



# Inspection report

## Springboig Care Home Care Home Service Adults

150 Larchgrove Road  
Springboig  
Glasgow  
G32 0AD

<b>Inspected by:</b> (Care Commission officer)	Linda Kemp
<b>Type of inspection:</b>	Unannounced
<b>Inspection completed on:</b>	29 September 2010

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**Service provided by:**  
Care Homes (Scotland) Ltd

**Service provider number:**  
SP2007008815

**Care service number:**  
CS2007142131

**Contact details for the Care Commission officer who inspected this service:**

Linda Kemp  
Telephone 0141 843 4230  
Email enquiries@carecommission.com

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## Easy read summary of this inspection report





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There is a six point grading scale. Each of the Quality Themes we inspected, is graded using the following scale:

We can choose from six grades:



### We gave the service these grades

Quality of Care and Support	 <b>2</b>	Weak
Quality of Environment	 <b>3</b>	Adequate
Quality of Staffing	 <b>3</b>	Adequate
Quality of Management and Leadership	 <b>3</b>	Adequate

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

### What the service does well

The service had recruited the support of a consultant to support its improvement agenda following the last inspection. The staff group had remained consistent and had undertaken a lot of training. The quality of the food and snacks had improved and most of the people we talked to were complimentary about the standard of catering.

The activities programme had been developed and we saw some service users being supported to achieve their personal goals and aspirations. We observed some staff to be very caring and empathetic when delivering support and care, and we noted more positive interactions between staff, service users and visitors.

The standard of care and support was particularly good in the enhanced residential unit.

### **What the service could do better**

We were concerned about the lack of effective monitoring systems in place to ensure that the service was operating to a satisfactory standard.

We noted a distinct lack of consistent leadership within the two nursing units : we were very concerned about the lack of organisation and the standard of service in the dementia unit on the first day of our inspection.

There were still weaknesses in the completion of assessments, personal plans and in the assessment and care of people at risk of pressure ulcers, and at risk of malnutrition. The staffing rotas did not ensure continuity and we saw evidence of unfavourable outcomes for some service users due to lack of continuity and resultant poor communication between shifts.

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

The cleanliness of the environment had improved, and the procedures for managing clinical waste had been revised. Infection control practice had improved.

New care documentation had been introduced and this provided a structure for more person centred care planning.

There had been a lot of staff training, and the service had clearly benefited from the input of the consultant team.

We saw sustained improvement in the enhanced residential and frail elderly care units.

The staff appeared more motivated, and we saw evidence of good team working in some areas.

The activities staff were very motivated and were working hard to develop this area of support which was of benefit.

## **Conclusion**

We have graded the quality theme concerning the care and support of service users as weak as we remained concerned about the standard of the care service, particularly in the dementia care unit.

We did see some evidence of progress in some areas, but there remain ongoing areas of concern.

The service needed to urgently put more effective monitoring systems in place, and take steps to ensure that there was effective management and leadership at all levels to deliver and sustain its improvement agenda.

Some of the recent developments had been welcomed by service users, staff and carers.

## **Who did this inspection**

### **Lead Care Commission Officer**

Linda Kemp

### **Other Care Commission Officers**

n/a

### **Lay Assessor**

n/a

**Please read all of this report so that you can understand the full findings of this inspection.**

## About the Care Commission

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We were set up in April 2002 to regulate and improve care services in Scotland.

Regulation involves:

- registering new services
- inspecting services
- investigating complaints
- taking enforcement action, when necessary, to improve care services.

We regulate around 15,000 services each year. Many are childminders, children's daycare services such as nurseries, and care home services. We regulate many other kinds of services, ranging from nurse agencies to independent healthcare such as hospices and private hospitals.

We regulate services for the very young right through to those for the very old. Our work can, therefore, affect the lives of most people in Scotland.

All our work is about improving the quality of care services.

We produce thousands of inspection reports every year; all are published on our website: [www.carecommission.com](http://www.carecommission.com). Reports include any complaints we investigate and improvements that we ask services to make.

The "Care services" area of our website also:

- allows you to search for information, such as reports, about the services we regulate
- has information for the people and organisations who provide care services
- has guidance on looking for and using care services in Scotland.

You can also get in touch with us if you would like more detailed information.

## About the National Care Standards

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The National Care Standards (NCS) set out the standards that people who use care services in Scotland should expect. The aim is to make sure that you receive the same high quality of service no matter where you live.

Different types of service have different National Care Standards. When we inspect a care service we take into account the National Care Standards that the service should provide.

The Scottish Government publishes copies of the National Care Standards online at: [www.scotland.gov.uk](http://www.scotland.gov.uk)

You can get printed copies free from:

Booksource  
50 Cambuslang Road  
Cambuslang Investment Park  
Glasgow  
G32 8NB  
Tel: 0845 370 0067  
Fax: 0845 370 0068  
Email: [scottishgovernment@booksource.net](mailto:scottishgovernment@booksource.net)

## What is inspection?

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Our inspectors, known as Care Commission Officers (CCOs), check care services regularly to make sure that they are meeting the needs of the people in their care.

