appropriate systems in place to meet the National Care Standard 20 - Moving On.

Areas for Improvement

The Health and Safety Policy was in the process of review and update.

Grade awarded for this statement

5 - Very Good

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

Strengths for this Quality Statement remain as reported in the announced inspection carried out on 5th August 2009, which are listed below:

The service had created a range of methods to encourage the participation of service users and carers in relation to this statement.

The service had developed a "Participation Strategy" which outlined the methods of involving service users, carers, family and stakeholders in evaluating the staffing in the care home.

The service had completed a self-assessment analysis of the concept of "participation", identified good practice, formal and informal ways of involvement, and identified future objectives.

The service used a local volunteer as a "lay" advocate for the service users in terms of collating their responses, dealing with them in groups and on a 1:1 basis providing a valuable, objective source of service user feedback, from "outside" the care home environment. The "lay" advocate had assisted in organising service users' meetings and was involved in the development of a new questionnaire for the service users.

This innovative development is commended.

Alongside the "formal" processes, within the care home, there was strong emphasis of the "informal" mechanisms within the home being as important with regard to service users involvement. In discussion with service users it was evident the home had a relaxed and open culture and environment.

Service users felt relaxed and comfortable in terms of expressing their views, and described a flexible service where they had choice and a responsive staff group. They felt at ease in being able to comment on any staffing issues that arose.

There was a Welcome Pack in place which was easy to read and well presented. It contained a statement on the service's philosophy of care and a charter of rights. This made reference to consultation in relation to service users' daily living conditions and their participation in decisions regarding any proposed changes to their care.

There was a statement of the service's aims and objectives and an open door policy. Information was also provided on the service's complaints procedure.

Potential service users were also provided with a copy of the latest Care Commission report within the Welcome Pack.

There was a pre-admissions process which involved meeting with the prospective service user and their family/carer to provide information, work to reduce anxieties and gather information for the assessment to ensure that the service was able to meet the needs of the service user on their admission.

A new care planning format was in place which was specific to the service user group, and actively involved the service user, their next of kin / carer, or representative, where possible.

Service user participation was evident in terms of residents meetings, the minutes of which demonstrated that service users were able to contribute to the service delivery, have their say and effect change. The use of a "lay" advocate provided service users with an additional outlet for their views.

There was evidence of outcomes being effected by service users' meetings in terms of choice of daily activities, routines, and some elements of personal care.

The cook carried out individual consultations with the service users as a group and individually, and with new or respite clients, with regard to food choices and diet.

Service users confirmed that the residents' meetings were open and that they felt comfortable in expressing their views. They felt the presence of the "lay" person was a positive bonus.

Service users were also to be provided with questionnaires regarding service delivery and their care, which includes questions on staffing.

There were difficulties with carer contact as some service users had lost contact with family and some carers were geographically remote.

Respite care clients were given the option of a trial visit as well.

Service user choice and participation was evident within care planning, financial management, and choice of activities, daily routines, dress, menu, outings, and confidentiality issues.

Individual needs assessment, care and support plans showed service user / carer involvement. This included health needs, access to healthcare professionals, food & nutrition, access to preventative healthcare, screening, infection control, medication and

mental health wellbeing, access to independent advocacy and mental health support services.

The complaints system was clear, understandable, user-friendly, fair, and robust.

Service users were made aware as to how to complain to the Care Commission via service information documents and the complaints notice.

Service users described easy individual access to the manager and an open door policy.

Service users confirmed an open culture within the care home in terms of having their say, expressing their views, and the responses from all staff.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2

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

Service Strengths

Strengths for this Quality Statement remain as reported in the announced inspection carried out on 5th August 2009, which are listed below:

A sample of audit of staff files held locally indicated that recruitment procedures for all staff were in place to facilitate safe recruitment.

An audit of the provider's policies and procedures relating to safer recruitment was carried out and the appropriate policies and procedures were in place.

A sample examination of six staff files provided evidence that the provider recruits staff in line with their own recruitment policy, legal and regulatory requirements and best practice guidance.

The processes for staff recruitment included;

- * the use of an application form
- * uptake of two references, one from a current employer
- * additional references sought where initial references proved unsatisfactory
- * a medical questionnaire
- * enhanced disclosure checks as well as systems for action to be taken in the event of unsatisfactory disclosure checks
- * professional register checks, where appropriate
- * evidence of skills, values and experience, including qualifications
- * checking evidence of entitlement to work in accordance with the Asylum and Immigration Act 1996
- * successful applicants are not allowed to work until after references and disclosures have been received and validated

The policies and processes seen, demonstrated that the provider had implemented all aspects of Safer Recruitment. The policy showed that the provider had clear decision making processes for when any issues arise with any references.

