

# Care service inspection report

## Ardenlee

### Care Home Service Adults

Bullwood Road  
Dunoon  
PA23 7QJ

Inspected by: Kevin Dale

Type of inspection: Unannounced

Inspection completed on: 20 June 2012



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## Service provided by:

TC Carehome Ltd

## Service provider number:

SP2003002621

## Care service number:

CS2004059227

## 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

Ardenlee provides a valued service to residents and relatives. The service continues to develop care planning and person centred care. Residents and relatives comment that staff are friendly and very hard working and that generally the quality of the care is good.

### What the service could do better

The provider requires to look at the provision of bathing, domestic and sluice facilities. Residents dependencies are high and a review of staffing should take place. Residents and relatives comment that there is insufficient time for staff to spend with residents and to take them out.

Further work was required for care staff to become involved in care planning, particularly in relation to managing challenging behaviour.

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

A new manager has been in post for approximately 6 weeks. She is currently developing quality assurance tools and an operational improvement plan.

## **Conclusion**

Ardenlee offers a mostly good quality service. Further work is required to refurbish the environment and dependency levels of residents continues to be high. Residents and relatives speak positively of staff and management.

## **Who did this inspection**

Kevin Dale

**Lay assessor:** Not Applicable

# 1 About the service we inspected

Ardenlee Care Home is situated in the West Bay area of Dunoon with views over looking 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."

Social Care and Social Work Improvement Scotland (SCSWIS) is the new regulatory body for care services in Scotland. It will award grades for services based on the findings of inspections. The history of grades that services have previously been awarded by the Care Commission will also be available on the SCSWIS website.

This service was deemed registered with SCSWIS on 1 April 2011.

All references in this report will be to The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 ("the Regulations") (SSI 2011/210)

Providers were also reminded that they had to make use of the SCSWIS "Guidance on notification reporting for all registered service's and the document outlining records registered care services must keep" both of which can be found on the SCSWIS website.

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.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### **The level of inspection we carried out**

In this service we carried out a 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 unannounced inspection took place on the 6 and 19 June 2012. During the inspection, evidence was gathered from a number of sources including:

- discussion with residents and relatives
- responses from resident and relative questionnaires
- discussions with staff
- supporting evidence from the up to date self assessment
- service user's personal plans
- staff personnel files
- training records
- minutes of staff meetings
- minutes of residents' and relative meetings
- accident and incident logs
- comments and complaints logs
- risk assessment policies and procedures
- observation of staff care practices
- examination of the environment and equipment

### **Grading the service against quality themes and statements**

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

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

### **Inspection Focus Areas (IFAs)**

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

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

## **The annual return**

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

**Annual Return Received:** Yes - Electronic

## **Comments on Self Assessment**

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

The Self Assessment was not submitted at the time of the inspection.

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

We sent 25 Care Standard Questionnaires for residents to the service and 4 were returned. During the inspection we spoke with 10 residents, comments included:

"There are not enough staff on duty to care properly for the number of residents"

"I'm getting on all right, we had gallons of lemonade at the Queens Jubilee. I am always happy here, I have a marvellous view, plenty of hot water, good reception for the TV"

"Everything is fine"

"Food is good, staff are good, home quite good one of the better ones. Had a meeting last week and I have a key worker"

"I like my room, I am quite happy"

"I don't have access to the front door, but quite happy about that"

"You can tell when there is a change of chef"

"I don't think we are really involved in participation, as I would like to get out more"

2 residents strongly agreed and 2 agreed that overall they were happy with the quality of care they received at the home.

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### Taking carers' views into account

We sent 25 Care Standard Questionnaires to the home for relatives and 11 were returned. During the inspection we spoke with 6 relatives. Comments included:

"After a couple of incidents in the past few years I have been concerned about the staff training when moving and handling my relative. However I believe the care home has been going through a transitional period to offer a better level of care and I can now see positive changes when visiting and have to trust that all staff have the level of training required when dealing with my relative"

"The care home has a high percentage of psychiatric residents who take up the majority of the carers time. Therefore my relative is marginally discriminated against in that they receive little individual attention and stimulus"

"The staff at the home are the biggest asset, they are all caring, kind and I feel they genuinely care for my relative. They are overworked and most likely underpaid"

