

Care service inspection report

Kincarrathie House

Care Home Service Adults

Pitcullen Crescent

Perth

PH2 7HX

Telephone: 01738 621828

Inspected by: Patsy McDermott

Type of inspection: Unannounced

Inspection completed on: 14 August 2012



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

What the service does well

The service had excellent opportunities for people to participate in assessing and improving the quality of care and support. The service provides an excellent environment which the residents and relatives feel enhances the experience of the people using the service.

What the service could do better

The service will continue to encourage service users, relatives and staff to be involved in the assessment and development of the quality of the service.

What the service has done since the last inspection

Since the last inspection the service has developed survey forms related to the themes examined by the Care Inspectorate. A relatives committee has been established.

Conclusion

The people we spoke to told us they were happy with the service they received at Kincarrathie House.

Who did this inspection

Patsy McDermott

Lay assessor: Mrs Winnie Whyte

1 About the service we inspected

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 44 single rooms, 43 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.

The Care Inspectorate regulates care services in Scotland. Prior to 1 April 2011, this function was carried out by the Care Commission. Information in relation to all care services is available on our website at www.scswis.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 needs to 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 based on best practice or the National Care Standards.

- 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 ("the Act") and secondary legislation made under the Act, or a condition of registration. Where there are breaches of Regulations, Orders or conditions, a requirement may be made.

Requirements are legally enforceable at the discretion of the Care Inspectorate.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 6 - Excellent

Quality of Staffing - Grade 5 - Very Good

Quality of Management and Leadership - Grade 5 - Very Good

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.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 after an unannounced inspection by Care Inspector Patsy McDermott and Lay Assessor Winnie Whyte that took place on 14 August 2012 between 8:00am and 15:30pm.

As requested by us, the care service sent us an annual return and self assessment.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

- * evidence from the service's most recent self assessment
- * personal plans of people who use the service
- * discussions with various people, including:
 - the Manager
 - team leaders and care staff
 - the people who use the service
- * questionnaires
- * minutes of relatives meetings
- * newsletter
- * observations of how staff worked with people using the service.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects

of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

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

Annual Return Received: 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.

Social Care and Social Work Improvement Scotland received a fully completed self assessment document from the service 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 headings that we grade them under.

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

Taking the views of people using the care service into account

A Lay Assessor is a member of the public who volunteers to work alongside the SCSWIS Inspectors during the inspection process. Lay Assessors have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The Lay Assessor's role is to speak with people using the service (and potentially their family carers, friends or representatives) being inspected and gathering their views. In addition, where the Lay Assessor makes their own observations from their perspective as a recipient or a carer, these may also be recorded. The comments and observations of the Lay Assessor have been incorporated in this report.

We sent 20 Care Standard Questionnaires to relatives and 10 to residents. 15 were returned and most people agreed or strongly agreed that they were happy with the quality of care, the environment, the staff and the management and leadership of the service.

Comments from people using the service included: "Excellent."

Taking carers' views into account

We spoke to several relatives during the inspection. Some comments included "Mum loves it here, she had to wait for a place. The food is always good and great choices. The staff are brilliant with mum and the manager is marvellous."

3 The inspection

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

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were Excellent in this area and we agreed with this grade.

The service identified some of their strengths as: "We continue to have our meetings from last inspection and have actioned suggestions from surveys and meetings.

Our relatives group has grown in size and is now a strong group of residents who are Keen to participate in all aspects of the Home life.

Two of our residents from the group represent us on the Multidisciplinary group which is held twice a year. A member of our relatives group produces our Home Newsletter on a quarterly basis.

Results of our meetings are available to residents and relatives. All survey results and Inspection reports are included in our brochure pack.

Our care plans are person centred and very comprehensive. We have introduced Anticipatory Care Planning which has had a positive outcome for residents. A sample case study was completed to evidence this.

Inspection reports and surveys are discussed at our meetings.

Residents meet with the kitchen staff to discuss menus and our chefs visit each resident on a daily basis for menu choices.

