

# Care service inspection report

## Culsh House Care Home Care Home Service Adults

New Deer  
TURRIFF  
AB53 6TR  
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Inspected by: Derek Priest

Type of inspection: Unannounced

Inspection completed on: 24 October 2011



## Contents

	Page No
Summary	3
1 About the service we inspected	4
2 How we inspected this service	5
3 The inspection	8
4 Other information	24
5 Summary of grades	25
6 Inspection and grading history	25

### **Service provided by:**

Culsh House Care Home

### **Service provider number:**

SP2003002319

### **Care service number:**

CS2003010375

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

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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	4	Good
Quality of Environment	3	Adequate
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

### What the service does well

This service provides a homely surrounding for the residents. The residents' needs and wishes were well cared for by caring staff and an active fund raising group.

### What the service could do better

A number of areas were identified in relation to infection control issues following two outbreaks of a sickness and diarrhoea bug. The service should ensure that good practice guidance is kept up to date.

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

The service has continued to provide a good service to the residents of the care home.

### Conclusion

The service provides a good quality of care to all of its residents and provided opportunities for individual residents to achieve their dreams. The residents were provided with activities within the home and out in the community.

### Who did this inspection

Derek Priest

# 1 About the service we inspected

Culsh House Care Home is situated just outside the rural village of New Deer, Aberdeenshire. It has been deemed registered with the Care Inspectorate since 1 April 2011 to provide care with nursing to a maximum of 23 older people, of whom three places can be used for adults with a physical and/or sensory impairment.

The service states its aim is to: "provide continual support and care to residents in a homely and comfortable environment".

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

**Quality of Care and Support - Grade 4 - Good**

**Quality of Environment - Grade 3 - Adequate**

**Quality of Staffing - Grade 4 - Good**

**Quality of Management and Leadership - Grade 4 - Good**

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

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

## 2 How we inspected this service

### The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

### What we did during the inspection

This report has been compiled following an announced inspection. The inspection was carried out by Derek Priest, inspector with the Care Inspectorate on Wednesday 24 August and Tuesday 30 August 2011 with feedback being given on Monday 24 October 2011. Audrey MacKenzie, Infection Control Advisor was present on Wednesday 24 August 2011.

Day one of the inspection focused on Infection Control issues and the content of the report is mainly related to this subject.

As requested by the Care Inspectorate, the care service completed and sent us an annual return and a self assessment form.

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

Nine Care Plans of people who use the service  
Notes of Review meetings  
Infection Control Policies  
Guidance on how to respond to the Outbreak  
Participation Strategy  
Resident/Relative Questionnaires  
Training Records  
Maintenance Records and monitoring sheets  
Various assessment sheets  
Various other policies

Discussion with various people, including:

- The manager
- Three carers
- Four residents
- Two relatives.

### **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.

We 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 the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned.

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

Two Care Standard Questionnaires were returned from residents of the care home. The responses were very positive and they showed that they were happy with the level of service that was provided. Four residents were spoken with during the inspection. They explained that they enjoyed living there and that the food was very good. One resident explained how he had been supported to achieve a wish of his.

## Taking carers' views into account

Five Care Standard Questionnaires were returned from relatives of residents of the care home. Again they were happy with the overall level of care that was provided. Comments received included,

- Culsh is a lovely "homely" care home with home cooked food and very cheerful staff.
- Does not have the clinical atmosphere I previously associated with care homes.
- We are very pleased with the level of care at Culsh House

Two visitors were spoken with during the inspection. They were happy with the care that was provided to 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

Overall 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 care and support provided by the service.

#### Service strengths

A participation strategy had been developed which identified how the residents and their relatives could be involved in care issues. This included satisfaction questionnaires, regular resident/relative meetings, activity meetings and the manager being available to discuss issues. Examples of survey results were viewed which demonstrated a high level of satisfaction.

