

## Care service inspection report

# Sir Gabriel Woods, Mariners Home

## Care Home Service Adults

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Greenock

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Inspected by: Isabel Purdue

Type of inspection: Unannounced

Inspection completed on: 3 December 2013



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## Service provided by:

Sir Gabriel Woods, Mariners Home

## Service provider number:

SP2003000213

## Care service number:

CS2003001088

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

### What the service does well

At this inspection we could see that the meaningful participation of residents and their families has continued to be valued. The management and staff team are skilled and experienced, meeting the needs of individual residents in a person centred way that promotes involvement, choice and independence. Residents' health and wellbeing needs are met to a good standard and there is a commitment to continuous improvement.

### What the service could do better

The monitoring of staff training needs to be improved and we made a requirement about this under quality statement 3.3 in this report. We also made a number of recommendations under quality statements 1.1, 1.3, 2.2, 3.3 and 4.4 so that the service will make improvements in line with good practice.

The areas for improvement detailed under each quality statement should also be addressed as this will continue to develop and improve the quality of the overall service.

## What the service has done since the last inspection

A recommendation about the storage of continence aids has been met as detailed under quality statement 2.2 in this report.

The refurbishment programme has continued to maintain and improve the quality of the environment.

Four recommendations made at the last inspection in relation to the following areas have not been met and are continued under quality statements 1.3, 2.2 and 4.4 in this report:

- the adult support and protection policy
- assessment and consent for the use of equipment
- records of checks on hot water and window safety
- introducing medication audits

## Conclusion

Sir Gabriel Woods Mariners Home provides a homely, relaxed and personalised service where the needs, choices and preferences of individual residents are well managed and the meaningful involvement of residents and their families is welcomed and valued. However, the management team need to take a pro-active approach to meeting the areas for improvement identified at this inspection to fully establish and maintain good quality standards. The management and staff team need to work together to achieve this using more effective quality assurance systems.

## Who did this inspection

Isabel Purdue

**Lay assessor:** Janine Cameron

# 1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

## Requirements and recommendations

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

- A recommendation is a statement that sets out actions the care service provider should take to improve or develop the quality of the service but where failure to do so will not directly result in enforcement. Recommendations are based on the National Care Standards, relevant codes of practice and recognised good practice.
- A requirement is a statement which sets out what is required of a care service to comply with the Public Services Reforms (Scotland) Act 2010 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 Inspectorate.

Sir Gabriel Woods Mariners' Home (the Mariners' Home) is a care home registered for 35 older people who may have dementia and/or physical disabilities and 12 adults with a diagnosis of Korsakoff's Syndrome. The service is a registered charity held in trust by the British Sailor's Society. There were 41 residents using the service during our inspection.

The care home is situated in a residential area of Greenock near local amenities including shops, bus routes and rail links. The service is provided from a large, detached Victorian property, originally opened in 1854 as a service for retired seafarers.

Accommodation in the home is spread over two floors. There are 41 single bedrooms and three double bedrooms which are currently used as single rooms. There are lounge and dining rooms and adapted bathrooms on both levels. The home also has a large garden that is easily accessible.

The stated aims of the service are:

- To provide a supportive, comfortable and caring environment.
- To enhance the quality and enjoyment of life for each resident.
- To meet the changing physical, emotional and spiritual needs of individual residents.
- To provide a trained and caring staff which offers the necessary friendship and support.
- To respect the privacy of each resident, ensuring dignity and freedom of choice.

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

**Quality of Care and Support - Grade 5 - Very Good**

**Quality of Environment - Grade 4 - Good**

**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 low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

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

We wrote this report following an unannounced inspection. This was carried out by Isabel Purdue, Inspector who was accompanied by Janine Cameron, Lay Assessor. The inspection was carried out on 30 October and 28 November 2013. We gave feedback to the management team on 3 December 2013.

As part of the inspection, we took account of the completed annual return and self assessment forms that we asked the provider to complete and submit to us.

