

# Care service inspection report

## Flemington Care Home Care Home Service Adults

Flemington Road  
Cambuslang  
G72 8YF

Inspected by: Anne Borland

Sarah Gill

Type of inspection: Unannounced

Inspection completed on: 14 February 2012



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### **Service provided by:**

Flemington Care Home Limited

### **Service provider number:**

SP2011011539

### **Care service number:**

CS2011285878

### **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		N/A
Quality of Environment		N/A
Quality of Staffing	5	Very Good
Quality of Management and Leadership	3	Adequate

### What the service does well

This service provides a comfortable and attractive environment for service users. Staff members were observed to have positive relationships with service users. The home manager, owner and staff have good communications with family members.

### What the service could do better

The home requires to improve the frequency of care reviews and ensure a complete set of policy and procedural guidance is in place. The home should improve the quality of the support recording tools and include a mental health assessment. The frequency of staff supervision and appraisals and attendance at team meetings should improve. The garden work should progress to allow independent access for all service users.

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

The home has continued to build on the range of activities on offer and there has been some improvement in the quality of care that needs recording.

### Conclusion

This home continues to offer a good level of care and support. The home manager and provider should address the issues raised under management in this report.

**Who did this inspection**

Anne Borland

Sarah Gill

# 1 About the service we inspected

Flemington Road is a care home owned by private provider Flemington Care Limited. It is a purpose built care home of three floors of which two are currently in use. The home can accommodate 70 people with 54 places for older people and 16 places for young physically disabled people. The home is separated into four units with two on the ground floor and two on the 1st floor. All service users have access to individual bedrooms and private en-suite facilities. Double bedrooms can be made available to those wishing to share.

The home philosophy is to create a "warm, homely atmosphere where people can live in comfort, dignity and safety and where they can be encouraged to maintain and improve their quality of life backed by 24 hour nursing care of the highest standard". The home was deemed registered by the Social Care and Social Work Improvement Scotland on the 1st April 2011.

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

**Quality of Care and Support - N/A**

**Quality of Environment - N/A**

**Quality of Staffing - Grade 5 - Very Good**

**Quality of Management and Leadership - Grade 3 - Adequate**

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

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

## 2 How we inspected this service

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

In this service we carried out a 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**

This inspection was carried out on the 14th February 2012 by Inspectors Anne Borland and Sarah Gill. During the inspection the Inspectors met with the manager, staff members and service users. Relevant documents were examined and included service user's personal support plans, accident and incident records, service user's and relatives meeting minutes, staff training records, staff recruitment files and the home's policy and procedures. Feedback was provided to the manager and provider on the 14th February 2012.

### **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)

## **What the service has done to meet any recommendations we made at our last inspection**

Following the last inspection the service received six recommendations of which three had been met. These are listed below with detail provided of the progress made.

1. Improvement should be made to the quality written support plans. This is to meet Standard 6.1. Support Arrangements. National Care Standards for Care Homes for Older People.

This recommendation was partially met with improvements in the weighing of service users and recording personal information. However there remained gaps in the action required to be taken when a service users has a high water low score. Overall the support plans used were inconsistent and did not create a picture of the needs of the service users which was easy to follow.

This will form a repeat recommendation specifically in relation to the need to review the current support recording tool currently in use. Refer to recommendation recorded under Theme 4, Statement 3.

2. The Mental Health Assessment tool should be completed and reviewed as necessary. This is to meet Standard 6.1 Support Arrangements. National Care Standards for Care Homes for Older People.

There was still no assessment of service user's mental wellbeing. The mini cognitive functioning tool in use is inadequate for this purpose.

This will form a repeat recommendation. And will be recorded under Theme 4, Statement 3.

3. Audits of Medication records and administration should be pursued without delay with action taken to ensure this leads to robust practices regarding recording, administering and retaining an audit trail of medication changes. This is to meet Standards 15.6, 15.8 & 15.9 Keeping Well-Medication. National Care Standards for Care Homes for Older People.

This had been met. The audit of medication had continued and the recording of medication had improved.

