

# Care service inspection report

## Kincarrathie House

### Care Home Service Adults

Pitcullen Crescent

Perth

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Telephone: 01738 621828

Type of inspection: Unannounced

Inspection completed on: 14 August 2014



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## Service provided by:

Kincarrathie Trust

## Service provider number:

SP2003002118

## Care service number:

CS2003009760

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## Summary

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

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

### We gave the service these grades

Quality of Care and Support	6	Excellent
Quality of Environment	6	Excellent
Quality of Staffing	6	Excellent
Quality of Management and Leadership	6	Excellent

### What the service does well

Residents, staff and the management team all have very good relationships. The atmosphere in the house was very relaxed. Residents were happy living here and told us that they felt that their care was paramount to the staff team.

### What the service could do better

The service should continue to build on their already very good practice. We asked the management team to consider ensuring that all ancillary staff have training in protecting vulnerable people.

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

Since the last inspection residents and staff had been heavily involved in promoting the Make Every Move Count initiative to support older people to become more active.

They had hosted the launch of this in the spring and had demonstrated their commitment to promoting this. Some residents had taken swimming classes at the local pool and there were regular activities within the home which encouraged people to get up and about.

## **Conclusion**

Overall, this service is very well received by those who live there and highly regarded by relatives and visiting health professionals. At the time of this inspection we were confident of excellent outcomes for residents through our observations of resident and staff interactions, of staff practice and through comments made to us by residents and their relatives.

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

## Requirements and recommendations

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

**\* 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. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.

**\* A requirement** is a statement which sets out what is required of a care service to comply with the Public Services Reform (Scotland) Act 2010 and Regulations or Orders made under the Act or a condition of registration. Where there are breaches of Regulations, Orders or Conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Inspectorate.

Kincarrathie House is a care home for older people which has been registered since 2002. The service is run on a voluntary basis by trustees of the Kincarrathie Trust.

Accommodation is offered within an extended detached Victorian house and comprises of forty-four single rooms, forty-three of which are en suite. There are also a number of sitting rooms, dining areas, sun rooms and a sun terrace. Many of the rooms have panoramic views over the grounds and beyond to Perth city.

The care home has extensive garden grounds which are accessible for wheelchairs. A walled garden is maintained within the grounds and provides fruit and vegetables to the care home.

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

**Quality of Care and Support - Grade 6 - Excellent**

**Quality of Environment - Grade 6 - Excellent**

**Quality of Staffing - Grade 6 - Excellent**

**Quality of Management and Leadership - Grade 6 - Excellent**

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

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

We wrote this report following an unannounced inspection. This was carried out by one Inspector. This inspection took place on 12 August 2014 between 7:15am and 2:15pm and on 14 August between 9am and 3pm. Feedback was provided to the deputy manager and a team leader at the end of the inspection on 14 August. In addition an Inspection Volunteer visited the service on 13 August 2014 between 9:30am and 2:30pm to speak with residents about their views of the service.

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

We sent twenty-five Care Standards Questionnaires (CSQs) to the manager to distribute to residents. Fifteen residents sent us completed questionnaires. We also sent fifteen to the manager to distribute to relatives and carers. Relatives and carers returned ten completed questionnaires before the inspection.

We also asked the manager to give out ten questionnaires to staff and we received four completed questionnaires.

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

We spoke with:

- \* Ten residents
- \* The deputy manager
- \* Two senior care workers
- \* Two care workers
- \* Two visiting professionals (district nurse and student nurse).

We looked at:

- \* The participation strategy (this is the service's plan for how they will involve service users)

- \* Minutes of residents meetings
- \* Minutes of relatives meetings
- \* Newsletters
- \* Residents, relatives and professional visitor questionnaires
- \* Care plan and medication audits
- \* Care plans, accident and incident records
- \* The environment and equipment.

### **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)



## **The annual return**

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## **Comments on Self Assessment**

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self assessment document from the provider. We were satisfied with the way the provider completed this and with the relevant information included for each heading that we grade services under.

The provider identified what it thought the service did well, some areas for development and any changes it had planned. The provider told us how the people who used the care service had taken part in the self assessment.

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

We spoke with ten residents during the inspection. They all commented favourably on the quality of care and support they received.

Fifteen residents also returned CSQs to us. Five strongly agreed and ten agreed that they were overall happy with the support they received.

Comments made are contained throughout this report.