We sent 15 care standards questionnaires to the manager to distribute to residents but none were returned. We also sent 20 care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned four completed questionnaire before the inspection.

We also asked the manager to give out 15 questionnaires to staff and we received seven completed questionnaires.

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

We spoke to:

- six residents
- a care worker
- a senior care worker
- the cook
- the activities coordinator
- the maintenance officer
- a care coordinator
- the administrator
- a member of housekeeping staff
- a member of laundry staff
- the care manager

- the manager

The Lay Assessor also spoke to six residents individually in communal areas and privately in their own bedrooms.

We looked at:

- 11 questionnaires filled in by relatives (4) and staff (7)
- the way staff worked with residents
- evidence from the service's most recent self assessment where the manager set out the strengths and areas for improvement
- participation records including personal plans and newsletters
- residents' personal plans including needs assessments, care plans, risk assessments and evaluations
- residents' healthcare records and case tracking for specific healthcare needs
- professional visitors records including community healthcare input
- six monthly care reviews
- medication audits
- menus
- the activities programme
- minutes of staff meetings
- staff training and development records including SVQ training
- staffing rotas
- finance records (for residents' personal money)
- accident and incident records
- complaint records
- quality assurance records and audits
- the most recent environmental health report
- repair and maintenance records
- the policy and procedure manual
- general observation of the environment and equipment (for example, is the service clean, is it set out well and is it easy to access by people who use wheelchairs?)
- the refurbishment programme
- the registration certificate
- the insurance certificate
- the staffing schedule



### **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**

A recommendation made at the last inspection in relation to the storage of continence products had been met. The remaining four recommendations had not been met and were continued under quality statements 1.3, 2.2 and 4.4 in this report.

## **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 Care Inspectorate received a completed self assessment document from the manager. The manager identified what they thought they did well, some areas for development and any changes they had planned.

We found that the self assessment was not detailed enough to reflect the strengths and areas for improvement under each quality statement or the way that the strengths identified influenced the quality of the service. This should be addressed as the self assessment continues to be updated. Residents, relatives and staff should be also consulted when the self assessment document is done in the future and their views on the quality of the service should be included.

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

For this inspection, we received views from six of the 41 residents who were spoken with individually. The Lay Assessor also spoke to six residents. The feedback we received was very positive.

We have included comments from residents under the relevant quality statements throughout this report.

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

No carers were spoken with during 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

Grade awarded for this theme: 5 - Very Good

#### Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Service strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we spoke to residents and staff, looked at the relevant records and reviewed the questionnaires we received. Staff recognised that residents and their families had a right to be involved in assessing and improving the quality of the service provided to them, including the quality of care and support and they valued their input.

We saw that the range of options used to support meaningful participation had included:

- 1-1 meetings with residents and their relatives
- an effective and informal 'open door' approach favoured by residents, relatives, staff and the management team
- consultation when writing personal plans
- formal care reviews to discuss how well care and support needs had been met
- questionnaires about the overall quality of the service
- a key worker system
- advocacy information and involvement
- newsletters that kept people up to date with what was happening in the home
- comment/suggestion forms
- notice boards where useful information was posted
- a complaint procedure that people could use to address issues on a more formal basis

The residents we spoke to told us that staff had consulted them about their support needs and any preferences they had, for example, wanting a male or female carer, when to get up, how to spend their time and choices around personal care and dressing. Residents said that staff respected the choices they made and encouraged them to make their own decisions. Some of the comments we received included:

"Staff are good - they listen so they know what I want."

"No problems - things are the way I like them."

"It's good here - it suits me fine."

"Couldn't be better - they try hard to please."

"First class - things are perfect."

"Any problems I just go to the boss - sorted."

There had been a consistent team of staff in place and we found that staff had developed positive relationships with residents and their relatives which helped to support meaningful involvement. The feedback we received during the inspection showed that residents and relatives were happy with the care and support provided by staff and the way they had been involved in discussing and agreeing this.