"I am always made welcome when visiting. Staff make special arrangements when visitors travel from a distance and are making a personal visit"

"I find the care my relative receives very very good indeed. I find the staff exceptional and the care home has a very friendly, loving homely feeling. I am very happy with my relatives care, they are extremely contented and happy. Staff are always polite and very friendly and very helpful. There are plenty of fun activities and social events which my mum loves. The staff always appear to be working very hard yet remain extremely cheery with always time for a friendly and comforting word to the residents. I am very impressed and very delighted with my relatives care. The surroundings are also very well kept. Her room is lovely and her clothes are well maintained. Excellent"

"Overall care is very good. There are occasional one off issues that have to be brought to management attention particularly to do with laundry and housekeeping within residents rooms. Generally these are always addressed and tend to be due to turnover of staff or changing of responsibilities.

There have been other instances where hearing aids have been not put in correctly, put in but not switched on and put in with dud batteries. Glasses occasionally go missing or are not cleaned. Again these issues are fixed when highlighted to management"

"I am concerned that staff persist in sedating my father contrary to my wishes"

"Great, the people are smashing. Room is clean. Some of the rooms are tired. I attend a care review every 6 months and feel involved in my relatives care"

3 relatives strongly agreed, 6 agreed and 2 disagreed that overall they were happy with the quality of care their relative received at the home.

## 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

The service has a brochure and participation strategy displayed in the front hall.

Details of the local advocacy service was available and displayed.

A newsletter is produced monthly and contained some good information on events and activities.

Resident and relative meetings detailed consultation on planned refurbishments of the environment and issues relating to staffing, the lift and proposal of creating 2 new bedrooms. Feedback from residents and relatives on the planned developments were noted in the meeting minutes.

Relatives and residents spoken with stated that they had no hesitation speaking to staff or management if there were any issues.

Residents and relatives are involved in fund raising and the manager is developing a fund raising committee.

We found evidence of residents and relatives being involved in care planning and reviews.

#### Areas for improvement

Some yearly social work reviews were out of date.

The manager told us that she was sending out questionnaires to relatives and residents to ask about the quality of the service.

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The manager should continue to develop the participation strategy to ensure there is meaningful engagement with residents and relatives including residents who are difficult to reach.

**Grade awarded for this statement:** 4 - 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 manager has a programme for residents' reviews. In house reviews take place on a 3 monthly basis. Key workers are now involved in reviews. Before a review takes place co key workers including night staff are consulted and residents and relatives are invited to all reviews. Minutes from review meetings contained details of actions to be taken.

We looked at residents' care plans and found that they contained a good range of care assessment tools including nutritional assessments, falls risk assessments, challenging behaviour, continence and moving and handling. We noted that care plans were regularly up dated and any change in circumstances was recorded and actioned.

We found evidence that advice and referral had been sought from health care professionals in relation to weight loss, wound treatment and managing behaviour.

We spoke to the activity worker who told us that he had commenced an activity tracker record to ensure that every resident has an individual activity at least once per week. We found that there was a range of activities available to residents to suit their skills and abilities. Residents continue to enjoy gardening and growing vegetables. One resident with dementia who likes poetry has poetry read to them. The activity worker told us that they have had no training in activities but was in discussion with the company trainer to source appropriate training.

#### Areas for improvement

The service uses the Indicator of Relative Needs (IoRNS) dependency assessment tool and assesses each residents dependency on a 4 weekly basis. We found that residents' dependency was well above the mean average and we discussed with the manager the importance of ensuring that there were sufficient staff to meet residents' needs. The manager stated that she would discuss with the provider the possibility of increasing staffing.

We noted from some review minutes that some of the language used was judgemental. The manager said that she was working with staff to improve the quality of written records.

One resident had not had a social work review despite being an emergency admission and resident at Ardenlee for some months.

Residents with Adult with Incapacity Part 5 section 47 certificates did not have the relevant treatment plans. Best practice for the administration of covert medication was not followed.

Residents who are prescribed 'as required' psychoactive medication and have not received this medication for some months should have their medication reviewed.

We found that some care plans to manage anxious and challenging behaviour were not person centred and too generic. Care staff told us that they do not have time to become involved in care assessment and care planning, however their involvement in contributing to care planning is essential for a person centred model of care.