Independent Advocacy have been invited in to talk to residents and will be invited to talk at our next relatives evening meeting.

May 2012

Independent advocacy attended 7/3/12 to talk at our relatives group and we have also had staff training also on 4/4/2012.

I am actively involved in a steering group for Anticipatory Care Planning and we have a link member of staff who assists other staff in this area.

The loop system is on order and should be fitted we hope in June. This was from a suggestion at our relatives group.

Staff have attended training in Adult Protection and due to commitments we have been unable to fix a date for a talk within the Home but that will hopefully happen in the near future.

The pathway around the woodland has now been upgraded.

We now have 93.5% of our care staff trained from SVQ2 level to SVQ 4 and a number of staff have completed a supervisory course enhancing their SVQ3.

June 2012

Loop system now fitted in lounge."

We found the service had developed excellent opportunities for people to participate in assessing the quality of care and support. These included:

- * participation strategy which gave details of how people could be involved. An easy to read version of the strategy had been developed and was displayed on notice boards and included in the service pack for prospective residents.

- * Residents had been asked to complete questionnaires in 2012 which asked for their opinions on the quality of care and encouraged suggestions on how it could be improved. The results of the questionnaire had been considered and shared with residents. There was excellent evidence that the service listened to what people had to say. For example the path around the grounds had been cleared and mobility scooters had been obtained to allow all the residents access to the grounds and a loop system was being installed. These measures helped to make it easier for everyone to enjoy the environment of Kincarrathie.

- * Relatives and carers had been asked to complete a questionnaire in February 2012.. There was excellent evidence that suggestions were listened to and acted on. Of the 20 questionnaires were returned and the majority graded the quality of care was excellent.

- * The Manager held a variety of three monthly meetings which included;
 - relatives
 - residents
 - residents committee

The minutes of these meetings were displayed on the notice board.

- * People were encouraged to make suggestions or raise issues with the members of the residents committee if they preferred not to talk to staff about it directly.
- * A "Relative Mentor System" had been developed and was advertised on the website. This system allowed prospective residents and their relatives to meet with other relatives to ask questions about Kincarrathie House.
- * The Manager kept a suggestions book. This detailed suggestions people had made and what the service had done as a result.
- * The service pack which was given to prospective residents included the results of the most recent questionnaires which residents and relatives had completed. The pack also included the most recent inspection reports for people to read. The manager advised that key workers usually met the new resident during the pre admission visit.
- * The service had displayed the National Care Standards on the notice board and encouraged people to request copies. Also displayed was information about the Care Inspectorate and how people could make a complaint to us.
- * The service had requested previous inspection reports in audio CD and large print to support people with communication difficulties.
- * A quarterly Kincarrathie House newsletter was written by a relative and contained information about changes to the service. People were encouraged to be involved in writing and submitting articles for the newsletter.
- * Staff we spoke with had an excellent understanding of participation and told us that they encourage people to share their views in a variety of ways. Staff told us that people were listened to and suggestions acted on whenever possible.
- * In the Care Standard Questionnaires we asked people to complete before our inspection asked if: "the service asks for my opinions on how it can improve" 11 residents and 5 relatives strongly agreed.

* A Professional Health Worker Satisfaction Survey was completed in February 2012. 25 questionnaires were issued and 17 returned. Most people felt the service offered excellent or very good health care for the residents.

Areas for improvement

Not all the residents we spoke to were aware of the residents meetings.

The service has demonstrated the excellent evidence that they will continue to encourage service users, relatives and staff to be involved in the assessment of the quality of the service.

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

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were Excellent in this area.