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

No carers were available on the days we inspected, however ten people returned CSQs, nine strongly agreed and six agreed that they were overall happy with the care and support received by their relative.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 6 - Excellent

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

The service was able to evidence excellent opportunities for people who use the service to comment on the quality of care and support they receive.

These included:

A participation strategy which provided details of how people could choose to be involved in commenting on the service. An easy to read version of the strategy was displayed on noticeboards and included in the introductory pack for new residents.

Regular meetings took place for residents and relatives separately. Guest speakers were invited to speak with relatives at intervals through the year. Since the last inspection an Inspector from the Care Inspectorate had been invited to speak about the regulatory role of the inspectorate and the rehabilitation consultant had spoken about the Make Every Move Count initiative to residents and relatives.

Residents and their relatives had recently been involved in the ministerial launch of Make Every Move Count and residents had spoken at events about this.

The service provided an information pack which was given to prospective residents. This included information on the last inspection report, the aims of the service, resident and relative questionnaire results and information on how to raise a concern or complaint.

Satisfaction surveys had been sent out to residents, relatives and professional health workers earlier this year.

The residents satisfaction survey carried out by the service in February 2014 was returned by thirty residents. Overall, the majority of people found the care and support, environment, meals, staff and management to be either excellent (17%) or very good (83%).

The results of the survey were fed back to residents in April and where additional comments were made, action taken to make improvements was included.

An example of this was where a comment had been made about the main lounge often being quite cold. The service had installed new heating controls to regulate the heat within the room.

Other comments included the provision of fruit. Some residents were not aware that this was available at mealtimes and tea/coffee times. The manager had reminded staff to ensure residents were all aware of this at these times.

Similarly relatives were asked to complete a questionnaire, thirty responded and they also mostly found the service to be excellent or very good.

Comments from relatives included:

- \* "Overall, we are delighted with the staff and care provided at Kincarrathie - an exceptional place."
- \* "Have always found all staff very helpful. They always keep up-to-date with everything that is going on."
- \* "The improved range and number of activities available and the circulated printed timetable has been found useful by our relative."

Twenty-one professional health workers had returned surveys. Their comments were all positive about the care and support of the home.

Comments from professionals included:

- \* "I was going to write anyway to say how pleased we were with the care provided to .... Allowing the resident the dignity of staying at home is fantastic and I think the staff did a great job."
- \* "I cannot praise the level of care given highly enough. Kincarrathie is the gold standard that all care homes should be looking to, as all our elderly deserve this level of care."

We saw that actions had been taken to address issues raised.

For example:

One person suggested that communication needed to be improved between the district nursing service and the home. To address this a communication diary for district nurses and home staff had been implemented.

We saw evidence of this working well on the day of the inspection.

Quarterly seasonal newsletters were produced for residents. These included information on events taking place, the garden, staff and resident news.

Residents we spoke with told us that they found the newsletter interesting.

When anything arose between meetings or newsletters the manager wrote a memo for noticeboards to keep residents updated.

Care plan records evidenced that residents and their relatives (where appropriate) were involved in agreeing their plans. Regular reviews took place every six months.

This allowed further opportunities for people to comment on the quality of the service.

Residents told us that staff included them in day-to-day decision making about what they wanted to do and how they wished to be supported.

In summary, we found the participation and meaningful involvement was built into day-to-day practice within the service.

### **Areas for improvement**

The service should continue to promote participation in order to maintain the excellent standard identified at this inspection.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

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

### **Service strengths**

There was evidence to demonstrate that the service ensured the service users' health and wellbeing needs were met to an excellent standard.

Staff demonstrated a strong ethos of team working to make sure that residents' needs were being met.

Staff we spoke with were aware of resident's individual health and support needs.

Excellent details of individual health issues were found on examination of the care plans.

The plans had been individually tailored to guide staff how to support residents to be as independent as possible and to describe their likes, dislikes and preferences.

Examination of plans showed that there was evidence of regular health reviews. This included monitoring of nutrition and mobility. Discussion with the residents and staff evidenced that regular health reviews were also undertaken with the appropriate healthcare professionals.

We spoke with a district nurse who was visiting some residents. They had no concerns about the standards of care in the home and felt that they made appropriate health referrals.

Residents were all registered with GPs and the GPs regularly visited the home to see the residents either on a planned visit or as needed by individuals.