The processes seen were safe, and sought to ensure that those staff employed were able to meet the needs of those who used the care service

The service provider had in place a recruitment policy and procedures which complied with the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) - Regulations 7 and 13, and meets the National Care Standards - Standard 5 - Management & Staffing.

Those staff who are required to, were registered with the Scottish Social Service Council (SSSC) (National Care Standards - Standard 5 - Management & Staffing - (5)).

The service had met the required SSSC standard for the percentage of staff having the appropriate minimum level of qualifications to work in the service (National Care Standards - Standard 5 - Management & Staffing - (8)).

Staff confirmed that they had undergone a period of sheltered induction, which is formally recorded.

Staff stated that they were supported by an identified mentor during this period.

The medical questionnaire element of the interview process had been reviewed and updated.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

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: 4 - Good

Statement 1

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

Service Strengths

Strengths for this Quality Statement remain as reported in the announced inspection carried out on 5th August 2009, which are listed below:

The service had created a range of methods to encourage the participation of service users and carers in relation to this statement.

The service had developed a "Participation Strategy" which outlined the methods of involving service users, carers, family and stakeholders in evaluating the quality of management and leadership in the care home.

The service had completed a self-assessment analysis of the concept of "participation", identified good practice, formal and informal ways of involvement, and identified future objectives.

The service used a local volunteer as a "lay" advocate for the service users in terms of collating their responses, dealing with them in groups and on a 1:1 basis providing a valuable, objective source of service user feedback, from "outside" the care home environment. The "lay" advocate had assisted in organising service users' meetings and was involved in the development of a new questionnaire for the service users.

This innovative development is commended.

Alongside the "formal" processes, within the care home, there was strong emphasis of the "informal" mechanisms within the home being as important with regard to service users involvement.

In discussion with service users it was evident the home had a relaxed and open culture and environment.

Service users felt relaxed and comfortable in terms of expressing their views, and described a flexible service where they had choice and a responsive staff group.

There was a Welcome Pack in place which was easy to read and well presented. It contained a statement on the service's philosophy of care and a charter of rights.

This made reference to consultation in relation to service users' daily living conditions and their participation in decisions regarding any proposed changes to their care.

There was a statement of the service's aims and objectives and an open door policy. Information was also provided on the service's complaints procedure.

Potential service users were also provided with a copy of the latest Care Commission report within the Welcome Pack.

There was a pre-admissions process which involved meeting with the prospective service user and their family/carer to provide information, work to reduce anxieties and gather information for the assessment to ensure that the service was able to meet the needs of the service user on their admission.

A care planning format was in place which was specific to the service user group, and actively involved the service user, their next of kin / carer, or representative, where possible.

Service user participation was evident in terms of residents meetings, the minutes of which demonstrated that service users were able to contribute to the service delivery, have their say and effect change. The use of a "lay" advocate provided service users with an additional outlet for their views.

There was evidence of outcomes being effected by service users' meetings in terms of choice of daily activities, routines, and some elements of personal care.

The cook carried out individual consultations with the service users as a group and individually, and with new or respite clients, with regard to food choices and diet.

Service users confirmed that the residents' meetings were open and that they felt comfortable in expressing their views. They felt the presence of the "lay" person was a positive bonus.

Service users were also to be provided with questionnaires regarding service delivery and their care.

There were difficulties with carer contact as some service users had lost contact with family and some carers were geographically remote.

Respite care clients were given the option of a trial visit as well.

Service user choice and participation was evident within care planning, financial management, and choice of activities, daily routines, dress, menu, outings, and confidentiality issues.

Individual needs assessment, care and support plans showed service user / carer

involvement. This included health needs, access to healthcare professionals, food & nutrition, access to preventative healthcare, screening, infection control, medication and mental health wellbeing, and access to independent advocacy.

The complaints system was clear, understandable, user-friendly, fair, and robust.

No complaints had been made within the service or received by the Care Commission

Service users were made aware as to how to complain to the Care Commission via service information documents and the complaints notice.

Service users described easy individual access to the manager and the owner, with an "open door policy".

Service users confirmed an open culture within the care home in terms of having their say, expressing their views, and the responses from all staff.

Areas for Improvement

The service is maintaining current good standards and continuing to improve.