The service identified some of their strengths as: "Staff have been trained on use of the MUST Tool. Our care plan reflects nutritional needs and we have Food Consumption charts where required. Kitchen staff are all qualified above minimum standard required. Policy available for all staff how to access Health Practitioners. Regular support and inspection by our registered pharmacist also staff trained in administration of medication. Care plan reflects medication and health care needs also continence assessment. Link staff have responsibility for continence and medication. Staff individual training records evidence relevant training. Link staff for palliative care and number of staff also trained in this area and attended courses on dying and bereavement. Service used aids are stored safely in their rooms. Aids such as hoists are maintained under contract. If specialized health care professionals are required a resident is supported to attend by key worker and if need be staff will offer support to arrange appointments. This is documented in the care plan. Some residents self medicate and choose to make their own contact with GP then inform us. We support residents to maintain their own health care professionals they attended prior to admission such as GP, dentist, chiropodist, optician but will support and advise if this is not possible. Healthy life is promoted by encouraging residents to get out as much as possible and we provide mobility scooters for the less able to go out in the grounds. Exercise class are twice weekly by a trained therapist. Staff are kept up to date with best practice through training and development also relevant

care publications, we would also access INTERNET. Dependency chart within care plan highlights changing health care need such as nutrition and mental health. We have an open door policy which encouraged residents and staff to communicate any worries they may have. Also continuity of key worker helps to build trust and understanding. Staff work as part of team and contact relevant health care professionals when required. We document all contacts and visits with other agencies such as physiotherapy, GP, chiropodist etc. Residents are asked by staff if they wish their relatives to be kept up to date with any appointments as some Residents prefer to be independent we adhere to their wishes. We also ensure relatives are involved over a twenty four period and residents and relatives are kept informed documentation to support this is in care plans.

We have now adopted protected meals times for professional visitors.

We have reviewed our nutrition policy and guidelines to reflect best practice especially for our more vulnerable residents on food and fluid charts.

We have a link member of staff for nutrition to ensure audits are kept and give advice. We also accessed nutrition training for our link person. Kitchen staff have also attended training on diet and nutrition and we have purchased documentation and guidance from National Association of Care Catering.

Training has been ongoing in Palliative Care and we are working toward Anticipatory Care Plans for all our residents.

We are following guidance re the Falls Strategy which incorporates audits of falls and maintenance and audit of equipment such as hoists and wheelchairs.

We promote healthy living through diet E.g. serving fruit on our tea trolley twice daily and purchasing fresh meat and veg when possible. Using fruit and veg from the walled garden. Chefs and Gardeners meet once a year to discuss what should be planted taking residents likes and dislikes into account.

We also encourage residents to attend the excesses classes and to use the mobility scooters to get out about the grounds.

We have our multi disciplinary meetings twice yearly and resident representatives attend. This is helpful to ensure we are up to date with development in all areas of health care for older people.

We offer residents the choice of their own GP or family choice if appropriate. We use Visioncare at Home as our opticians who visit but request that appointment cards be issued for individual residents on the days prior to their visit.

We have our own car available to assist residents to attend appointments and outings."

We found the service demonstrated very good evidence in relation to this statement.

All service users are assessed on a continual basis and have a care plan which details their needs and how these needs will be supported and met. The service had personal plans, which detailed each individual's needs and wishes. These plans meant that information regarding people using the service was person centred and identified preferences and choices. Staff interviewed recognised the importance of people's choice, independence and individuality.

Assessments of risk had been completed for:

- * Falling
- * Pressure ulcers
- * Nutrition

We saw that care plans and risk assessments had been reviewed monthly and updated when changes occurred. This makes sure staff had up to date information on the residents' current care and support needs.

We saw the food was well presented at the right temperature and handled in a hygienic way. We saw that the residents had regular meetings with the chef and when spoken with he was very familiar with the nutritional needs of each resident.

Residents weight (BMI) is recorded monthly (or more frequently if indicated) and changes discussed with them and (with their knowledge) their GP if necessary.

The service had recently asked people to complete Future Wishes Plans. Staff had supported people to complete these but had encouraged people to complete them with their relatives when possible. These plans detailed what was important for each person during their end of life care.

We saw examples of appropriate and safe manual handling and infection control practices which improved the care and safety of the residents.