Healthcare professionals were appropriately involved with the residents according to their individual needs.

The home had links to a variety of services such as the continence service, psychiatry, dietitians, speech and language therapists and so on.

When it was assessed by the appropriate health professional that a person required palliative care, the home discontinued the main care plan and introduced a Resident Enhanced Care/Close Attention Plan. This included up-to-date information on basic care including mouth care, fluid and food intake, skin integrity as well as religious and emotional support for the resident and their family.

We saw evidence that this was working well during the inspection.

We carried out an audit of medication management and administration. This was found to be to a satisfactory standard.

All staff had access to a wide variety of training to help residents with their health needs including infection control, medication administration and moving and handling.

Meals were seen to be appetising and nutritious. We spoke with one of the cooks.

They demonstrated a good awareness of individual residents' preferences and dietary needs.

One resident told us how their specific dietary requests were catered for. Residents told us that the food was very nice.

Staff and residents told us about a wide range of purposeful activities that were encouraged to ensure residents were helped to be spiritually, physically and mentally active. Residents told us they could join in as much or as little as they liked. The activities included exercise classes, household chores, church services/singing, gardening and so on.

A weekly walking group had been established for walks around the home's extensive grounds. Once a month one of the gardening team would join the walk to discuss the different types of shrubs and trees planted.

Two mobility scooters were available for people to be more independent around the grounds. Safety was paramount and before using these residents undertook a 'driving test' to ensure they understood how they operated.

The walled garden and memorial garden was enjoyed by residents, some liked to sit and chat with the gardening team.

We saw staff taking time with each resident to help them with all aspects of daily living. They encouraged residents to be as independent as possible in all aspects of their day. Staff took their time supporting each person and did not rush them through tasks.

### **Observations of the Inspection Volunteer**

Most of our conversations were directed by the residents who had things they wished to speak about.

We spoke with seven residents.

As we arrived, the activities coordinator was setting off on a shopping trip with four residents. We were told that this was a very popular outing.

The team leader for the morning shift welcomed us as the deputy manager was with a resident. Several members of staff passed through the large, open hall. All staff were very welcoming. Portraits of Mr and Mrs Bell, who left their house to the Gannochy Trust, were on each side of a large fireplace in the hall.

There was an A3 sized list of the week's activities displayed on one wall; this was clear and easy to read. Later we discovered that there was even more happening that had not been written on the list.

The activities coordinator asked me if we would like to join them at the concert planned for that afternoon.

One of the residents had volunteered to take me on a tour of the home but they were at the hairdresser, upstairs, and would join us shortly.

The deputy manager took us out into the gardens. We went first into the walled garden where a lot of produce is grown for use in the house. Three gardeners work in the extensive grounds five days a week. We then went on to the Remembrance Garden which is quite new. A plaque, designed by a former resident, is mounted in the side wall of this peaceful, small garden. There is a water feature and one or two wooden seats. Many of the plants seemed to be appropriate, such as Rosemary, for remembrance. One resident visits this garden daily.

On our return to the house we met the resident who was going to take us round. They offered a very comprehensive tour frequently stopping to speak to residents as we went. We first went down the connecting corridor to the Bungalow where four residents live, though they come to the main dining room for meals other than breakfast. We went on to visit both floors in the wing which had been built on to the original mansion before finally going to the West Wing in the main house.

The residents with whom we spoke told us that they could do most things for themselves.

Comments from residents included:

- \* "Quite self-sufficient. I generally do all my own medication and re-order through the staff."
- \* "I can do most things for myself. I sometimes go out into the gardens, I need someone to go with me as it's quite a way."
- \* "Most of the time no help."
- \* "Still do things myself - of course."
- \* "A meeting recently to see if there are any changes. I had to sign the paper."
- \* "A recent care review."

We saw the chef going round the home to speak to all the residents regarding their choices from the menu for that day's meals. If a resident does not fancy what is on the menu they will be offered an alternative.

While some people had aspects they would like to change about the food everyone believed it was as good as they could hope for in a care home setting.

Comments from residents included:

- \* "I have no complaints. As institutional food goes it's very good. I like to bring my own honey."
- \* "It's quite good."
- \* "I don't eat the main course. It's too much."
- \* "I'm very fussy. It's as good as it gets in any care home. Cooked breakfast if required. Choice at lunch and evening meal."
- \* "Food, not as hot as you'd like but I think it's amazing."