Grade awarded for this statement

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 4

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

Service Strengths

Strengths for this Quality Statement remain as reported in the announced inspection carried out on 5th August 2009, which are listed below:

The service had created a range of methods to encourage the participation of service users and carers in relation to this statement.

The service had developed a "Participation Strategy" which outlined the methods of involving service users, carers, family and stakeholders in evaluating the quality of management and leadership in the care home.

The service had completed a self-assessment analysis of the concept of "participation", identified good practice, formal and informal ways of involvement, and identified future objectives.

The service used a local volunteer as a "lay" advocate for the service users in terms of collating their responses, dealing with them in groups and on a 1:1 basis providing a valuable, objective source of service user feedback, from "outside" the care home environment. The lay advocate had assisted in organising service users meetings and was involved in the development of a new questionnaire for the service users.

This innovative development is commended.

Formal internal audit processes included an annual Health & Safety audit and ongoing risk assessment within the service.

The service business plan incorporated a refurbishment programme which involved input from service users, carers and staff.

Alongside the "formal" processes, within the care home, there was strong emphasis of the "informal" mechanisms within the home being as important with regard to service users involvement.

In discussion with service users it was evident the home had a relaxed and open culture and environment.

Service users felt relaxed and comfortable in terms of expressing their views, and described a flexible service where they had choice and a responsive staff group.

There was a Welcome Pack in place which was easy to read and well presented. It contained a statement on the service's philosophy of care and a charter of rights.

This made reference to consultation in relation to service users' daily living conditions and their participation in decisions regarding any proposed changes to their care.

There was a statement of the service's aims and objectives and an open door policy. Information was also provided on the service's complaints procedure.

Potential service users were also provided with a copy of the latest Care Commission report within the Welcome Pack.

There was a pre-admissions process which involved meeting with the prospective service user and their family/carer to provide information, work to reduce anxieties and gather information for the assessment to ensure that the service was able to meet the needs of the service user on their admission.

A new care planning format was in place which was specific to the service user group, and actively involved the service user, their next of kin / carer, or representative, where possible.

Service user participation was evident in terms of residents' meetings, the minutes of which demonstrated that service users were able to contribute to the service delivery, have their say and effect change. The use of a "lay" advocate provided service users with an additional outlet for their views.

There was evidence of outcomes being effected by service users' meetings in terms of choice of daily activities, routines, and some elements of personal care.

The cook carried out individual consultations with the service users as a group and individually, and with new or respite clients, with regard to food choices and diet.

Service users spoken with confirmed that the residents' meetings were open and that they felt comfortable in expressing their views. They felt the presence of the "lay" person was a positive bonus.

Service users were also to be provided with questionnaires regarding service delivery and their care.

There were difficulties with carer contact as some service users had lost contact with family and some carers were geographically remote.

Respite care clients were given the option of a trial visit as well.

Service user choice and participation was evident within care planning, financial

management, and choice of activities, daily routines, dress, menu, outings, and confidentiality issues.

Individual needs assessment, care and support plans showed service user / carer involvement. This included health needs, access to healthcare professionals, food & nutrition, access to preventative healthcare, screening, infection control, medication and mental health wellbeing, and access to independent advocacy.

The complaints system was clear, understandable, user-friendly, fair, and robust.

No complaints had been made within the service or received by the Care Commission

Service users were made aware as to how to complain to the Care Commission via service information documents and the complaints notice.

Service users described easy individual access to the manager and the owner, with an "open door policy".

Areas for Improvement

The development of quality assurance systems should involve service users, carers, staff and other parties with an interest in the care home service.

The development of formal audit processes involving these key groups would enhance service delivery and development.

Grade awarded for this statement

4 - Good

Number of Requirements

0

Number of Recommendations

0

Other Information

Complaints

Enforcements

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Commission 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).

Summary of Grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	4 - Good

Inspection and Grading History

Date	Type	Gradings
27 Jan 2009	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good
3 Sep 2008	Announced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

Terms we use in our report and what they mean

Action Plan - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

Best practice statements/guidelines - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

Care Service - A service that provides care and is registered with us.

Complaints - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

Enforcement - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

Disclosure Scotland- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

Participation - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

Personal Plan - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

How you can use this report

Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

People who use care services, their relatives and carers

We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

Reader Information

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Translations and alternative formats

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

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

هه بايتسد سىم سونابز رگىد روا رولكش رگىد رپ شرازگ تعاشا هى

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

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Improving care in Scotland