Residents and their relatives were involved in the development of their care plans. Residents or their relatives had signed the care plans to demonstrate their agreement with the care that was provided. Various residents' preferences were obtained from the resident or their relatives and these were recorded in the care plan.

The service had a "wishing well" for residents to make a wish, and with financial support from the Friends of Culsh, was able to help the resident achieve this. One example of a wish being granted was a request from one resident to visit the Scottish Parliament and meet the First Minister. The resident confirmed that this was a wish he had made via the care home's "wishing well" as he listened to debates on the radio and wanted to visit where it all took place. The resident reported that he had a great day with staff support.

Another wish had been granted which reunited a resident with the Ellon Pipe Band. The resident had previously been a member of the band. The Pipe Band visited the care home and the resident was able to play the drums with them.

The Friends of Culsh also helped purchase other items for the care home. A summer house was also provided by the friends of Culsh following a request from a resident who enjoyed being outdoors as this was his lifestyle before coming to stay at the care home. The resident spent most of his day in the summer house looking at the scenery. Heating and lighting was installed to enable him to use it on cooler days.

Outings and meals for residents and reflexology sessions were also funded by the friends group. A snooker table, picnic basket and a milk shake machine were also purchased at the request of residents.

There was evidence of various outings with the residents including comments by the residents of the trip.

The residents spoken with all reported that the meals were very good. The manager stated that they had fish suppers on some weekends at the home and sometimes went for a chip supper when on an outing.

A newsletter was also produced and sent to the relatives of the service users.

### **Areas for improvement**

Despite the service trying various methods to involve residents and relatives to discuss issues related to the care service, the attendance has been low. The manager and staff at the service should be encouraged to continue to engage with the residents and relatives to look at ways to obtain their views and to look at other methods to increase the participation of relatives.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### **Statement 3**

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

#### **Service strengths**

Personal plans were available for all residents. The personal plans included information about the person including elements of their life history.

Five service user's personal plans were checked and found to have very good information on a short term care plan relating to the management and care of those affected with Norovirus. Staff questioned found the short term care plan very useful and a way for finding essential information quickly on return from leave or days off.

A further four personal plans were checked on the second day of the inspection and these had evidence that the care needs of the residents had been assessed and appropriate support plans were in place. Appropriate risk assessments were also available. Various screening tools were used and these were updated on a monthly basis and care plans were amended as appropriate.

The residents at the care home were registered with the local GP practice. A GP visited the care home on a weekly basis, more frequently if required. The GP spoken with during the inspection reported good communication from the staff team.

### **Areas for improvement**

The service should consider further development of the short term care plan to ensure that dates and times are included.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

### Statement 1

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

### Service strengths

When someone planned to come to live at the care home they were encouraged to visit and to view the available rooms. A choice of rooms was provided whenever possible taking account of the person's needs.

Residents were encouraged to bring their own personal effects from home. This was evident with the rooms having been personalised with family photographs and other personal items.

An example was given of a resident who requested that her room be painted pink. This had been done and the lady was offered a new carpet which she declined.

Telephones lines were installed into the resident's room if this was requested.

The lounge area had been refurbished with a new carpet being fitted and the walls redecorated. Residents had been shown carpet and wallpaper samples to provide them with a choice of colours.

There was evidence that a resident did not wish to be provided with a new chair. Despite the chair suffering wear and tear this was his favourite and he did not want to change it. There was no safety issue with the chair, only cosmetic so the chair has remained.

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## Areas for improvement

The service advised that they were considering new signage for some areas of the care home. They had contacted the Scottish Dementia Development Service at Stirling in relation to this.

Following the refurbishment of the lounge area the manager advised that new chairs and a large screen TV were planned for this area.

The service should use this opportunity to involve residents and relatives to assist in choosing the items to be purchased.

**Grade awarded for this statement:** 4 - 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

A keypad door lock was fitted to the main entrance. Relatives had access to the code allowing them to exit. Staff members were available to allow residents to go out as appropriate. There was evidence of residents who went out regularly. Risk assessments were in place for those residents that tended to wander.