One of the ways we check on services is to carry out inspections. We may turn up without telling the service's staff in advance. This is so we can see how good the care is on a normal day. We inspect some types of services more often than others.

When we inspect a service, typically we:

- talk to people who use the service, their carers and families, staff and managers
- talk to individuals and groups
- have a good look around and check what quality of care is being provided
- look at the activities happening on the day
- examine things like records and files, if we need to
- find out if people get choices, such as food, choosing a key worker and controlling their own spending money.

We also use lay assessors during some inspections. These are volunteers who have used care services or have helped to care for someone who has used care services.

We write out an inspection report after gathering the information. The report describes how things are and whether anything needs to change.

Our work must reflect the following laws and guidelines:

- the Regulation of Care (Scotland) Act 2001
- regulations made under this Act
- the National Care Standards, which set out standards of care that people should be able to expect to receive from a care service.

This means that when we register or inspect a service we make sure it meets the requirements of the 2001 Act. We also take into account the National Care Standards that apply to it.

If we find a service is not meeting these standards, the 2001 Act gives us powers that require the service to improve.



## **Recommendations, requirements and complaints**

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

- 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.
- A requirement is a statement which sets out what is required of a care service to comply with the Act and Regulations or Orders made under the Act, or a condition of registration. Where there are breaches of the Regulations, Orders or conditions, a requirement must be made. Requirements are legally enforceable at the discretion of the Care Commission.

Complaints: We have a complaints procedure for dealing with any complaint about a registered care service (or about us). Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints. Depending on how complex it is, a complaint may be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

# How we decided what to inspect

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## **Why we have different levels of inspection**

We target our inspections. This means we spend less time with services we are satisfied are working hard to provide consistently high standards of care. We call these low-intensity inspections. Services where there is more concern receive more intense inspections. We call these medium or high intensity inspections.

## **How we decide the level of inspection**

When planning an inspection, our inspectors, or Care Commission Officers (CCOs) carefully assess how intensively each service needs to be inspected. They do this by considering issues such as:

- complaints
- changes to how the service provides care
- any notifications the service has given us, such as the absence of a manager
- what action the service has taken in response to requirements we have made.

The CCO will also consider how the service responded to situations and issues: for example how it deals with complaints, or notifies us about incidents such as the death of someone using the service.

Our inspections take account of:

- areas of care that we are particularly interested in (these are called Inspection Focus Areas)
- the National Care Standards that the service should be providing
- recommendations and requirements that we made in earlier inspections
- any complaints and other regulatory activity, such as enforcement actions we have taken to improve the service.

# What is grading?

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We grade each service under Quality Themes which for most services are:

- **Quality of Care and Support:** how the service meets the needs of each individual in its care
- **Quality of Environment:** the environment within the service (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?);
- **Quality of Staffing:** the quality of the care staff, including their qualifications and training
- **Quality of Management and Leadership:** how the service is managed and how it develops to meet the needs of the people it cares for
- **Quality of Information:** this is how the service looks after information and manages record keeping safely.

Each of the Quality Themes has a number of Quality Statements in it, which we grade.

We grade each heading as follows:

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
excellent	very good	good	adequate	weak	unsatisfactory

We do not give one overall grade.

## How grading works.

Services assess themselves using guidance that we given them. Our inspectors take this into account when they inspect and grade the service. We have the final say on grading.

The Quality Themes for this service type are explained in section 2 The Inspection.

## About the service we inspected

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Springboig Care Home is a Care Home for Older People, based in a residential area. The service has been registered with the Care Commission since 30/8/07.

There are 70 places within three units. Unit 1 aims to care for service users who do not require nursing care. Units 2 & 3 aim to care for older people who require 24 hour nursing care and Unit 3, in addition, aims to specialise in care of older people with dementia.

A short term agreement has been made that the service can supply respite care to four service users overall. A maximum of two service users at any time have been agreed for respite in units 2 & 3.

All of the bedrooms are single rooms apart from two which are larger shared rooms. All bedrooms have ensuite shower, toilet and wash basin. There are communal lounge and dining areas and access to a garden area from Unit 2. There is parking for a limited number of cars to the front of the building.

The mission statement for this service is as follows: "Springboig Care Centre strives to provide consistent high standards of care at all times."

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

<b>Quality of Care and Support</b>	<b>2 - Weak</b>
<b>Quality of Environment</b>	<b>3 - Adequate</b>
<b>Quality of Staffing</b>	<b>3 - Adequate</b>
<b>Quality of Management and Leadership</b>	<b>3 - Adequate</b>

This inspection report and grades are our assessment of the quality of how the service is performing in the areas we examined during this inspection.

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

You can use the "Care services" area of our website ([www.carecommission.com](http://www.carecommission.com)) to find the most up-to-date grades for this service.