We had lunch with three residents. Although we had all made our choice of meal earlier there was a clearly printed menu on each table. People sit at the same table for each meal. The tables had three or four residents. There was one table for two, a husband and wife. There was a general buzz of chat during the meal and at the end some residents went to talk with others. We overheard some of the residents saying, when asked, that they had enjoyed their meal. It was plain cooking and nicely presented.

One resident spoke positively about the laundry service saying, "laundry comes back correctly 98% of the time. I lost a pair of trousers last year but they were old."

During the week there was a wide choice of activities for the residents giving them a chance to pick and choose.

Comments from residents included:

- \* "I go to concerts."
- \* "We ought to try to go to the concerts - I tell everybody. I go out on some trips but not always. But it's available and we're extremely lucky."
- \* "I do find the evenings very long. I would like more musical evenings and outside speakers."
- \* "I've been to the Black Watch Museum before. An afternoon isn't enough time."
- \* "Four of us have started a group playing rummy. We meet quietly in the meeting room."

One resident would like to have some different activities: "I think it's equally important to have minds stimulated e.g. more like the Black Watch speaker. People need to be kept in touch with the outside."

Another resident likes to keep busy saying, "I do the flowers in the dining room. I did them in the lounge last year. The gardeners just brought them in from the garden."

We saw bags of library books being distributed (individuals can get books delivered by the council library service).



Residents who wish are able to vote. Three told me that they had a postal vote.

We were told of church services held in the home.

Comments from residents included:

\* "Every Sunday morning we have a DVD service from the previous week from the local Church of Scotland - not well attended, only four or five."

\* "Once a month, service by local Church of Scotland minister."

\* "Once a month, on a Tuesday - Episcopal Church service. It's gone up in numbers since we went downstairs - now twelve to fifteen."

One resident told me of going out to Church services: "I try to go to the service in the Cathedral every two to three weeks."

In summary, we found peoples' health and wellbeing to be enhanced due to the high level of care provided by the staff at Kincarrathie House. We came to this conclusion through our observations during the inspection and by what residents told us.

### **Areas for improvement**

The service should continue to build on this excellent practice.

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

**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

Please see Quality Theme 1, Quality Statement 1 for full details of areas of strength which are also relevant to this Quality Statement.

Since the last inspection a memorial garden had been created. The gardening team had drawn up a detailed plan of the garden with input from residents and family members. These ideas had featured in the winter edition of the newsletter. This included sensory plants, trellis, seating and a water feature. This helped keep people up-to-date with the progress of the garden and show how their views had been acted on.

The spring newsletter showed how the garden had been developed. Several residents we spoke with commented that this was a nice and restful place to sit.

#### Areas for improvement

Please see Quality Theme 1, Quality Statement 1 for areas for improvement which are also relevant to this Quality Statement.

**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

The service was able to provide excellent evidence in support of this Quality Statement.

We carried out an audit of recruitment practices. We found these to be satisfactory. In

addition to standard practice the manager checks with Scottish Social Services Council (SSSC) for all staff registration status.

The management team and staff we spoke with were aware of the need to apply to register with the SSSC by September 2014.

The service had individual resident risk assessments which were updated on a regular basis. These described risks and steps taken to reduce identified risks.

The environment was seen to be clean and free of odours. Domestic staff told us that there had been enough cleaning supplies and equipment to keep the home clean.

There were ample supplies of gloves and aprons for staff when supporting people with personal care. We saw that staff consistently demonstrated appropriate infection control procedures.

The main entrance door had a keypad for household security. The number was available for use by residents and their visitors.

The service employed a maintenance officer. There was a system in place for staff to report minor repairs. The maintenance officer co-ordinated outside contractors for more specialised maintenance including wheelchair repairs, hoist and lift equipment.

There was a system in place to reduce the risk of legionella and to ensure that water temperatures were safe for residents. This included regular disinfecting of shower heads and flush through of seldom used water outlets as well as water temperature monitoring.

### **Observations of the Inspection Volunteer**

Residents enjoy the house and the surrounding gardens.

Comments from residents included:

- \* "Very homely. Not modern."
- \* "I started in the Bungalow but came up here. The Bungalow is nothing like this" (the resident enjoyed the view over the grounds).
- \* "It's comfortable."