We noted that there was a high number of falls (40) in May. We looked at individual care plans and the accident analysis. We found that a range of measures had been taken to reduce the level of falls including medication reviews and the use of passive alarms. We found that the number of falls had reduced for individual residents in June.

**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

See Quality Statement 1 in Quality Theme 1.

#### Areas for improvement

See Quality Statement 1 in Quality Theme 1.

**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

We spoke with the part time handy man and looked at maintenance logs and equipment. We found that routine maintenance checks had been undertaken and recorded.

A new bath had been installed on the top floor bathroom.

The lounge and dining room areas were bright and homely. Work had been undertaken to paint murals in the activity area. Residents spoken with said they liked the lounge and looking across the water.

#### Areas for improvement

We walked round the home and looked in residents' rooms. We noted radiator guards were required to be fitted to the radiators in bedrooms.

Some bed bases were old and would benefit from replacement. Some rooms required to be refreshed and redecorated.

The showers in bedrooms were not suitable for residents with mobility difficulties and were mostly unused. The manager was aware of this and had began to remove the showers when the room became vacant. We discussed with the manager the option of replacing them with wet floor areas.

We noted dampness coming through the fire exit on the mezzanine floor.

On the first day of the inspection we found that linen trolleys were stored on the landings at the lift and that mops and buckets were stored with laundry and continence aids. We brought this to the attention of the manager, and noted that alternative arrangements had been made for the storage of laundry baskets and mops on our second visit.

There continues to be issues with the lack of domestic service rooms and the inadequate provision of bathing facilities within the home. See Requirement 1.

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

**Number of requirements:** 1

**Number of recommendations:** 0

### Requirements

1. 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.

## 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 Quality Statement 1 in Quality Theme 1.

#### Areas for improvement

See Quality Statement 1 in Quality Theme 1.

**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

The service has individual training records and a training matrix for staff. Staff had the opportunity to take part in a range of training including medication administration, first aid, care planning, infection control, food hygiene, nutrition, dementia and palliative care.

The manager had further developed the training matrix to make it more accessible and easy to use. There was a traffic light system in place to indicate when refresher training was due.

Recent fire training including simulated evacuation had taken place.

11 staff had undertaken vocational qualification in care.

Some staff supervision and appraisal was taking place and we noted from minutes of supervision meetings that training and development was discussed.

Staff are able to attend training events in their sister home at Ashgrove.

### **Areas for improvement**

Care staff involved in medication administration should complete the relevant Scottish Vocational Qualification Unit in medication administration. A system should be put in place to ensure ongoing competency of staff to administer medication.

Some domestic staff had not attended COSHH training or infection control. The admin worker should attend training in handling discreet loads.

We noted that external training provided by the NHS was not on the training matrix.

The manager told us that participation and infection control training was to take place in the near future.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

See Quality Statement 1 in Quality Theme 1.

#### Areas for improvement

See Quality Statement 1 in Quality Theme 1.

**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

The manager holds daily flash meetings with seniors to discuss any issues regarding residents and the management of the home.

The manager chairs regular heads of service meetings, seniors meetings and staff meetings. Minutes from these meetings indicated that when issues arose, solutions with staff were discussed and actioned. Action plans from these meetings identified who was responsible for actions to be taken and outcomes noted.

The manager was currently undertaking performance monitoring with all staff, the manager reported that it was having a positive impact on staff performance and an improvement in the quality of the service.

At the time of the inspection the manager was undertaking a strengths, weaknesses, opportunities and threats (SWOT) analysis to help prioritise the management issues of the home and inform the operational improvement plan.

#### Areas for improvement

The manager had been in post for a matter of weeks and was being supported by the manager from Ashgrove. The manager was aware of the improvements to the service that required to be made and had put in place some good quality assurance tools to

audit the quality of the service. Residents, relatives and staff stated that they found her approachable and would listen and act on what they told her. The manager should continue to develop and implement the operational improvement plan.

**Grade awarded for this statement:** 4 - 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 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	4 - Good
Statement 3	4 - Good
<b>Quality of Environment - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 2	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	
24 Nov 2011	Unannounced	Care and support	5 - Very Good
		Environment	Not Assessed
		Staffing	4 - Good
		Management and Leadership	Not Assessed
23 Jun 2011	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	4 - Good
26 Oct 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good

## Inspection report continued

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

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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## Translations and alternative formats

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