## How we inspected this service

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### **What level of inspection did we make this service**

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

### **What activities did we undertake during the inspection**

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

- Evidence from the service's most recent self assessment
- Personal plans of people who use the service
- Medication records
- Training records
- Accident and Incident records
- Staff rotas
- Minutes of meetings which had been held for relatives, service users and staff

Discussions with various people, including: The Provider, The Manager, Deputy Manager, Nurses, Activities staff, Administrator, Care Assistants, Cooks

Discussions with people who use the service, their families and visitors

Observing staff working with the service users.

An inspection of the environment

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

Each year we identify an area, or areas, we want to focus on during our inspections. We still inspect all the normal areas of a care service; these are extra checks we make for a specific reason.

For 2010/11 we will focus on:

- Quality assurance for care at home and combined care at home and housing support services.

You can find out more about these from our website [www.carecommission.com](http://www.carecommission.com).

### **Fire safety issues**

The Care Commission no longer reports on matters of fire safety as part of its regulatory function. Where significant fire safety issues become apparent, we will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Care service providers can find more information about their legal responsibilities in this area at: [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

## **Has the service had to take any actions as a result of or since our last inspection?**

The Provider must develop and fully implement a review process that ensures that the regulatory requirement for minimal six monthly reviews for all service users is met. The review process must be fully minuted and outline the discussions, views, and agreements made by the participants which includes the service user and their representatives. (SSI 114/2002 Reg 5 (2) - (Personal Plans) Timescale - within one month of receipt of this report

### **Action taken on the Requirement**

Most of the six monthly reviews of service users care plans had been undertaken. The minutes of the reviews needed to be developed further to ensure they detailed what had been discussed and by whom, and were outcome focused. We have repeated part of this requirement in this report.

### **The requirement is:**

Not Met

The provider must be able to show that the quality of life of people who use services, including their interests, needs and beliefs and support service users fulfil their potential and aspirations, have been taken into account when planning and delivering support. SSI 2002/114 Regulation 4 (1) (a) Welfare of service users - providers shall make provision for the health and welfare of service users Timescale: Within 3 months of receipt of this report.

### **Action taken on the Requirement**

The service had adopted a more person centred approach to care, and this was reflected in the care documentation.

### **The requirement is:**

Met

The provider must demonstrate that the needs of residents are regularly assessed and adequately met with specific reference to meeting the nutrition needs of residents identified as at risk. In order to do this the provider must; - Demonstrate that the tool used for monitoring risk of malnutrition (MUST) is being accurately recorded and informs best practice. - Ensure that there is robust monitoring of the care of people who are at risk of malnutrition.. - Ensure the information within care plans regarding nutrition is accurate and up-to-date. - Ensure that staff have the necessary skills to identify service users at risk of malnutrition and dehydration. - Ensure that directions regarding the support for residents with a high level of nutritional need is fully adhered to. - Undertake a review of the menu to reflect the choices of residents and to ensure that the menu is nutritionally balanced.

- Undertake a review of the meal time experience for residents taking the timing and delivery of meals into consideration - the meal times must be managed effectively and this must include designated 'table/room' management and closer attention to those service users who require prompting and supervision or direct physical assistance with eating and drinking. - all special diets must be made available as advised by the dietician or speech and language therapist, and must be detailed in an individual's personal plan. The management team must ensure that the issues about management of nutritional needs are addressed and that strategies are implemented to monitor and sustain performance regarding nutritional management .This is in order to comply with: SSI 2002/114 regulation 4(1) (a) - Welfare of Users Standard 13 of the National Care Standards - Care Homes for Older People. Timescale - To start immediately and to be completed within 4 weeks from receipt of this letter.

**Action taken on the Requirement**

The service had improved the nutritional care of service users, and most service users were maintaining their weight. The quality of meals and snacks was good, and special diets were well catered for. We were still concerned that the monitoring of peoples' weights was not consistent and that some of the calculations to assess risk of malnutrition were inaccurate. We have repeated some of this requirement in this report.

**The requirement is:**

Not Met

The provider must demonstrate that the wound care needs of residents are regularly assessed and adequately met. In order to do this the provider must; - Ensure that the assessment and monitoring of wound management is robust and up to date. -The management team must ensure that the issues about wound management are addressed and that strategies are implemented to monitor and sustain performance regarding wound management . This is in order to comply with: SSI 2002/114 regulation 4(1) (a) - Welfare of Users Timescale - To start within 24 hours and to be completed within 4 weeks from receipt of this letter

**Action taken on the Requirement**

As mentioned in 1 : 3 of this report, we were not happy with the services performance in relation to this requirement, which we have repeated.

**The requirement is:**

Not Met

The service provider must ensure that care plans record all the Health and Welfare needs of residents in a coherent manner to inform of how those needs are to be met.

There should be specific reference to the following: - Accurate recording of the details of care interventions. - Risk assessments must reflect all identified risks. - Records must be regularly updated to reflect change. - Consistency in the use of dependency assessment tools. - Consideration should be given to ensuring that individual residents' documentation for their care and support is held together.-The provider and management team must ensure that the issues about care plans are addressed and that strategies are implemented to monitor and sustain performance regarding support plan documentation.This is in order to comply with: SSI 114/2002 Regulation 5(1) - Personal Plans Standard 6 of the National Care Standards - Care Homes for Older People. Timescale - To start immediately and to be completed within 6 weeks from receipt of this report.