4. Support plans for service users who are moving on should be specific, focused, identify goals, resources needed and timescales involved and persons responsible. This is to meet Standard 6.1. Support Arrangements. National Care Standards for Care Homes for Older People and Standard 20. Moving On. National Care Standards for Care Homes for Older People.

This was met, as the service users this applied too had moved to more suitable resources.

5. The gardens should be completed to allow independent and safe access by all. This is to meet Standard 4.1 Your Environment. National Care Standards for Care Homes for Older People.

The garden building work had not progressed due to this being the winter months. This will form a repeat recommendation under Theme 4, Statement 3.

6. The home should seek the views of service holders, relatives and consult best practice guidance regarding the installations of handrails throughout the building. This is to meet with Standard 4. Your Environment . National Care Standards for Care Homes for Older People & Standard 5.4 Management and Staffing.

Following the last inspection the manager had consulted with service users and relatives about whether handrails were desirable or needed. It was decided that they were not required.

This recommendation has been met.

### **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.

This was not requested prior to this inspection.

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

The Inspectors spoke with several service users. All reported being happy living in the service and considered they were well looked after. The home was described as being comfortable and the staff helpful and caring. Many service users enjoyed using the café area and enjoyed the activities provided by the home.

### **Taking carers' views into account**

The Inspector did not meet with any relatives or carers at this inspection.



## 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 - NOT ASSESSED**

**Quality Theme 2: Quality of Environment - NOT ASSESSED**

## Quality Theme 3: Quality of Staffing

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 staffing in the service.

#### Service Strengths

The service sought the views of service users and carers regarding the staff in a variety of ways.

Service users and relatives had been invited to participate in staff recruitment by taking part in the interviews process. One relative had taken part in this process and the manager advised that this opportunity would remain open whenever staff recruitment took place.

Questionnaires had been issued to service users and relatives, views were sought regarding the quality and performance of staff. Responses regarding the staff were positive.

Regular meetings were held with service users and relatives and their views sought regarding the quality of the staffing and any changes which were needed or any training which could be considered.

#### Areas for improvement

The manager could consider involving service users and relatives in staff appraisals.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 2

We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

### Service strengths

The inspectors sampled the files of the most recently appointed staff. It was found that safer recruitment practices were in place which included the completion of application forms, interview process, the seeking of two references one of which from the most recent employer. Enhanced Disclosures checks were sought and checks carried out with the Nursing and Midwifery Council. There was an expectation staff are registered with the Scottish Social Services Council (SSSC) or prepared to gain qualifications to attain conditional registration with the SSSC.

Induction training was made available to staff and was completed over a 6 month period. This included orientation to the building, introduction to the resident's charter, mandatory training such as Moving and Assisting, Infection control and Fire Awareness. An induction booklet was provided which included a test on each subject to assess the learning made by the new employee. These were signed off by the manager. New employees were allocated a mentor and shadowed more experienced members of staff to get to know the service users and develop skills and knowledge about the role.

### Areas for improvement

The appraisal policy should be reviewed to ensure new staff receive appraisals within reasonable timescales. This forms part of the recommendation under Theme 4, Statement 3.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 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 manager and home owner were available and accessible to service users and relatives, whether for an informal chat or to raise specific issues. Relatives described both as being helpful and approachable.

The home had a complaint procedure which was well published throughout the home.

A comments and suggestion box was available in the units.

The service had an action plan which incorporated the views given by relatives and carers regarding the improvement agenda. There was evidence that these views were taken forward with examples being the café area and the planned memorial garden.

#### Areas for improvement

The manager could seek ways to involve service users and carers in the self assessment of the service.

On examination of personal support plans, the Inspectors found that some service users had not had their care needs formally reviewed in excess of a year. This included both from within the home staff or with the involvement of social work care managers. This will form a requirement. (See below)

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

**Number of requirements:** 1

**Number of recommendations:** 0

#### Requirements

1. Requirement with reference to Theme 4, Statement 1:  
Review meetings must take place for service users twice in one year. This is required to meet with the Public Services Reform (Scotland) Act 2010 Regulation 210/ 5( 2) (b) (iii) - Personal Plans. Timescales for completion- 8 weeks from the publication of this report.

