

Care service inspection report

Ardenlee

Care Home Service Adults

Bullwood Road

Dunoon

PA23 7QJ

Telephone: 01369 702973

Type of inspection: Unannounced

Inspection completed on: 20 February 2015



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Service provided by:

TC Carehome Ltd

Service provider number:

SP2003002621

Care service number:

CS2004059227

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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	4	Good
Quality of Staffing	4	Good
Quality of Management and Leadership	5	Very Good

What the service does well

Ardenlee continues to provide a good and valued service to residents and relatives. Staff work hard and were observed to have good relationships with residents, relatives and colleagues.

What the service could do better

The service should ensure staff are sufficiently trained in moving and handling before they undertake moving and handling tasks with residents. Some aspects of care assessments and planning require further work.

What the service has done since the last inspection

The service had met the Requirement from the last inspection and refurbishment of the environment continues.

Conclusion

The management and staff have worked hard to improve the quality of service and outcomes for residents. The service should continue to work on their improvement plan to continuously improve the service.

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

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

Ardenlee Care Home is situated in the West Bay area of Dunoon with views overlooking the Clyde Estuary. It is registered to provide accommodation for a maximum of 33 older people with 32 single rooms some of which can be used as double rooms. All rooms provide en-suite facilities. At the time of the inspection there were 31 residents living in the home.

The home's aims and objectives state: "Our home is run for the residents, moving into a new home need not mean the loss of dignity, privacy or independence, but rather the chance to do more with staff on hand to help."

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 4 - Good

Quality of Staffing - Grade 4 - 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 0345 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 which took place on the 17 February 2015. The inspection was undertaken by one inspector.

As part of the inspection, we took account of the self-assessment form that we asked the provider to complete and submit to us.

We sent 25 care standards questionnaires to the manager to distribute to residents and 4 were returned. We sent 25 care standards questionnaires to relatives and 9 completed questionnaires were returned.

We also asked the manager to give out 20 questionnaires to staff and we received 14 completed questionnaires.

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

We spoke to:

- 11 residents
- 4 relatives
- 3 care staff
- the depute manager
- admin worker
- maintenance worker
- pet therapist

We looked at:

- supporting evidence from the self assessment
- service users' personal plans
- health and risk assessments
- minutes of review meetings
- training records

- staff appraisals
- staff supervision records
- minutes of staff meetings
- the monthly newsletters
- activity records and photographs
- minutes of residents' meetings
- medication administration records (MAR)
- policies and procedures
- quality assurance policies and procedures
- notice boards and information leaflets on display
- accident and incident logs
- comments and complaints logs
- maintenance records
- observation of staff practice including lunch being taken by residents
- the environment

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views.

On this inspection we used SOFI2 to observe the lunchtime experience of four residents.

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

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

The requirement

The provider must ensure that there is sufficient provision of bathing facilities, sluice rooms and domestic service rooms within the home.

This is in order to comply with SSI 2011/210 10(2)(a) Fitness of premises.

Timescale: within six months of the publication of this report.

What the service did to meet the requirement

See Quality Theme 2, Statement 2 for progress made on this requirement.

The requirement is: Met - Within Timescales

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

The manager identified what they thought they did well, some areas for development and any changes they planned. The self assessment gave some indication of how the people who use the service had taken part in the self assessment.

Taking the views of people using the care service into account

Four residents returned care standards questionnaires. All residents strongly agreed that they were happy with the quality of care and support they received at the home. Comments from residents are contained throughout the report.

Taking carers' views into account

Nine relatives/carers returned care standards questionnaires. Seven strongly agreed, one agreed and one disagreed that overall they were happy with the quality of care and support their relative/friend received at the home. Comments from relatives are contained throughout the report.

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: 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

We found that the service was very good at ensuring residents, relatives and interested stakeholders were involved in participating and improving the quality of care and support. We concluded this after we spoke with residents, relatives and staff. We looked at minutes of resident, relative and staff meetings, the homes brochure, monthly newsletters, minutes of care reviews and personal support plans.

The service had developed a lunch club that operates at the weekend to which a maximum of four older people living in the community were invited. The depute and staff reported that it is very successful and many residents know the people who use the club on a Sunday and re-established old friendships. The manager had made an application to vary the conditions of registration to make this a permanent fixture.

Residents and relatives expressed satisfaction with the quality of the service including the helpfulness of staff, activities and the quality of meals and environment.