A risk assessment for the premises had been completed. This had been designed some time ago but was reviewed annually and signed and dated. This had been updated prior to the feedback given. A more detailed risk assessment was now available.

Maintenance agreements were in place and regular servicing of the passenger lift, hoists, boilers and fire protection equipment was regularly completed.

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## Areas for improvement

Cobwebs were noted high up in one area and some of the extractor fans in en-suite and communal toilet areas were dirty. These items were not part of the cleaning schedule.

Special seating in one of the rooms was contaminated with a body substance. Staff were unclear as to who should clean this. This had been now been dealt with. More detailed cleaning schedules should be developed to cover all staff, including the handyman and carers involved in cleaning processes and cleaning recorded should detail who cleans what and when. (See requirement 2 under quality statement 2.3)

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

The environment allows service users to have as positive a quality of life as possible.

### Service strengths

Up to date information provided by NHS Grampian relating to Norovirus and measures to be taken plus a local service interpretation of information was in a separate folder and has been available since August 2011.

Hand washing and other infection prevention and control information relevant to the recent outbreak was displayed as a notice for visitors at the front door. The display of information relating to hand washing is good practice at all times. Other information displayed is to be removed.

A random selection of service user rooms were checked and found to be, in most cases, tidy, clean and free from malodours.

Communal corridors, lounge and dining area, toilets and bathrooms were generally clean and tidy although inappropriate storage of disposable gloves and aprons on radiators compromised this in some places.

Supplies of personal protective equipment such as disposable gloves and aprons, water soluble membrane laundry bags for contaminated linen were readily available on the day of inspection and seen in use by staff.

The domestic on duty was able to describe cleaning products in use, cleaning equipment and materials correctly.

The activities that were provided appeared to be age appropriate. These included trips

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to nearby towns and further afield to the Alford Car Museum. These trips often included a meal at a hotel.

Residents' lifestyles were also addressed with the provision of the summer house and a small snooker table allowing residents to continue to enjoy the outdoors and play snooker with their grandchildren.

Support from the Friends of Culsh help provide a positive quality of life.

### **Areas for improvement**

Although there was a range of infection prevention and control information, the majority was out of date and current versions were not available. The service is lacking service specific infection prevention and control policies and procedures which must be appropriate to the service environment and facilities, reflect the needs of the specific service user group, be evidence based and reflect current best practices. (See requirement 1)

Service infection prevention and control policies recently developed for the outbreak did not have date of issue, review date, page number or authorising person identified. (See requirement 1). Since the inspection visit the service was reviewing the infection control policy. This was to be based on the NHS Grampian "Safe Working Practice, Infection Control in the Community" guidelines which were issued in May 2011.

Several areas within the service were in need of attention for example damaged walls in particular one of the bathrooms, in one area inspected the floor covering was raised at the joining seam, armchair arms worn, washing machine in laundry draining directly into a sink seen used by staff for hand washing and missing cistern lid in one of the sluice areas. (See requirement 2). Again improvements had taken place since the initial visits. A gap in the floor covering in the laundry area had been repaired with a heavy duty tape. The drainage pipe from the washing machine had been redirected and no longer drained into the sink.

The current sluice facilities compromise safe infection prevention and control practice. Sluice areas do not provide automated systems for cleaning of used and contaminated equipment such as sanitary ware. The practice and facilities used by staff would increase the risk of environmental contamination. (See requirement 3).

Similarly the layout of the laundry prevents a dirty to clean work process. A tumble dryer was operating in what would be deemed a dirty area and a pulley with clean cloths was immediately above the area in which dirty linen is sorted and a washing machine was in operation(See recommendation 1). One of the twin sinks had a discharge hose from the washing machine in use openly discharging water into it. This sink was used by staff for hand washing as a designated hand wash sink is not available within the working area. The area behind the washing machines was very dirty(See requirement 4). Improvements to the layout of the laundry area had also

taken place since the inspection took place. The clothes pulley and tumble dryer had been moved to a clean area. Dirty areas were identified with an area being cordoned off with a red taped line on the floor.