#### **Action taken on the Requirement**

Although the quality of the personal plans and care documentation was better, we were not happy with the quality of some of the care documentation as it did not accurately detail all the care needs of service users. Some of the risk assessments had not been updated regularly. We have repeated some aspects of this requirement in this report.

#### **The requirement is:**

Not Met

The Provider must ensure that an effective risk assessment and management process is put in place and that staff are trained and competent in this area. The Provider must ensure that a Restraint Policy is adopted and implemented that reflects the Mental Welfare Commission for Scotland's, best practice guidance: 'Rights, Risks and Limits to Freedom -2006', and the Regulation of Care Act (Scotland) 2002 SSI 2002 /114 Regulation 4.1(a) - health and welfare of service users. Timescale: Within two months of the receipt of this report.

#### **Action taken on the Requirement**

There had been staff training about restraint and best practice guidance. Methods of restraint had been recognised and most of the care plans contained relevant documentation : work is continuing in this respect.

#### **The requirement is:**

Met

The service provider must ensure that service users who manifest challenging behaviours have assessments and care plans in place that meet their physical and emotional care needs. Personal plans must be reviewed regularly to ensure that service users needs can continue to be met by the service. (this is to comply with SSI 114, Regulation 4 and Regulation 5) Timescale - To start immediately and to be completed within four weeks of the receipt of this report.



**Action taken on the Requirement**

New CARE documentation had been introduced, and this was still undergoing development. We have repeated some of this requirement in this report.

**The requirement is:**

Not Met

The Service Provider must ensure that vulnerable adult procedures are followed correctly. This must record the contact made with the Care Manager and notification to the Care Commission. (SSI 114 Regulation 4 - Welfare of Service Users.) Timescale : Immediately on receipt of this report.

**Action taken on the Requirement**

The service had made notifications to the appropriate bodies.

**The requirement is:**

Met

Care reviews must be fully minuted and outline the discussions, views, and agreements made by the participants which includes the service user and their representatives. The service must introduce a process which will ensure that actions agreed are taken forward and recorded clearly. (SSI 114/2002 Reg 5 (2) - (Personal Plans) Timescale: Four months

**Action taken on the Requirement**

Most of the care reviews had been undertaken, but the minutes did not always detail what had been discussed and agreed. We have repeated this requirement in this report.

**The requirement is:**

Not Met

**Actions Taken on Recommendations Outstanding**

The service was taking action to address the recommendations made at the last inspection : some of these had been achieved.

**The annual return**

We use annual returns (ARs) to:

- make sure we have up-to-date, accurate information about care services; and
- decide how we will inspect services.

By law every registered care service must send us an annual return and provide us with the information we have requested. The relevant law is the Regulation of Care (Scotland) Act 2001, Section 25(1). These forms must be returned to us between 6 January and 15 February.

**Annual Return Received**

Yes - Electronic

**Comments on Self Assessment**

The service did not require to submit a self assessment prior to this unannounced inspection.

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

Most of the people using the service told us they were happy living at Springboig. They told us the food was very good and that they could ask for anything they wanted. Most people were happy with the environment.

**Taking carers' views into account**

The carers we talked to told us they felt that the service had improved, and they were happy with the quality of care and support of their relatives. Some carers felt that communication and the quality of the laundry service could be improved.

# Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

## 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

There had been some service user and carer meetings following the last inspection, and minutes were available.

Staff had been trained in delivering person centred care, and we noted that some service users preferences had been noted in the personal plans.

Service users had been consulted when the new menu was developed, and there was ongoing consultation in this respect.

A satisfaction survey had been circulated to service users and carers, the outcome awaited.

Most of the six monthly reviews had been undertaken.

### Areas for Improvement

The service had limited evidence on what had changed or improved since the last inspection visit as a result of involving service users and their carers. There was little evidence that the service had employed an inclusive approach to service user participation.

The service needed to consider how it can better involve service users and carers in the care planning and review process. The minutes of the care reviews did not always detail the discussions that had taken place and did not always show that the service user and their carer had been involved and consulted with. Follow on actions were not always detailed.

### Grade awarded for this statement

3 - Adequate

### Number of Requirements

1

### Number of Recommendations

1

## **Requirements**

1. Care reviews must be fully minuted and outline the discussions, views, and agreements made by the participants which includes the service user and their representatives. The service must introduce a process which will ensure that actions agreed are taken forward and recorded clearly.

(SSI 114/2002 Reg 5 (2) - (Personal Plans))

Timescale: Two months

## **Recommendations**

1. The service should continue to develop its participation strategy. The service should consider how best to ensure that service users with communication difficulties are able to participate.  
(National Care Standards for Care Homes for Older People, Standard 11 - Expressing your views)

## **Statement 2**

We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential.

### **Service Strengths**

The activities staff team were highly motivated and committed. One of the staff was undertaking accredited training in activities provision for older people. The activities programme had developed, and service users goals and aspirations were being supported through the service's 'hopes and dreams' activity.