All the rooms we visited were personalised with pieces of furniture, pictures and ornaments. One was very crowded and things had to be moved for us to sit - it looked just like 'home':

- \* "I've got my desk and other bits of furniture and pictures."
- \* "I brought everything of my own, this lamp, furniture, pictures, towels and bedding."

Some comments on the garden included:

- \* "Sometimes go out into the gardens."
- \* "Nice walk round the garden."
- \* "The best thing from my point of view is the surroundings but I miss the birds singing."
- \* "Not a lot of use made of the scooters. I use my feet."

There are several smaller lounge areas for the residents to use. There was one not only with a three-piece suite but also a dining table. A resident said, "at any time a resident can ask for upstairs lounge/dining room for a small group. They do it very nicely."

### **Areas for improvement**

In their self assessment the service had identified that they plan to update training for staff in protecting vulnerable adults. We discussed and agreed with the management team that this would be available for all staff including ancillary staff such as domestics and gardeners who have regular contact with residents.

**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: 6 - Excellent

### Statement 1

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

#### Service Strengths

Please see Quality Theme 1, Quality Statement 1 for areas of strength which are also relevant to this Quality Statement.

The management team recognised that it was particularly important to seek views of staff attitude and practice as this was pivotal to many aspects of living at Kincarrathie. We saw that the surveys focussed significantly on the support received and residents views of this. This was across the wider staff team including ancillary staff.

Residents we spoke with were very complimentary about staff from carers, to managers, domestic, catering and gardening teams.

They told us that staff were always checking they were happy with their care both informally and would try to accommodate any requests as well as the more formal methods described earlier in this report under Quality Theme 1, Quality Statement 1.

#### Areas for improvement

Please see Quality Theme 1, Quality Statement 1 for areas for improvement which are also relevant to this Quality Statement.

**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**

The service was able to provide excellent evidence in support of this Quality Statement.

We spoke with one newer member of staff. They told us that they had been well supported and spent time working alongside colleagues 'shadowing' them whilst working with residents. This was in order to get to know the needs of residents and gain confidence in working with them.

We saw that a range of training opportunities were available for staff. Staff told us that they felt that the training provided was appropriate to their post.

The service had supported most of the care team to achieve the relevant level of Scottish Vocational Qualification (SVQ) for their post. Supervisors had undertaken mandatory supervisory units to meet the registration requirements of the SSSC.

Regular senior team meetings were held with the manager to discuss the running of the home and resident support.

The service had three teams each lead by a team leader. Approximately every two months each held a care team meeting. We saw that staff contributed to these meetings with suggestions and ideas about the service and that, where appropriate, these ideas were taken on board.

Minutes of these meetings were kept and signed by all staff to confirm that these had been read.

Regular supervision was held approximately every two months. We saw that these covered practice issues and training.

Our observations were that the staff treated residents with dignity and respect. Staff had good knowledge and understanding of individual residents, what they liked and what level of support was needed.

They chatted comfortably with residents using their preferred name. Staff members were observed to be friendly and supportive towards residents and call bells and requests were responded to promptly.

Staff we spoke with told us that they felt supported by the management team and that they were able to approach them with any practice issues.

Staff showed good initiative in planning and arranging of activities with residents. This had recently included the Going for Gold, Garden Party and grounds walks events.

Staff were aware of their responsibilities to apply to with the SSSC by September 2014 and this process had commenced and was being monitored by the management team.

### **Observations of the Inspection Volunteer**

Residents comments regarding quality of staff included:

- \* "I think we've a very good staff. I've never found one to complain about."
- \* "I couldn't wish for more. They work long hours - very little time for sitting down with a wide variety of tasks. There's only one who never smiles. Several new staff lately."
- \* "When I came in here the staff were supportive without being intrusive."

Residents who do not require much care told us that staff will check all is well before sleeping.

Comments from residents included:

- \* "I think they pop their head round the door."
- \* "They come in about 10:00/10:30 pm. They only come if I ring."
- \* "Staff will usually check at night that all is well."

The gardeners also have regular contact with the residents; "the gardeners add a great deal to the place and are always willing to talk about their work."

While being shown round the house we were standing looking out into the garden from an upstairs window. We were watching one of the gardeners mowing a grassy bank. He saw us, stopped and waved. This demonstrated to us that the wider staff team were supportive and friendly to residents.

It was clear that there was a sense of team work and that staff had a good understanding of person centred care.