The 'open door' approach operated by the management and staff team had continued and this had encouraged and enabled residents to discuss any issues, including the care and support being provided, when they wanted to. This had helped to support the individual approach favoured by residents as, overall, they continued to choose to express their views on a 1-1 basis and advised that they were happy with the informal and relaxed way in which they could discuss any issues or concerns with staff who were said to be very approachable and responsive.

The personal plans we looked at reflected residents' care and support needs in an individualised way and, overall, a good level of detail had been recorded including how staff met each person's needs in accordance with their individual choices and preferences. Regular reviews had been carried out to make sure that the plans in place continued to be effective and we saw that residents had been consulted about decisions and changes where they were able to participate in this process.

Six monthly care reviews had been carried out and these had provided an opportunity for residents and their families to formally discuss the quality of the care and support being provided. Where residents preferred to represent themselves independently at review meetings this had been respected by staff.

There was a key-working system in place and this role included staff reviewing their allocated residents' care and support needs on a regular basis to make sure that they were being met properly. Most of the residents we spoke to knew that they had a key-worker whilst saying that they felt able to get the help and support they needed from any of the staff team at any time.

The newsletter (Anchor News) had been issued every two months. The ones we looked at were well presented and informative.

There was an advocacy policy in place and staff knew how to support residents to access this service if they wanted or needed independent support or advice. Information had also been displayed on notice boards so that residents could contact advocacy services directly if they wanted to.

There was a formal complaint procedure in place and information about this had been made available to residents. The people we spoke to knew how to raise a concern and felt that any issues would be dealt with promptly by staff.

A welcome brochure was available and this provided a range of information that residents and their relatives would find useful including an overview of the day to day service provided, access to community healthcare staff, environmental facilities and health and safety information.

A suggestion box was in place and, although this had not been used much due to the strong and effective 1-1 communication between residents, staff and the manager it was there as an option should anyone wish to use it.

Notice boards had been situated around the home to display a range of useful and appropriate information for residents including inspection reports, activities programmes and meeting minutes.

The management and staff team had previously explored various ways of promoting and supporting the involvement of residents and their families in assessing and improving the quality of the overall service. Where the methods introduced had not worked well, like group meetings, these had been reviewed in favour of the 1-1 approach preferred by residents. The management team intended to keep this under review as circumstances change to make sure that meaningful participation continues to be well supported.

### **Areas for improvement**

Although six monthly review meetings had been held and the involvement of residents and their families had been well supported, the minutes of these meetings should be reviewed and improved. The records we looked at did not represent a good overview of residents' health and welfare needs and how these had been managed,

for example, one resident had significant nutritional needs that had been well managed by staff but this had not been noted under the 'health' section. Also, although residents' views had been reflected which is good practice, the views of relatives and staff had not. Good pre-review planning, including an overview of the last six months and an evaluation of the effectiveness of the personal plan in meeting each resident's health and welfare needs would help to support the necessary improvements as would a review of the current form being used to record the minutes. Significant changes and developments should be clearly reflected in the review record and planned actions or goals should be stated. We made a recommendation about this - see recommendation 1.

Life story books had been used but the ones we looked at had not been completed and did not form part of the residents' personal plan. We saw that the current format was very detailed and a more manageable version should be considered as this would enable staff to complete this work in a more meaningful way that can be added to the personal plan as opposed to being separate from it.

The welcome brochure was being reviewed. References to the Care Commission should be changed to reflect the Care Inspectorate and any associated information as part of this process.

Information about staff training and development should be included in the newsletter to keep people informed and up to date.

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The preparation and recording of six month review meetings should be improved to fully reflect the way that residents' health and welfare needs have been met and the views of relatives and staff should be included.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

## Statement 3

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

### Service strengths

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we had discussions with residents and staff; looked at the relevant records, watched staff at work and reviewed the questionnaires we received. The evidence we looked at showed that the staff team were experienced, had a very good awareness of residents' individual health and wellbeing needs and had managed these needs well.