Some service users life histories and interests had been noted, and the staff had been working with service users' families. There were activities care plans and records of activities in most of the personal plans.

We saw service users participating in activities to promote independence and well being, including armchair exercises,relaxation activities and massage : this was clearly of benefit and was being enjoyed by people using the service.

The service had access to a mini bus and there had been trips to places of interest during the summer months. The service was developing links with other community services such as day centres and nurseries.

The service had moved to a more person centred approach to delivering care and support, and we noted that staff throughout had a more individualised approach when delivering the service, with service users being offered more choice and variety.

### **Areas for Improvement**

The development of a meaningful activities programme was being restricted by a lack of funding : most of the activities and equipment were being funded by the staffs' fundraising activities such as raffles.

There was a lack of equipment for sensory and reminiscence type activities and there were no tools to assist staff to support service users communication support needs.

The service should ensure that all staff involved in activities provision have access to appropriate training.

### **Grade awarded for this statement**

3 - Adequate

### **Number of Requirements**

0

### **Number of Recommendations**

1

## **Recommendation**

1.

The provider should consider the provision of a designated budget to ensure that all the people who use the service are offered a range of appropriate, purposeful activities on a regular basis.

(National care Standards for care Homes for Older People - Standard 17 - Daily Life)

### **Statement 3**

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

#### **Service Strengths**

The care and support for those service users at risk of malnutrition had improved. There was ample provision for those service users who needed a special or modified diet, and we noted that snacks and drinks were usually freely available throughout the day. Foods were being fortified. Most of the people we talked to told us the quality of the catering had improved and that there was plenty choice, including alternative choices to the main menu.

Most service users were maintaining their weight. In general we observed a positive dining experience, and we were impressed by the staffs' knowledge about individual service users nutritional status and dietary requirements.

A range of health professionals such as the Care Homes Liaison Nurse, General Practitioners, Dietician and Speech and Language Therapist and Falls Prevention team had been involved in the service.

Staff had received with training in some aspects of care since our last inspection.

There was a good supply of pressure relieving equipment including special mattresses and cushions.

A system had been introduced to ensure that service users personal hygiene needs were being met.

The personal plans that we looked at contained appropriate continence promotion plans, and the staff that we talked to told us how they supported service users continence needs on an individual basis.

#### **Areas for Improvement**

We were concerned that some of the care plans and risk assessments had not been updated to reflect changes in service users' care needs. One service user had recently returned from hospital and his discharge instructions had not been followed up by the staff. His care plans and risk assessments had not been updated.

A service user had been unwell and in bed for a few days : the personal plan had not been updated to minimise the risk of the development of pressure ulcers and dehydration which were clearly a risk. We noted this service user to be significantly dehydrated, and very unwell. Medical advice was sought immediately.

Some risk assessments had not been reviewed regularly, resulting in some risks to service users not being recognised, such as significant weight loss and risk of skin breaking down. We noted that the tool being used to assess for risk of malnutrition was not being used consistently and some of the calculations were not accurate. Some service users were not being monitored frequently enough.

We were concerned that we saw non-care staff using inappropriate technique when moving and assisting a service user who had recently had surgery, and was immobile. A service user had a surgical wound which had not been assessed since they returned to the home from hospital.

We noted a service user to have a soiled foot dressing : there was no record of the wound or a wound care plan in the personal plan, and staff were unable to tell us the reason for the dressing.

A service user assessed by the speech therapist as at risk of choking did not have an appropriate risk assessment or care plan in place to guide staff and to minimise the risk of choking.

Service users who experienced behaviour changes did not have appropriate care and support plans in place, and medication to manage behaviour changes was not being reviewed regularly. The management of behaviour changes did not reflect best practice guidelines, although improved planning documentation had been introduced.

A service user had been provided with a bed with integral bed side rails : staff told us that the service users limbs were being entrapped in the space between the mattress and side rails : no risk assessment had been undertaken to determine the appropriateness of such equipment.

On the first day of the inspection we were concerned about the lack of organisation on the dementia care unit. We noted that by late morning, many service users were still being assisted to wash and get out of bed. Some of the service users sitting in the lounge looked unkempt, and needed their hair and clothing attended to.

The dining experience on the unit that morning was less than satisfactory and was poorly managed. We noted that adaptive cutlery and crockery which had been previously provided was not available during this inspection.

Bathing and showering rotas were in place, but we could not determine if these had been determined from service user choice and preference or not. A review of the personal hygiene records showed us that 4 or 5 service users were assisted to bath or shower each day, despite many of the service users being incontinent.

**Grade awarded for this statement**

2 - Weak

**Number of Requirements**

5

**Number of Recommendations**

0



## Requirements

1.

The provider must undertake a review of the meal time experience for residents taking the preparation, presentation, timing and delivery of meals into consideration. The meal times must be consistently managed effectively . Appropriate adapted cutlery and crockery must be provided to those service users who would be assisted by such equipment.

The service must ensure that there is consistent application of the tool used to assess for risk of malnutrition, and that there is effective support and monitoring of those service users at risk.