The service's management of used linen and clothing observed during inspection at unit and laundry level was unsatisfactory and did not reflect best practice as described in the Scottish model infection control procedure entitled "Safe Management of Linen" 2009 developed by Health Protection Scotland. With the exception of contaminated items which are correctly placed into a water soluble membrane laundry bag all other items are placed in plastic laundry baskets. The baskets are then transported to the laundry for hand sorting. The water soluble membrane bag was not placed into another bag for transportation but inappropriately added to a basket. (See requirement 1). The manager had commenced a review of the management of linen and information of new colour coded bags was in place. A new trolley for this had been ordered.

Within the treatment room a range of randomly selected sterile items were checked and several items were past the manufacturer's expiry dates by years. This information was given to the manager for immediate action. Also within this area reusable cloths and reusable tea towels were in use. Medicine pots were being washed and dried at the designated hand wash sink. Staff were unaware of best practice regarding cleaning procedures and equipment to be used. (See recommendation 2). These issues had been addressed since the visit with expiry dates of equipment having been checked and new storage methods to encourage better stock rotation. A new fridge had been purchased as the door seal on the previous fridge had been damaged.

The temporary closure on 2 sharps waste bins were not in use and all 3 sharps bins were not identified, dated or signed as per best practice. (See recommendation 1 and requirement 1)

The storage within service users' rooms of bleach type products although risk assessed by the manager is not acceptable. The manager stated that this practice was introduced following guidance from other organisations. At the next visit the manager advised the SCSWIS inspector that all bleach products had been removed from the service users' rooms. This was verified by checking 4 randomly selected rooms. (See requirement 4)

Gloves and aprons were inappropriately stored on top of radiators in the corridors. The manager stated that she had received conflicting advice from other organisations and was confused about what is deemed best practice as previous storage had been within service user's rooms. The Professional Adviser discussed this with the other organisation involved and the SCSWIS inspector was able to report back to the manager that gloves and aprons must be stored appropriately within the service users' room. The inspector viewed the revised storage arrangement for gloves and

aprons in the en-suite areas. This consisted of a sealed plastic box preventing contamination.

Staff use of re-usable aprons for food handling, colour coded disposable aprons for food handling and care and gloves used for personal protection was variable throughout the days of inspection. Staff are unclear on what should be used and how to use items appropriately including when to remove such items or store them (See recommendation 3). New guidance was now provided for the use of disposable aprons. Posters were available identifying which colour was to be used for food handling and which colour was used for personal care issues.

**Grade awarded for this statement:** 3 - Adequate

**Number of requirements:** 4

**Number of recommendations:** 3

### Requirements

1. The provider must ensure there are appropriate procedures for the prevention and control of infection and make proper provision for the health, welfare and safety of service users.

1. Evidence based best practice infection prevention and control policies and procedures appropriate to the environment and service users' needs must be developed which reflect the document entitled "Infection Control in Adult Care Homes: Final Standards" 2005 published by the Scottish Executive and Standard Infection Control Precautions published by Health Protection Scotland.  
Timescale: 4 weeks from receipt of this report.

2. All infection prevention and control policies and procedure documents must be identified with date of issue, review date, page numbers and authorising person.  
Timescale: 4 weeks from receipt of this report.

3. Procedures implemented by staff training in the use of the documents.  
Timescale: within 8 weeks of receipt of this report.

4. Audit of practice undertaken to ensure compliance by staff.  
Timescale: within 16 weeks of receipt of this report.

5. Elements of the existing practice on the management of used linen must be updated to reflect current best practice "Safe Management of Linen" 2009 developed by Health Protection Scotland, implement by staff trained in the procedures and practice audited for compliance.  
Timescale: within 4 weeks of receipt of this report.