The residents we spoke to said that staff had provided good care and support in relation to their health and wellbeing needs. They told us that staff had been quick to identify any issues with their health and that staff made sure they received prompt attention from the relevant healthcare professionals like GP's, community nurses, dieticians and so on. Some of the comments we received included:

"It's very good - they look after your every need."

"I know they (staff) would get the doctor if I needed him."

"The care is second to none - great staff."

"They (staff) know their stuff - they're on the ball."

"Never a problem - well looked after."

"Food's great - anything we don't like gets taken off (the menu)."

"Food's first class - very good."

"The food's good - anything you want you get."

"Things happen that you can get involved in if you want - it's good."

"Great entertainers."

"Good outings - we go out a lot."

We saw that staff had gathered information about residents' medical history and healthcare needs from sources like GP's and social workers before coming to live in the home. They had used this information to help them assess residents' needs and plan the care and support to be provided. This helped to prepare staff to support new residents when they came to live in the Mariners' Home.



We looked at the way more complex health needs like diabetes, special diets, catheter management, stoma care and pain control had been managed for individual residents. We found that staff knew residents well and they told us what they had done to meet their needs and manage the risks associated with their healthcare issues. We found that staff had done what they should in response to the healthcare needs of the residents we case tracked.

A summary of residents' key healthcare needs throughout the home had been developed recently. This gave the management team a monthly overview of the more significant risks and healthcare issues that needed to be monitored so that they could review the care being provided. This was to ensure that staff had done all they should to reduce risks and manage the healthcare needs of the residents concerned.

Daily routines were flexible to take account of residents' individual needs, choices and preferences, including their lifestyle choices. Residents told us that this had contributed to their sense of wellbeing.

The personal plans we looked at reflected residents' health and wellbeing needs in an individualised way. We saw that a good level of detail had been recorded, explaining how staff met these needs in accordance with residents' personal choices and preferences. We saw that regular reviews had been carried out to make sure that the measures in place to meet healthcare needs continued to be effective and changes had been made where required.

Staff had used risk assessment tools to identify and reduce specific areas of risk for residents, like falls and weight loss. There was evidence that this had been used properly to inform the need for care plans to be developed. However, we found that the overall approach to risk assessment needed to improve as detailed below.

Staff had been provided with a wide range of training that informed and supported them to meet the health and wellbeing needs of residents. We found that staff communicated effectively with each other and had promoted very good continuity of care in order to ensure that residents' needs were met.

A GP 'surgery' had continued to be held in the home every two weeks and residents could also retain their own GP if that was their preference. Staff had continued to provide very good support to residents who attended clinics and other appointments to monitor and manage health issues. Staff had also made sure that residents had access to regular healthcare screening services like dentists, chiropodists and opticians. This helped to prevent problems from arising or identified them at an early stage so that treatment could be offered.

The staff team had worked effectively with a wide range of community healthcare staff to make sure that the health and wellbeing needs of residents had been

assessed and met. We found that staff had contacted the relevant healthcare professionals to get advice and support where issues had arisen. This had benefited residents by improving their health or preventing conditions from getting worse.

Residents told us that staff continued to encourage self care skills and promote independence so they could continue to do as much for themselves as possible. Equipment and adaptations had also been made available to residents to promote safety and to help them maintain their independence.

Food and nutrition had been very well managed and the menus we looked at reflected a good range of varied options for residents who were positive about the quality of the food. The cook had a flexible and individualised approach towards meeting resident's needs and preferences in relation to food and fluids. This had been further supported by the effective communication taking place between care staff and catering staff in relation to residents' nutritional needs. Pictorial menus were in the process of being developed to further support residents with communication difficulties. Special dietary needs and individual preferences had been very well managed and there was evidence that appropriate action had been taken to support residents who were particularly at risk of weight loss. We also saw that the kitchen was well stocked.