Timescale - To start immediately and to be completed within one month.

SSI 2002/114- regulation 4(1) (a) - Welfare of Service Users and regulation 12 - Facilities in Care Homes.

Standard 13 of the National Care Standards - Care Homes for Older People.

2.

The provider must ensure that care plans record all the health and welfare needs of residents and how those needs are to be met.

Timescale : To start immediately and be completed within one month.

SSI 114/2002 Regulation 5(1) - Personal Plans and

Standard 6 of the National Care Standards - Care Homes for Older People.

3.

The provider must ensure that service users with agitated behaviour have an appropriate assessment, and receive an individualised plan of care to support their behaviour changes. If behaviour modifying medication is prescribed on a regular or ' as required' basis there must be frequent medical monitoring of the dosage and continuing need, therefore a clear review date must be set. Such medications must be used for the shortest period of time and must be demonstrated to be of benefit to the service user.

Timescale: Within one month

SSI 2002 /114 Regulation 4.1(a) - health and welfare of service users.

4.

The provider must develop and implement a system which regularly assesses the ongoing and changing needs of service users , taking account of a service users' mental, physical, social, emotional and medical needs. Newly identified needs must be recorded within the service users' personal plan of care, and appropriate risk assessments undertaken.

Timescale: To start immediately and be completed within one month

SSI 2002/ 114 Regulation 2 Principles - and SSI 2002/114 - Regulation 4 - welfare of service users

5.

The provider must demonstrate that the wound care needs of residents are regularly assessed and adequately met. In order to do this the provider must; - Ensure that the assessment and monitoring of wound management is robust and up to date. The provider must ensure that strategies are implemented to monitor and sustain performance regarding wound management .

Timescale: To start immediately and be completed within one month

SSI 2002/114 regulation 4(1) (a) - Welfare of Users

## 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

As with statement 1.1 there had been some opportunities for service users and relatives to give feedback to the service about aspects of the environment. Service users had opportunity to comment on the redecoration of the communal areas and had chosen the decor for their bedrooms. Most of the bedrooms were personalised, and were bright and spacious. A fish tank had been installed at a service users request, and we noted that some services users requests for furnishings had been met.

#### Areas for Improvement

The comments and recommendation in section 1:1 apply to this statement.

#### Grade awarded for this statement

3 - Adequate

#### Number of Requirements

0

#### Number of Recommendations

0

## Statement 2

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

### Service Strengths

The standard of cleanliness throughout the home had improved and a house keeping and deep cleaning schedule was in place. The manager had undertaken some environmental audits and action plans had been drawn up. The staff had undertaken updated infection control training and we observed good practice in this area.

The procedures for the disposal of clinical waste had been upgraded which was of benefit to the environment of the home, and to the staff delivering personal care. There were procedures in place to protect vulnerable adults, and a range of health and safety policies to guide staff.

There was a record of accidents and incidents.

We noted that the service had been prompt to seek support from the community falls prevention team to help to minimise the risk of falls.

There was a good range of equipment to assist staff in their care duties and there were records of regular maintenance of equipment.

The service users that we talked to told us they felt safe living at Springboig, and the improved environment had been well received by service users and their carers.

### Areas for Improvement

Very few of the staff had undertaken health and safety training : this would be of benefit. The service should consider developing a health and safety 'Champion' who would provide guidance to staff on a day to day basis.

We noted some outstanding repairs that posed a health and safety risk to service users : these had not been noted by the staff during our inspection, but were addressed immediately on being brought to the attention of the management team.

On the first day of the inspection, we noted that one of the lounge carpets was creating an unpleasant smell : this flooring was being replaced during our visit.

### Grade awarded for this statement

3 - Adequate

### 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**

Aspects of the environment had improved, and we noted more decorative features throughout the home.

Both lounge areas were being used on the care floors : this had created more space and opportunity for service users.

The vending machines had been relocated therefore areas were less noisy and congested.

The bedrooms were individual and pleasant and service users were encouraged to personalise these.

We noted that the staff were better equipped to support those service users who may be anxious and agitated.

We observed a more calm and relaxed atmosphere than had been experienced during previous inspections.

We also noted more positive interactions between service users and staff which was not limited to the tasks of the day.

#### **Areas for Improvement**

The upper floor is designated for the care of people with dementia, yet there are few 'dementia friendly' features in this unit and little to assist service users' orientation.

We also noted that there was a lack of things to occupy people such as newspapers, magazines, books, games etc. such as people may have in their living rooms at home.

The service should consider how it may create a more homely feel in the main lounges.

#### **Grade awarded for this statement**

3 - Adequate

#### **Number of Requirements**

0

#### **Number of Recommendations**

1

#### **Recommendations**

1.

The service should consider improving the decor and signage within the dementia care areas for the welfare and benefit of service users.

(National Care Standards for Care Homes for Older People - Standard 4 - Your Environment)

## Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 3 - Adequate

### Statement 1

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

#### Service Strengths

We noted limited progression in this area of participation since the last inspection. Service users comments had been incorporated in the interview questions, and service users had previously been involved in staff interviews. We noted that the service had dealt with issues about the quality of staffing effectively

#### Areas for Improvement

The service is currently developing a key worker system. The manager had written to service users and carers to inform them about this development and to describe the role of the key worker.