We looked at the accident and incident records. These included information on any contributory factors and the actions taken to prevent recurrence. We saw that appropriate actions had been taken by staff and management.

Comments from people using the service included: "Quality of the care and support is outstandingly excellent." "Excellent." The care and support that I have is more than I could possibly wish for."

Comments from the Lay Assessor included: "Inspection Process: I spoke to 8 people using care services.

Quality of Care and Support:

Comments on Activities;-

"We have lovely quizzes each Tuesday evening and they are well attended we all love them."

"We go on a bus trip every Thursday, this week we are going to visit one of the local garden centres. I enjoy going out on trips."

"We have a small group from The Scottish National Orchestra coming to play to us this afternoon."

"Our programme of activities goes up every Monday morning and you can take part or not, it always left to us to decide what we wish to do."

"I wish others would join us at our activities but each to their own."

A resident said;-

"We have mobility scooters at the front door that lets the less able go outside, drive through the grounds and visit our lovely walled garden." Other's said similar.

Other comments were:

"The GP and other medical professionals visit as required and staff will also contact them if necessary."

"It's good to have my feet attended to; as I feel as if I'm walking on air once they have left."

"The physio is coming to visit me today, I am not too keen but they sure ease all my aches"

"I am off to have my hair done by the hairdresser I go every 2 weeks and I feel like a million dollars when they have finished."

Residents said;-

"The food is lovely in here as we have our own vegetable patch in the walled garden and we usually have a vegetable picked from there with our meal."

"Nothing but the best of food for us it is all lovingly prepared and always fresh, with loads of it."

"I enjoy my food as it always hot and we do have choice as the chef visits us daily to ask what we would like off the menu that day."

"We do have regular meetings with the chef where we discuss and plan the following month's menu and this is our chance to confirm our likes and dislikes."

As a lay assessor I was invited to have lunch with one of the residents and this experience was a very positive one as the whole ambiance of the dining room is in my opinion equal to high class hotel, I was informed "I just love coming for my meals as the experience is very enjoyable."

Comments on Care and Support;-

"We can go to bed when we wish and get up when we choose, as the staff are very supportive to me and can never do enough for my friends and me."

"I am assisted to have a bath/shower as when I require it no problem's there."

"Can come and go as I please as long as staff, are aware."

As I walked round the home it became apparent that all the residents were well presented and happy to sit and chat with one another under the watchful eye of a dedicated team of staff. "

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "June 2012

Training day arranged with Adult protection for staff and staff from other homes will be invited to participate.

We have developed our nutrition policy and have a Link member of staff to ensure staff are up to date and aware of the importance of this.

We also have a Link member of staff for falls and are compiling with the falls strategy.

Training is ongoing for staff to ensure a high standard of care is offered."

We saw that several people had bed rails in place, provided by the community service. The service need to produce risk assessments in relation to the safety to the residents using any restrictive equipment. This is identified as an area for development.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 6 - Excellent

Statement 2

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

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were Excellent in this area.

The service identified some of their strengths as: "Every residents has a written agreement, care home contract. We have been visited by the SW Compliance Officer and meet all the requirements for the quality award. We have a fire risk assessment and had a recent visit from Tayside Fire Services achieving the highest grade. Environmental Health also visited in August and we achieved A Grade. We document and audit all accidents and send all accident report to the SW on a weekly basis and per the National Contract Agreement and serious accidents are also reported on a Notification Form to the Care Commission. Our recruitment policy states we obtain two written references and an enhanced Disclosure Scotland. We have an induction procedure and a booklet that new staff complete over a three month period also all staff are supernumerary on their first two shifts. We have a shift rota basis and we adhere to our staffing levels at all times obviously if we have last minute sickness we endeavour to use our relief staff to cover but have a minimal sickness record. We have a Visiting Children policy on display within the Home. Staff have also attended training on vulnerable adults and are aware of the restraints policy. The home has the relevant insurance policies in place, we also have a volunteer policy.