We spoke to the activities coordinator who told us how the activities programme had been developed to take account of residents' individual needs and preferences. There had been good 1-1 consultation about the activities that residents preferred to take part in and where to go on the trips that took place regularly. We saw that the programme included activities that promoted physical and mental health and wellbeing as well as entertainers, parties, church services and special events. We observed residents and staff enjoying a Saint Andrew's day concert as well as other activities that were happening around the home during our visit.

Residents who wanted to follow their chosen faith had been supported to do so and regular religious services had also been held in the home.

The residents and relatives we spoke to felt that the home was a safe place to live and they were also positive about the overall quality of the home environment. We saw that standards of cleanliness were good throughout the home and there were measures in place to protect residents from the risk of infection.

Lay Assessor report

People asked had positive views about the food and menu choice. Comments were:

"Food is good - I like the mince."

"I like the food."

"Food is good - I get what I like."

"Meals are good."

People had mainly positive views about activities in the home and also outings. Comments were:

"We go on outings to Largs - I like the outings."

"I am bored but I sometimes get out - it is great to get out - I like walking."

"I choose not to go on outings as I am not comfortable - I am very happy reading my paper and smoking my pipe."

"I like going out for a walk."

I noted that there was an outing to the garden centre in the morning with eight residents and a Halloween party in the evening with singers. Staff were playing dominoes and billiards during the day with people.

Some people also commented on the quality of care and support provided by the home. Comments were:

"I am getting on fine - care is tremendous."

"I am getting on alright."

"Things are okay."

"I am happy with the care."

"I like it here."

### **Areas for improvement**

The following recommendations had been made at the last inspection:

1. The policy and procedure relating to adult support and protection should be aligned to the West of Scotland practice guidance and should detail specific contacts within key organisations including social work and police.

Action: This still had to be addressed as part of the ongoing review of policies and procedures. This recommendation had not been met and was continued - see recommendation 1.

2. Assessment and consent should be carried out prior to the use of equipment which could be regarded as being potentially restraining.

Action: We found that staff had consulted residents but this had not been reflected in the personal plans we looked at where this equipment was being used. The manager had acquired the HSE (Health and Safety Executive) guidance on the safe use of bedrails and this should be fully implemented when this equipment is in use to promote safety for residents. This recommendation had not been met and was continued - see recommendation 2.

The management team should review the need for AWI (Adults with Incapacity) certificates for residents who need these. This should be progressed so that the necessary documentation is in place and a register should be set up to monitor review dates. Evidence of POA (Power of Attorney) should also be kept. We made a recommendation about this - see recommendation 3.

A register should be set up to check DNACPR forms so that review dates are monitored.

Although the personal plans we looked at contained a good level of personalised information, further improvements were needed in relation to risk assessment, care planning and evaluation in line with best practice. This would help to further support clear, detailed record keeping. One example was the need to rewrite care plans as needs change rather than continuing to update the care plan with changes as this made it more difficult to see what current needs actually were. We made a recommendation about this - see recommendation 4.

We saw that staff practice was very good when identifying and managing healthcare risks but we found that improvements were needed in relation to record keeping around risk assessment. We discussed suitable risk assessment tools with the management team, provided examples and advised on where this information could be found so that evidence based risk assessment tools would be introduced and established. Staff should be provided with the necessary training to enable them to use these tools properly. We made a recommendation about this - see recommendation 5.

We saw an example of a dependency assessment tool but it was not clear how this informed the overall dependency levels in the home or how this linked to staffing levels and deployment. Although we found that staffing had been managed properly, a suitable assessment tool should be sourced and established to inform residents' dependency levels throughout the home on a monthly basis in accordance with the document 'Records Registered Services Must Keep. We made a recommendation about this - see recommendation 6.