#### Grade awarded for this statement

3 - Adequate

#### 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**

Most of the care staff had a recognised care qualification. There was a staff training plan and records of the training which had been undertaken.

There had been a real focus on staff training since our last inspection : this was clearly of benefit.

Some staff had been trained to undertake 'Champion' roles including Dignity Champion, and Palliative Care.

We noted that the service had moved towards a more person centred approach to care, and that service user participation was being actively promoted.

We noted that the staff were polite and courteous in undertaking their duties, and we noted consideration to service users need for privacy being respected.

There was evidence of better team working.

The service users and carers that we talked to told us they were happy with the staff, and that they were being well looked after.

We saw improved practice in some of the key care areas, including continence promotion and managing behaviour changes.

#### **Areas for Improvement**

There was still a need for some staff to be trained in dementia care and support : this had been considered by the service and some distance learning courses had been sourced.

We were concerned that some areas of care practice were not satisfactory, and that there was poor care documentation in some instances, this needed to be addressed by the service, and we have made requirements to this effect.

A staff training needs exercise may be of benefit, particularly if this is linked to the services' staff supervision and appraisal system.

We were very concerned to note that a member of the nursing staff had been rostered to work fourteen twelve hour night shifts out of 16 consecutive days : this was immediately addressed by the service manager.

#### **Grade awarded for this statement**

3 - Adequate

#### **Number of Requirements**

0

#### **Number of Recommendations**

1

## **Recommendations**

1. The service should consider undertaking a training needs analysis: this should inform the staff training plan for the coming year.  
(National care Standards for Care Homes for Older People - Standard 5 Management and staffing arrangements.)



## **Statement 4**

We ensure that everyone working in the service has an ethos of respect towards service users and each other.

### **Service Strengths**

The service has a mission statement which stated that Springboig Care Centre strives to provide consistent high standards of care at all times. A member of staff had been trained as a dignity champion and staff had been trained dignity and person centred approaches.

We noted a more positive atmosphere within the home. The service had moved away from a task driven type of service to one that was more person centred and driven by individual choice and preference.

There was better communication between staff members and between staff and people using the service.

Many of the staff we talked to were committed to improving the quality of the service.

### **Areas for Improvement**

The service should consider the benefit of providing equality and diversity training to the staff team.

### **Grade awarded for this statement**

3 - Adequate

### **Number of Requirements**

0

### **Number of Recommendations**

0

## Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

#### Service Strengths

The service had focused on developing its participation strategy and felt it had improved communication with service users and carers.

People using the service had been consulted about names for the individual care units.

The management team advised us that they frequently 'walked the floor' to be accessible to service users and visitors.

#### Areas for Improvement

The ways of involving service users and relatives in assessing the quality of management and leadership needs to be given more consideration.

Service users with communication support needs had not been fully considered as mentioned in 1:1

#### Grade awarded for this statement

3 - Adequate

#### Number of Requirements

0

#### Number of Recommendations

1

#### Recommendations

1.

The provider should consider in more depth the way that service users and carers can influence the development of the service with meaningful input into management decisions

(National Care Standards for Care Homes for Older People, Standard 11 - Expressing Your Views)

### **Statement 3**

To encourage good quality care, we promote leadership values throughout the workforce.

#### **Service Strengths**

We recognised that the service was going through a period of change, and that support was being provided by external services. The service manager and provider told us that this support had been valuable.

A staff survey had been undertaken, and the staff had the opportunity to have job discussions with an external consultant : some of the staff told us this had been of benefit. The outcome of both these activities was awaited.

There had been lots of meetings with staff during the recent period, and staff told us they felt informed about the current change process.

#### **Areas for Improvement**

We were concerned that the dementia unit manager post was vacant. We saw evidence of a lack of leadership and organisation in this care unit on the first day of the inspection, the staff appeared to be working without direction. The deputy manager had been scheduled to work between both of the nursing floors : this had resulted in a lack of continuity of leadership and management within the units, and was contributing to the lack of effective monitoring systems.

#### **Grade awarded for this statement**

3 - Adequate

#### **Number of Requirements**

1

#### **Number of Recommendations**

0

#### **Requirements**

1.

The provider must review the existing staffing and management arrangements to ensure the current staffing and management structures and practices are sufficient to satisfactorily meet the aims and objectives of the service and the needs of the service users. This should include the development of more robust quality assurance systems.

SSI 2002/114 Regulation 7(1) and (2) - Fitness of Managers and Regulation 13 - Staffing

Timescale - To start immediately on receipt of this report.

## **Statement 4**

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

### **Service Strengths**

We saw some evidence of audit activity and action plans to address outcomes. A survey had recently been circulated to service users and their carers, this had yet to be returned and analysed.

A staff survey had been undertaken.

The staff training programme had focused on areas identified as weak at the last inspection, and we saw evidence of positive outcomes for service users in some areas.