We have contracted with A Health and Safety company to ensure we are complying with all regulation. Risk assessed in OCT11 minimal action required and will be actioned within dated advised.

Housekeeping staff do daily check in rooms and report to Housekeeping supervisor if any action is required. We have a daily workbook for our handymen to mark of any repairs required.

We have Staff registered with the SSSC and check on line prior to employment if there are any issues recorded. This is documented on the application form."

We found the service demonstrated excellent evidence in relation to this statement.

The service had measures in place to maintain service users' safety. These included individual risk assessments in service users' personal plans and well documented accident and incident reports. We saw that these were up to date and used to support people safely.

The risks to residents were reduced by the implementation of the services policies such as: Care of Medicines, Control of substances hazardous to health, Waste management, Food safety, Manual handling, Restraint, Health and Safety and Prevention of abuse.

We found that the organisation had all appropriate health and safety policies and procedures in place.

We could see that maintenance checks were routinely carried out and weekly departmental meetings showed that the service was proactive in identifying any health and safety issues.

A valid public liability insurance certificate was displayed in the main entrance of the home.

The environment was seen to be very clean, hygienic and free from any unpleasant odours during the inspection. We saw residents enjoying all areas of the home such as the sun lounge and dining areas.

We saw that staff consistently demonstrated appropriate infection control and manual handling procedures which ensured the comfort and safety of the residents.

We saw a safe recruitment policy and procedure was in place providing evidence in support of safe recruitment.

We saw that individual and generic risk assessments had identified specific hazards for individual residents and those within the environment, this also provided guidance regarding how the risks could be minimised.

Risk assessments included those for:

- * Challenging behaviour
- * Pressure Care
- * Restraint

Staff training records indicated training opportunities in a range of safety topics, including:

- * Health and Safety
- * Moving and Handling
- * Infection control
- * Food and Nutrition

The service had undertaken an external Health and Safety Inspection involving a comprehensive audit of the systems and process regarding safety and had highlighted any deficits and required action. We saw that these had been followed appropriately. We spoke to the manager about two residents who wanted to change bedrooms and she was very happy to look at this with the residents concerned.

Comments from people using the service included: "Very homely and comfortable."
"The public rooms are well furnished and very well maintained. There is a welcoming atmosphere upon entering the home. Fresh flowers and pot plants are displayed in the entrance hall. Living here is rather like being in an up market luxury hotel. Leaving one's home can be traumatic experience but not here. Everything was made easy for the transition. Kincarrathie House is what every care home should be."

Comments from the Lay Assessor included: "Resident's comments

"Visitors can come and go as they please"

"I just enjoy the ambiance of the home, I put this is down to our staff who are so caring and attentive."

"The home is lovely and warm all the time and I like this."

"I was allowed to have my room decorated for my arrival."

One resident said;-

"Our home is kept warm all the time and sometimes too warm this is something I would like to see addressed." Others said similar.

A resident's Quote-

The only thing I don't like in here are some rooms are en-suite, other's are not, with some rooms bigger than others, but I do have a lovely room with all my little knick knacks round me and it is always being cleaned and kept fresh.

Another resident said;-

The setting here is so lovely we look out onto beautiful parkland and can go walking in our lovely walled garden and even sit outside well when the weather is good and enjoy looking over the valley. Other's said similar.

In my opinion the home is set back from the main road and very secure with loads of

green space around it, the home has a relaxing, comfortable and warm ambiance to it.

In the main entrance vases of fresh flowers from the walled garden and 1 vase had a notice beside it. A resident informed me. "I like the notice as I know what the flowers are and the flowers are changed every week so I am on a learning curve re Flowers."

The manager was asked to reply to some of the comments made above. She advised all the rooms at Kincarrathie were en suite and of different sizes. She was also aware of the temperature issues within the home which she felt was due to the recent cavity wall insulation. She had contacted the plumber to remove some of the temperature restrictors on the radiators which would allow the residents to control the heating in their bedrooms and the staff to respond to any requests for a temperature change in the communal areas.