This is in order to comply with:

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The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011  
SSI 2011/210 Regulation 4 (1) (a) (d) and Regulation 15 (b) (i) (ii)

Timescale: Individual timescales identified for each item above

2. The provider must ensure the premises and equipment are fit for the provision of a care service.

1. Damaged walls and floor joining seal must be repaired.

2. Worn or damaged furnishings must be repaired or replaced.

3. The draining of waste water from one washing machine indirectly into an open sink must be discontinued.

4. The tumble drier next to the washing machine and over head pulley above the washing machine at the entrance to the laundry must be re-sited to a clean area.

5. A designated hand wash sink for staff hand washing must be identified or installed.

6. Missing cistern lid in one of the sluice areas must be replaced or removed.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011  
SSI 2011/210 Regulation 10 (1) Fitness of premises

Timescale: within 4 weeks of receipt of this report.

3. The provider must ensure there are appropriate procedures for the prevention and control of infection, make proper provision for the health, welfare and safety of service users and ensure the premises and equipment are fit for the provision of a care service.

The sluice areas must be assessed against best practice guidance for layout, provision of appropriate facilities and infection prevention and control national guidance documents. A plan of action to address the above findings must be developed to include proposed dates for implementation.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011  
SSI 2011/210 Regulation 4 (1) (a) (d) and Regulation 10 (1) Fitness of premises

Timescale: 6 weeks from receipt of this report.

4. The provider must ensure there are appropriate procedures for the prevention and control of infection and make proper provision for the health, welfare and safety of service users.

1. Cleaning schedules to cover all aspects of cleaning to include duties carried out by the handyman, carers and laundry staff are developed and implemented with records of actions taken, by whom and when. Observational audits to ensure compliance should be introduced.

Timescale: 4 weeks from receipt of this report.

2. High areas with cobwebs, dirty extractors fans and dirty areas behind the laundry equipment must be cleaned.

Timescale: 1 week from the receipt of this report.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011

SSI 2011/210 Regulation 4 (1) (a) (d)

Timescale: As indicated for each item.

### Recommendations

1. The laundry area must be assessed against best practice guidance for layouts, provision of appropriate facilities and infection prevention and control national guidance documents. A plan of action to address the above findings must be developed to include proposed dates for implementation.

National Care Standards, care homes for older people, standard 4, Your environment

2. Trained staff with responsibilities relating to checking of sterile supplies, use and management of sharps waste containers and cleaning of medicine pots should have further training and monitoring of practice to ensure best practice is known and implemented.

National Care Standards, care homes for older people, standard 5, Management and leadership

3. Staff should have an awareness of the use and management of disposable gloves and aprons including storage and the timing of removal of such items after use for different activities and the use of disposable blue aprons versus non disposable aprons for food handling.

National Care Standards, care homes for older people, standard 4, Your environment and standard 5, Management and leadership

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service Strengths

A poster had been placed on the notice board to invite residents or relatives to become involved in the recruitment of new staff members. No one offered to be involved. When candidates attended for interview they were shown around the care home. Residents had the opportunity to speak with the candidate. Staff members assessed the interaction between the candidate and the residents.

Satisfaction questionnaires that were issued to relatives asked a number of questions about the manner in which they were dealt with by the staff members. The response to these was very good.

#### Areas for improvement

The service should continue to obtain the views of the residents and their relatives about the quality of the staffing at the care home. They should continue to try and involve the residents in the recruitment process.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

Staff reported that they had been given infection prevention and control training by the manager and on occasions by NHS Grampian Health Protection Team.

Training sessions had been provided to the staff members from various sources. These had been facilitated by healthcare professionals and the service's manager. Training included Palliative Care, Medication, Catheterisation, Food Hygiene and Fire Safety.

Best Practice guidelines were available for Dementia Care. The manager had obtained information about the NES Infection Control Champions course. The manager and one

other person planned to attend.

Nurses were allocated link nurse roles and had contact with the appropriate healthcare professional.