### **Areas for Improvement**

There were a lack of systems to consistently ensure that care and support was being delivered efficiently throughout the service.

During the inspection we identified continuing areas for improvement and development. The service needed to review the effectiveness of its quality processes to allow for prompt action to be taken to address areas of concern.

The services' participation strategy needed to be developed to ensure that staff, service users, and other key stakeholders could influence the development and direction of the service.

### **Grade awarded for this statement**

3 - Adequate

### **Number of Requirements**

0

### **Number of Recommendations**

2

### **Recommendations**

1.

The provider should review quality assurance systems to ensure they are more robust, and when there are indications of poor care, action taken swiftly. National Care Standards for Care Homes for Older People, Standard 5 Management and Staffing arrangements.

2.

The service should consider how it may involve staff, service users, and key stakeholders in the next self evaluation and grading exercise.

National care Standards for Care Homes for Older people, Standard 5 Management and Staffing, and Standard 11 Expressing Your Views

## Other Information

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### **Complaints**

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

### **Enforcements**

Following our inspection in April 2010, we served the provider with an improvement notice. We were concerned about the standard of cleanliness within the service, and the poor quality of care and support. We were also concerned about the lack of systems in place to monitor the quality of the service. We regularly assessed the service's progress with the improvement notice, and following a full reassessment in August 2010, we concluded that the service had made sufficient progress to be compliant with the requirements made in this notice.

### **Additional Information**

n/a

### **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 Commission 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).

## Summary of Grades

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

## Inspection and Grading History

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Date	Type	Gradings
29 Apr 2010	Announced	Care and support      1 - Unsatisfactory Environment          2 - Weak Staffing                2 - Weak Management and Leadership      2 - Weak
12 Nov 2009	Unannounced	Care and support      1 - Unsatisfactory

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		Environment Staffing Management and Leadership	1 - Unsatisfactory 2 - Weak 2 - Weak
11 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 3 - Adequate 2 - Weak
19 Feb 2009	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
4 Dec 2008	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate
21 May 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good



## Terms we use in our report and what they mean

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**Action Plan** - When we inspect a service, or investigate a complaint and the inspection report highlights an area for improvement; either through recommendations or requirements, the action plan sets out the actions the service will take in response.

**Best practice statements/guidelines** - This describes practices that have been shown to work best and to be achievable in specific areas of care. They are intended to guide practice and promote a consistent and cohesive approach to care.

**Care Service** - A service that provides care and is registered with us.

**Complaints** - We have a complaints procedure for dealing with any complaint about a registered care service or about us. Anyone can raise a concern with us - people using the service, their family and friends, carers and staff.

We investigate all complaints which can have more than one outcome. Depending on how complex the complaint is, the outcomes can be:

- upheld - where we agree there is a problem to be resolved
- not upheld - where we don't find a problem
- partially upheld - where we agree with some elements of the complaint but not all of them.

**Enforcement** - To protect people who use care services, the Regulation of Care (Scotland) Act 2001 gives the Care Commission powers to enforce the law. This means we can vary or impose new conditions of registration, which may restrict how a service operates. We can also serve an improvement notice on a service provider to make them improve their service within a set timescale. If they do not make these improvements we could issue a cancellation notice and cancel their registration.

**Disclosure Scotland**- Disclosure Scotland provides an accurate and responsive disclosure service to enhance security, public safety and protect the vulnerable in society. There are three types or levels of disclosure (i.e. criminal record check) available from Disclosure Scotland; basic, standard and enhanced. An enhanced check is required for people whose work regularly involves caring for, training, supervising or being in sole charge of children or adults at risk; or to register for child minding, day care and to act as foster parents or carers.

**Participation** - This describes processes that allow individuals and groups to develop and agree programmes, policy and procedures.

**Personal Plan** - This is a plan of how support and care will be provided. The plan is agreed between the person using the service (or their representative, or both of them) and the service provider. It is sometimes called a care plan mostly by local authorities or health boards when they commission care for people.

## How you can use this report

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Our inspection reports give care services detailed information about what they are doing well and not so well. We want them to use our reports to improve the services they provide if they need to.

Care services should share our inspection reports with the people who use their service, their families and carers. They can do this in many ways, for example by discussing with them what they plan to do next or by making sure our report is easily available.

## People who use care services, their relatives and carers

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We encourage you to read this report and hope that you find the information helpful when making a decision on whether or not to use the care service we have inspected. If you, or a family member or friend, are already using a care service, it is important that you know we have inspected that service and what we found. You may find it helpful to read previous inspection reports about his service.

## The Care Commission

We use the information we gather from all our inspections to report to Scottish Ministers on how well Scotland's care services are performing. This information helps us to influence important changes they may make about how care services are provided.

## Reader Information

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هذه بایتسد یم وونابز رگید روا رولکش رگید رپ شرازگ تعاشا هی

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

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**Telephone: 0845 603 0890**

**Email: [enquiries@carecommission.com](mailto:enquiries@carecommission.com)**

**Web: [www.carecommission.com](http://www.carecommission.com)**

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