Comments from residents included:

"The meals are excellent, I have a lovely room and can take part in activities if I want. The staff are getting me a newspaper"

"The staff take me out for wee walks"

"The activity worker spends time with me to talk and do drawings"

Minutes of residents' care and keyworker reviews contained good information on residents' health and welfare, relationships with staff and fellow residents and relatives. We found that residents were supported to maintain social contacts within and outwith the home and their views were sought on the quality of care and support, the environment, staff and the management. Any actions taken following the previous review were noted and action plans were developed for issues arising from the current care review. Residents' keyworkers played an active part in contributing to review meetings and following up any action required.

The monthly newsletter contained a range of good and interesting information regarding the day to day life in Ardenlee, residents' activities and upcoming events and outings. A senior care worker informed us that an extra member of staff is on duty to undertake activities with residents when the activity worker is on annual leave and to provide extra staffing for the weekend lunch club.

Areas for improvement

The service is performing to a very good standard and should continue to develop the participation strategy.

Grade awarded for this statement: 5 - Very Good

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 was performing to a good standard in this quality statement. We spoke with residents, relatives and staff. We looked at care plans including health care assessments, risk assessments, daily notes and care review minutes. We observed staff practice, activities and a lunch time meal.

We found that staff engaged with residents in a friendly, unhurried manner. Staff were knowledgeable of residents' needs and knew their likes and preferences.

Care plans were regularly reviewed and updated to reflect changes in residents' health or circumstances. There was a well established keyworker system in place and keyworkers and senior care workers had the responsibility of ensuring care plans were kept updated.

We looked at health and care assessments and noted that the Abbey Pain scale was being used alongside a verbalised pain assessment. These were particularly useful for residents who had difficulties with their communication or had a cognitive impairment.

Tissue viability and pressure ulcer prevention assessments and care plans contained good information on intervention to reduce the risk of developing wounds and detailed the size and grade of wounds. Care plans noted the involvement of community nursing staff and gave the progress on the wound.

Residents' care plans contained some good person centred information on personal preferences and life history, daily routines, communication preferences and needs. Guidance on how to manage stressed and distressed behaviour was person centred and helped identify early interventions to help reduce distress.

The service uses the "This is me" proforma produced by the Alzheimer's Society and the Royal College of Nursing which gives essential information on individual residents' needs and preferences and is used when they are being admitted to hospital.

Relatives told us:

"If my relative has a fall or is unwell, I am contacted by the staff and made aware of any problems"

"I am very impressed by the level of care provided at Ardenlee. The staff have looked after my relative for several years and are all very efficient and approachable. Their bedroom is very clean and their clothes are laundered to perfection. They enjoy all meals and they cater for my relative's every whim. There are plenty of activities on offer and the staff obviously care very much for the residents. I don't know what we would do without them, they provide a top quality service"

Areas for improvement

We looked at falls records and audits and noted that in some months there was a high incidence of residents' falls. The service uses some assessment tools from the "Managing falls and fractures in care homes" document produced by the Care Inspectorate and NHS. We spoke with the depute regarding the benefit of developing a falls group, comprising staff from all disciplines, to look at ways to reduce the number of falls experienced by residents. We recommended that the service contacts the local falls lead health professional for further advice.

We noted where residents had fallen and had been seen by a physiotherapist who recommended daily exercises to promote balance and mobility. Details of the exercises taking place were not recorded in residents' care plans.

We noted that the service did not routinely use or record in body maps when residents were admitted or transferred from hospital. We advised that good practice recommends that body maps should be in use.

Fluid intake charts did not routinely contain target amounts of fluid for individual residents. We noted that several residents were regularly not achieving the minimum of 1500mls per day and there were no action plans in place to address this issue. We found some evidence of the GP being involved with one resident where there were concerns about their fluid and food intake, however the arrangements in place to monitor and audit residents' fluid intake were not robust.

Daily recordings were repetitive, lacked detail and not person centred.

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: 4 - Good

Statement 1

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

Service strengths

See comments under Quality Theme 1, Statement 1 of this report.

Areas for improvement

See comments under Quality Theme 1, Statement 1 of this report.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 2

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

Service strengths

We found that the service was performing to a good standard in this quality statement. We spoke to residents, relatives, staff and management. We inspected the environment and looked at maintenance records and environmental reports.

The home has recently been redecorated including some residents' bedrooms, new carpets had been laid in lounge and main corridors on the ground floor. An accessible shower had been installed in the ground floor bathroom, the manager informed us that a thermostatic valve had been installed within the shower to prevent the risk of scalding.

An en-suite shower had been created in room 16 and the depute told us there were plans to replace the old cubicle showers with wet floor showers. This would enable residents to have better access to bathing facilities.

Some hi-low beds had been purchased that were of benefit to residents who had increased mobility needs.