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement: "We have kept up to date with training for staff and have individual staff training folders.

Adult protection training for staff is to be arranged for early 2012."

The service graded themselves as excellent for this theme and we agreed that there was evidence to support this assessment. We found the environment enhanced the experience of the residents and the service should continue to offer the residents an excellent environment.

Grade awarded for this statement: 6 - Excellent

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 5 - Very Good

Statement 3

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

Service strengths

The service's self assessment told us about most of the ways they supported people to participate in assessing and improving quality. When asked to grade themselves on this statement, the service told us they were Excellent in this area.

The service identified some of their strengths as "Staff follow participation strategy. We use our complaints procedure minutes of meetings, surveys and suggestions to improve quality of care. We have a recruitment policy and always request two references and an Enhanced Disclosure Check which is reviewed on a three yearly basis for existing staff. We have induction packs for new staff and provide them with the Code Of Conduct. We have ongoing supervision and appraisals also staff have regular team meetings to support and exchange information to improve standards of care. Ongoing training and staff have individual training and development documentation. We support our care staff to achieve a minimum of SVQ2. We have our participation strategy which will be for ongoing development. Feed back from residents and relatives is discussed with staff at meetings and we take pride in positive feedback and learn from constructive criticism. We have graded the Home highly taking into account residents and family's views and written comments regarding experiences within the Home., positive views regarding staffing."

We found the service demonstrated very good evidence in relation to this statement.

We saw from records that a very good range of training had been undertaken by staff and there was a continuous programme of mandatory and additional training. We could see from the observations of staff practice that training had been effective, for example, we saw good infection control and manual handling practice.

The manager and care staff had demonstrated significant commitment to training and professional development.

Training opportunities had included:

- * Moving and handling
- * Palliative care
- * Infection control
- * Positive dementia care.
- * Adult protection
- * Safe administration of medicines
- * SVQ 2, SVQ 3

Staff, the manager and team minutes were regularly discussed at team meetings and used as 'Best Practice examples. This meant that the service could not be sure that staff had an appropriate level of skill and competence in relation to key tasks.

Staff told us that the Manager had been very supportive and she had an open door policy. Staff felt confident in approaching the management with suggestions and ideas.

We found from staff files that supervision had been used to identify learning points and to discuss further learning and development needs. The service also identified a policy each month for a focus during supervision sessions.

Staff we spoke to had a sound knowledge of the National Care Standards and the Scottish Social Services Code of Conduct.

Comments from people using the service included: "The staff are always polite but more importantly there is a warmth and interest in their personal dealings with the residents. Professional at all times, they are encouraged to acquire the highest qualifications."

"The staff are well qualified and get on well with one another. They are very good at judging moods and respond accordingly."

Comments from the Lay Assessor included: "Residents said;-

"I don't think I could ask for any better from the staff as they are all very confident at their jobs, and always have time for a quick chit- chat with me."

"I have not been involved in interviewing, recruiting or the like but I am sure if I wished to the manager would support me to do this."

"I don't think we have a large turnaround of staff at present so I'm not involved in recruiting new staff but those that are here are very competent at what they do for me."

"Staff are, very good at closing doors when they are assisting me with anything I require supported with, always address me by name and observe my dignity at all times."

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement; "May 2012

Staff are well trained and we have 93.5% with a minimum of SVQ2 we do not use agency staff but have our own bank staff to ensure continuity of care.

Staff turnover is low and many staff have been here over two years.

Training is ongoing and we encourage residents to comment to management re new staff on their three month trial period.

Further professional development training planned for 2012

Being Link staff gives staff more responsibility within their role."