## Statement 3

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

### Service strengths

There was training available to staff on a range of topics, some of which included; Dementia Awareness, Emergency 1st Aid and the Protection of Vulnerable Adults. The home was piloting a scheme where staff took lead roles in providing training to the staff team on Nutrition and Continence and Infection Control.

Nursing staff were given the opportunity to attend sufficient training and development sessions to facilitate continued registration with the NMC. Care staff were given the opportunity to attain SVQ accreditation.

The manager had introduced formal supervision and appraisal of staff. The contents of these meetings were recorded and contained discussion on skills and training needs analysis.

Staff who spoke with the Inspectors spoke highly of the manager and of team morale. They expressed feeling valued and listened too. Staff confirmed the manager was responsive to requests for additional staffing when this was needed to meet the needs of specific service users.

### Areas for improvement

There was a lack of leadership roles within the home and there is no designated person in charge of each of the four units. The manager held the responsibility to oversee the running of the home, including the care, nursing, catering, domiciliary, updating and introduction of policy and procedures and audits of practice. Whilst the home was intentionally set up aligned to the 'flat management' structure, there was evidence that this system was not working adequately. This should be addressed. (Refer to recommendation 1 below)

Supervision was not being held frequently and there was a delay for new staff receiving their first appraisal. (Refer to recommendation 2 below)

Team meetings were poorly attended. The manager was seeking ways to improve this.

Recommendations have been carried over from the previous inspection report, dated 26th September 2011 and have been listed below. (See Recommendations 3-5)

Many of the policies and procedures were not available. The manager was gradually updating these; however, at the time of inspection staff did not have access to the range of policy and procedures necessary to inform best practice. One example included that there was no policy on the use of bed rails. Some bed rails were observed to be fitted in a way which did not meet with best practice guidance. This will form a requirement. (See requirement below).

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

**Number of requirements:** 1

**Number of recommendations:** 5

## Requirements

1. Requirement with reference to Theme 4, Statement 3:  
The full range of the home's policy and procedures should be available. This is to meet with the Public Services Reform (Scotland) Act 2010 Regulation 210/ 4(1)(a)- Welfare of users. Timescales for completion- 12 weeks from the publication of this report.

## Recommendations

1. Recommendation with reference to Theme 4, Statement 3:  
The provider should ensure that adequate management structures are in place to ensure all aspects of the home are operating adequately. This is to meet Standard 5.1 Management and Staffing Arrangements. National Care Standards for Care Homes for Older People.
2. Recommendation with reference to Theme 4, Statement 3:  
Supervision frequency should be agreed and appraisal within a shorter timescale for new staff. This is to meet Standard 5.3 and 5.4 Management and Staffing Arrangements. National Care Standards for Care Homes for Older People.
3. Recommendation with reference to Theme 4, Statement 3:  
This is a repeat recommendation following from the inspection carried out on the 26th September 2011 which had not been met.  
Improvement should be made to the quality of written support plans. This is to meet Standard 6.1. Support Arrangements. National Care Standards for Care Homes for Older People.

4. Recommendation with reference to Theme 4, Statement 3:

This is a repeat recommendation following from the inspection carried out on the 26th September 2011 which had not been met.

The Mental Health Assessment tool should be completed and reviewed as necessary. This is to meet Standard 6.1 Support Arrangements. National Care Standards for Care Homes for Older People.

5. Recommendation with reference to Theme 4, Statement 3:

This is a repeat recommendation following from the inspection carried out on the 26th September 2011 which had not been met.

The gardens should be completed to allow independent and safe access by all. This is to meet Standard 4.1 Your Environment. National Care Standards for Care Homes for Older People.



## 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

The service provider intends to apply for a variation to increase the occupancy of this home by opening the top level of the home.

### 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 - Not Assessed</b>	
<b>Quality of Environment - Not Assessed</b>	
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Management and Leadership - 3 - Adequate</b>	
Statement 1	4 - Good
Statement 3	3 - Adequate

## 6 Inspection and grading history

Date	Type	Gradings
27 Sep 2011	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed

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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