There were lots of pictures of staff and residents taking part in activities displayed in the lounges and corridors on the ground floor. The home was bright and fresh and the seating arrangements enabled residents to sit in small groups and engage in conversation. We noted that some residents' bedroom doors had photographs displayed that enabled residents to identify their room.

The repairs book and maintenance logs evidenced that faults to equipment was reported and actions taken to take out of use or repair. Hoists and stand aids were maintained and serviced in line with statutory legislation and hot water outlets were regularly tested. This ensured residents were safe and protected. The handyman told us that he was currently undertaking work on the fire doors to ensure they complied with the fire service safety inspection report.

Areas for improvement

We noted that some extractors in residents' bathrooms were not working and the extractor grills required to be cleaned. Some pedal bins in bathrooms were broken and the bin in the ground floor bathroom required to be moved away from the sink.

Signage on bathroom and toilet doors would benefit from being larger and in bolder print.

Parts of the stair and corridor carpet and flooring were worn and some lights were not working on the top floor.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

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

See comments under Quality Theme 1, Statement 1 of this report.

Areas for improvement

See comments under Quality Theme 1, Statement 1 of this report.

Grade awarded for this statement: 5 - Very 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

The service was performing to a good standard in this quality statement. We spoke to residents, relatives, staff and management. We looked at staff personnel files including recruitment and induction information, supervision and appraisal notes and staff training records.

Staff confirmed that they had regular supervision with senior staff and they were being coached to take a more active part in care planning and recording.

We looked at staff recruitment files and noted that two written references and Disclosure checks had been undertaken prior to staff commencing employment. One new employee told us that they found the induction very informative and had undertaken health and safety, fire and palliative care training.

All staff spoken with stated that morale was good and there was a good ethos of team work amongst the staff group.

Staff were in the process of completing their continuous learning and developing records to enable them to register or maintain their registration with the Scottish Social Services Council.

Kitchen and domestic staff had access to training opportunities including nutrition and health and COSHH.

Relatives commented:

"Without doubt, the strength of Ardenlee is the quality of staff. The staff take pride in their work and treat residents in the manner that they would wish to be treated.

Areas for improvement

We found that not all new staff had received moving and assisting training before they were involved in care tasks that required moving and handling interventions. This could put residents and staff at risk of injury.

See Requirement 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider must ensure training about moving and handling is provided to new staff by an accredited trainer to comply with the Manual Handling Operations Regulations (1992) as amended (2002).

This is in order to comply with SSI 2011/210 Regulation 15 Staffing - a requirement relating to staff skills and training.

Timescale for implementation: within 2 weeks of receipt of this report.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

Statement 1

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

Service strengths

See comments under Quality Theme 1, Statement 1 of this report.

Areas for improvement

See comments under Quality Theme 1, Statement 1 of this report.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 4

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

Service strengths

The service was performing to a very good standard in this quality statement. We decided this after we spoke with residents, relatives and staff. We looked at systems to audit and quality assure the service including minutes of resident, relative and staff meetings, improvement plans, environmental audits and medication audits.

The manager had developed a "Continuing improvement plan" following "job chats" undertaken with all staff. Staff were asked for their views on how the service was performing and ideas for improvement. The improvement plan looked at improvements to the environment, staff training, residents' care and support arrangements and senior staffs' performance. Feedback from staff was mostly positive and the manager had identified areas for action with timescales for completion.

The manager held regular meetings with heads of service, senior care staff and care staff. Minutes contained good information of the home's performance including ideas for improvement.

The manager undertook quality audits on a monthly basis which included, care plans, accidents and incidents, complaints and health and safety. The residents' dining experience had been audited and as a result protected mealtimes and a breakfast hostess had been introduced. We observed a lunch being taken by residents and found that staff took their time with residents when assisting them to eat and choose a meal. Residents told us that they very much enjoyed the food. Residents, relatives and staff told us that they had confidence in managements' skills and abilities and felt supported and encouraged to speak out if they had any concerns or ideas to improve the quality of the service.

The manager had made an application to vary the conditions of registration to facilitate an intermediate care bed within the home.

Areas for improvement

The service is currently operating to a very good standard and should continue to develop the operational improvement plan.

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

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

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

6 Inspection and grading history

Date	Type	Gradings
27 Feb 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 5 - Very Good
28 May 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 5 - Very Good
16 Jan 2013	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

Inspection report continued

20 Jun 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate 4 - Good 4 - Good
24 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed 4 - Good Not Assessed
23 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
26 Oct 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
23 Jun 2010	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 4 - Good
12 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
3 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
11 Nov 2008	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate

Inspection report continued

30 Jul 2008	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
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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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