In summary, we found the excellent outcomes for residents were largely due to the strengths observed by us of the full staff team and their positive interactions with residents. These outcomes were also supported by the effective training and support received by the staff from managers.

### **Areas for improvement**

The service should continue to build on this excellent practice.

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

**Number of requirements:** 0

**Number of recommendations:** 0



## Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

### Service strengths

Please also see Quality Theme 1, Quality Statement 1 for areas of strength which are also relevant to this Quality Statement.

As described earlier in this report, residents and their relatives felt very supported by the management team. They told us that they would have no hesitation in speaking with them if they had a concern and that they were confident that action would be taken to address issues quickly.

Residents were offered the opportunity of meeting the manager on an individual basis for afternoon tea. This provided individual opportunities for people to discuss their care and any issues.

We found the management team to be aware that the methods of meaningful participation for residents would be individual and that they were constantly seeking new ways to get their views and to tailor the service to their needs. We viewed this as a significant strength.

### Areas for improvement

Please see Quality Theme 1, Quality Statement 1 for areas for improvement which are also relevant to this Quality Statement.

**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 was able to provide excellent evidence in support of this Quality Statement.

Regular meetings were held with all staff. Staff felt that their views were listened to and responded to appropriately. They told us that the management team and trustees were very supportive to them and they felt confident to discuss issues.

The management team had regular meetings with the trustees to ensure that they are kept up-to-date with developments in the service and can agree any changes or improvements.

The deputy manager at the time of the inspection was fully supernumerary due to the short-term absence of the manager. She told us that she felt very well supported by the trustees during this time.

She also indicated that the management training and guidance that she had received from the registered manager had prepared her well by being mentored and guided in the management role.

There had been no complaints made to the service since the last inspection. Residents and relatives we spoke with felt that the management team were very approachable, would feel able to raise any issues and felt confident that issues would be dealt with promptly.

There was evidence that there were good quality assurance systems and processes used to assess the quality of the service provided. These systems were being used effectively and this helped ensure a high standard of care and support was offered.

Residents we spoke with felt that the management team were approachable and available on a regular basis and would feel able to raise any issues and felt confident that these would be dealt with promptly. This provided good opportunities particularly for working relatives to have opportunities to meet them if they wished. Meetings and daily handovers were held with staff.

A recent staff satisfaction survey had been carried out which was overall very positive about the standards of care in the home for residents as well as the support received by staff from the management team.

In assessing this statement we also took into consideration areas of strength in Quality Theme 1, Quality Statement 1; Quality Theme 2, Quality Statement 2; and Quality Theme 3, Quality Statement 3.

### **Observations of the Inspection Volunteer**

Several people told us that they attended residents meetings.

Comments from residents included:

- \* "Attendance - fair to middling at residents meetings. The core of the people who go to residents meetings are the core of people who go to everything."
- \* "I have been to two residents meetings - once in three months."
- \* "I go to residents meetings. I haven't really got any suggestions."
- \* "Go to residents meetings. It was brought up at a meeting about putting a portrait of Mrs Bell in the hall."

Residents commented that there was always someone they could speak with and felt comfortable to speak to all staff.

Comments from residents included:

- \* "If I had a problem I would go to the manager or deputy."
- \* "I expect I could go to the office. I've never tried."
- \* "If wanting to moan I'd speak to my daughter. I did about the blinds in my room."
- \* "Offices open - managerial staff always accessible."

People regarded the manager very highly. One resident told me, "the manager said, 'if you're always straight with me, I'll always be straight with you.' We've built a strong relationship."

At the time of this inspection our observations of practice were consistent with a service operating at an excellent level. The outcomes experienced by residents was of a very high quality and there was strong evidence that the service consulted residents and relatives regularly and appropriately about their quality and performance, and acted on their views.

### **Areas for improvement**

The service should continue to build these high standards.

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

**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

#### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

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

## 6 Inspection and grading history

Date	Type	Gradings	
14 Aug 2013	Unannounced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
14 Aug 2012	Unannounced	Care and support	5 - Very Good
		Environment	6 - Excellent
		Staffing	5 - Very Good
		Management and Leadership	5 - Very Good
9 Nov 2010	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed

## Inspection report continued

7 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
15 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 5 - Very Good Not Assessed
2 Jul 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
4 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed 5 - Very Good
11 Dec 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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ہے بایتسرد می م وونابز رگی دی روا ولکش رگی دی رپ شرازگ تعاشا ہی

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

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