We saw that the last time formal Infection Control Training had taken place in 2009 but the manager advised all staff had recently watched the Infection Control DVD but this was not reflected in the training records we viewed. However the manager arranged updated training to begin as soon as possible.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 4

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

Service strengths

We asked the service to complete a self assessment before our inspection. The service told us about most of the ways they promoted leadership values. When asked to grade themselves on this statement, the service told us they were excellent. The service identified some of their strengths as "Manager meets with Trustees on a quarterly basis and a report is given at this meeting. Aim and objectives are reviewed annually. We have introduced a quality monitoring tool. Records of reviews are documented in our care plans. We achieved the Investors in People Award but did not follow this through on an annual basis as we have all requirements in place. We ensure quality by being proactive regarding surveys meetings suggestions and informal chats with relatives and residents. We have evidence we have improved the service by the action reports on our survey forms. For example we are upgrading our en suite showers at residents and family requests. We have used Notification forms to the Care Commission and the SSSC when appropriate and senior staff are also aware of this requirement. We are actively involved with registration of staff with SSSC. We also advise SW of accidents involving residents within the Home as per national contract guidelines. Advocacy is well advertised within the Home as is our complaints procedure with policies in place to back this up. We take view of external agencies such as Care Commission reports as constructive and develop from this. Other agencies such as SW are involved in reviews and comments at review are always encouraged to improve on the service.

We found the service demonstrated very good evidence in relation to this statement.

We found that the provider had developed a comprehensive audit system. This covered a range of aspects of care, including:

- Staff appraisals
- care plans
- cleanliness of the environment
- laundry
- maintenance
- medicines
- nutrition
- recruitment.

The audit process had consistently been carried out by the seniors and manager on a monthly basis.

The participation events described in quality statement 1.1 provided the service with feedback regarding the quality of the service.

Staff we spoke with told us the Management of Kincarrathie House provided them with excellent role models and were supportive of their development.

We saw evidence in the meeting minutes that residents had been involved in all aspects of monitoring the quality of the service including the self assessment.

The residents had some opportunity to assess the quality of the care and support and to feedback any concerns or suggestions at their six monthly reviews.

The complaints process was clearly displayed and service users spoken with confirmed they were aware of how to make a complaint.

Comments from people using the service included: "The manager is most approachable and firm and fair. She chairs regular meetings with the residents to discuss any problems and suggestions which are acted upon."

Comments from the Lay Assessor included: " Resident's comments;-

"We have separate meetings with the manager and chef to discuss any issues that maybe arising and these are always dealt with promptly."

"One of things we were not happy with, was we had all those lovely flowers arriving and did not know their names so it was suggested we have a name card beside them with the details relating to the flower this was duly done."

"On the table we were missing the condiments that are usually found on the table, again chef saw to this and the condiments sit happily on our table now."

A resident asked me. What role does the Care Inspectorate carry out:-

So I happily explained the role of the Care Inspectorate, what the difference was between the Inspector and myself they then said;- "Keep up the good work but I don't see the need for you in this home as all staff look after us so well and that's from the manager down."

Areas for improvement

In the self assessment submitted by the service the manager had identified the following areas for improvement "We are developing our quality assurance documentation.

Staff handbook contracts etc to be reviewed to ensure we are up to date with current legislation.

ABOVE NOW IN PLACE AND RECRUITMENT AUDIT NOW COMPLETE.

Audits in place for care planning and falls and recruitment.

Survey results for 2012 have been audited and appear on web site and in brochure all residents and relatives were made aware of survey results."

The service should continue to develop quality assurance systems which engage all the people who are involved with Kincarrathie House.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

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

Enforcements

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

Additional Information

No additional information noted.

Action Plan

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

5 Summary of grades

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

6 Inspection and grading history

Date	Type	Gradings	
9 Nov 2010	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
7 Jun 2010	Announced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	5 - Very Good
15 Jan 2010	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	5 - Very Good
		Management and Leadership	Not Assessed
2 Jul 2009	Announced	Care and support	5 - Very Good
		Environment	5 - Very Good
		Staffing	5 - Very Good

Inspection report continued

		Management and Leadership	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 د روا ولکش رگی د رپ شرازگ تعاشا ہی

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