Over half of the care staff had obtained a suitable qualification in care. This included nursing qualifications and SVQ levels 2 and 3.

Supervision was provided to staff members on an annual basis reportedly at the request of the staff.

Five service user's personal plans were checked and found to have very good information on a short term care plan relating to the management and care of those affected with Norovirus. Staff questioned found the short term care plan very useful and a way for finding essential information quickly on return from leave or days off.

### **Areas for improvement**

Staff are not always implementing best practice for infection prevention and control possibly due to lack of up-to-date service specific infection prevention and control policies and procedures (See requirement 1 in 2.3).

The service should continue to ensure that the staff members receive training that is appropriate to the needs of the residents.

Supervision was reported as taking place annually. This would not appear to be frequent enough to assess and monitor the needs of the staff members and to check on the progress of the staff members. (See Recommendation 1)

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. It is recommended that the service reviews the supervision schedule to be more frequent and provide additional support to the individual staff members.

National care standards, care homes for older people, standard 5, Management and Staffing Arrangements

## 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

Questionnaires were issued to residents and relatives. Despite a return of fewer than 50% the findings of the survey were very positive. The manager explained the poor return due to the fact that relatives approached her or the nurses whenever they wanted to discuss something.

Resident and relative participation was detailed in the participation strategy. In addition to the open door policy and the satisfaction surveys the service had planned a number of social events at the care home. These were enjoyable to the residents and also gave the manager the opportunity to discuss other issues.

#### Areas for improvement

The service should continue to provide opportunities for the residents and relatives to express their views about the service.

**Grade awarded for this statement:** 4 - 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

Infection control audits using Mulberry House documentation has been used and the documentation identified the need to review the service's Infection Control policy.

Systems were in place to monitor the training of the staff members.

Monthly returns were prepared to identify the dependency levels of the residents. Monthly returns were also provided for the local authority.

The residents attended regular review meetings with their relatives attending if appropriate. Resident/relative meetings were held to discuss various issues.

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Questionnaires were also used to determine the views of the residents and their relatives.

The service had started a system to check whether rooms had been completed on a daily basis. This would be checked by the manager on a random basis.

### Areas for improvement

Infection prevention and control audits are not identifying problems such as maintenance, lack of appropriate facilities, cleaning, laundry and care practices as identified in Quality Theme 2. Audit documents should focus on observation of environments and practice. (See requirement 1 in 2.3)

The manager advised that new cleaning schedules were being developed for domestic, handyman and the care staff. A sample of the care staff schedule was viewed. These new schedules should be implemented as soon as possible within the timescale identified in requirement 1 in 2.3.

The service used the Mulberry House Quality Assurance tools to monitor parts of the service. The service should develop a structure to combine the daily, weekly and monthly auditing with that which is identified as part of the Mulberry House system. (See Recommendation 1) Items which may be included in the Quality Assurance Programme include:

- Care Plan Audit
- Housekeeping Audit
- Residents' Finance audit
- Monthly Medication Checking
- Water Temperatures in baths and basins
- Fridge and Freezer Temperatures
- Infection Control Audits
- Meal Audit
- Resident/Relative/Stakeholder Questionnaires

This list is only an example.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. It is recommended that the service develops a structure to identify when various audits and regular checking is due and to identify who is responsible.

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National care standards, care homes for older people, standard 5, Management and Staffing Arrangements

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

## 5 Summary of grades

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

## 6 Inspection and grading history

Date	Type	Gradings
11 Nov 2010	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
30 Aug 2010	Announced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
11 Mar 2010	Announced	Care and support 5 - Very Good Environment 4 - Good Staffing 4 - Good

## Inspection report continued

		Management and Leadership	Not Assessed
14 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
6 Mar 2009		Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
3 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - 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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هه بایتسد می ونابز رگید روا ولکش رگید رپ شرازگ تعاشا هی

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

ی.رخأ تاغل بو تاقي س ن ت ب بل طلا دن ع رفاو تم روشن م لا اذه

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