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

**Number of requirements:** 0

**Number of recommendations:** 6

### Recommendations

1. The policy and procedure relating to adult support and protection should be aligned to the West of Scotland practice guidance and should detail specific contacts within key organisations including social work and police.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

2. Assessment and consent should be carried out prior to the use of equipment which could be regarded as being potentially restraining. The HSE guidance on the safe use of bedrails should also be fully implemented where this equipment is in use.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

3. AWI certificates should be put in place where required and a system for monitoring review dates and evidencing POA should be established.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

4. The format and content of residents' personal plans should be reviewed and further developed to fully support clear, detailed record keeping.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support Arrangements.

5. Suitable, evidence based risk assessment tools should be used to assess residents' healthcare needs on a regular basis and staff should be trained on how to use these tools properly to inform the care and support to be provided.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support Arrangements; Standard 14: Keeping well - Healthcare.

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A suitable dependency tool should be sourced and established to assess residents' dependency levels throughout the home on a monthly basis demonstrating how this informs staffing levels and deployment.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 6: Support arrangements.

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we had discussions with residents and staff; inspected equipment and the environment, looked at the relevant records and reviewed the questionnaires we received. Residents told us they were happy with the quality of the environment which they described as comfortable, homely and relaxed. We saw that bedrooms had been personalised. Improvements to the environment were ongoing and the manager advised that residents would continue to be consulted as part of this process.

Participation was considered in general terms under quality statement 1.1. For shared strengths around participation see statement 1.1.

### Areas for improvement

Participation was considered in general terms under quality statement 1.1. For shared areas for improvement around participation see statement 1.1.

**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 found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents and staff; inspected equipment and the environment, reviewed the questionnaires we received and looked at the relevant records. The maintenance programme had been well managed overall and we found that this had helped to promote a safe home environment in which residents were protected from avoidable harm.

The residents we spoke to were very positive about the quality of the home environment. They said:

"I do feel safe living here. Staff are around if I need them."

"Aye, I feel safe enough - not a problem."

"It's fine - any repairs I need get done."

"It's very comfortable - very nice."

"Lovely place - good atmosphere."

"Nice and clean - great place."

Staff had received health and safety training that covered a range of topics including fire safety, food hygiene, infection control and the protection of vulnerable adults. This training was mandatory which meant that staff had to attend and then refresh their knowledge within a set timescale. The training undertaken helped to keep staff up to date and well informed.

A maintenance officer worked on site. We saw that there were arrangements in place to address day to day repairs and also any issues that came up outwith normal working hours. Staff and residents told us that any day to day issues they reported had been attended to quickly. We saw that this approach helped to promote a safe environment for residents.

We found that, overall, there had been a good approach to the servicing, maintenance and repair of equipment and the environment. Included were areas like electrical safety, lifting equipment, gas safety, the call system and so on. The maintenance officer had also carried out a range of regular safety checks including bedroom checks, hot water temperatures and window restrictors. This preventative programme

had helped to maintain safety and protect residents from avoidable harm but we found that maintenance systems and records needed to improve as detailed below.

The management team developed an overview of the maintenance programme during the inspection to make sure the necessary works would be carried out properly and did not become overdue. This was going to be monitored on a monthly basis by the management team.

The provider had continued to invest in the home. There was an ongoing refurbishment and redecoration programme in place to continue to improve the quality of the environment and facilities for residents. During our inspection of the overall environment, we saw that the premises were clean, homely and welcoming. There was a relaxed atmosphere, it was comfortably warm and noise levels were low. Housekeeping staff told us about cleaning procedures, including how they cleaned the home in a way that minimised the risk of cross infection.

There were suitable arrangements in place to keep the home secure and safe from intruders. The front door was controlled via a key pad which meant nobody could enter the home without staff knowing who they were. Visitors were required to sign in. All other doors had alarms in place to alert staff and this protected residents who could be placed at risk if they left the home on their own without the proper support.

Bedrooms were single and residents were able to lock their bedroom doors if this was their choice. This helped to promote privacy. In order to maintain safety, staff were able to access locked bedrooms quickly if there was an emergency.

Equipment had been put in place where it had been identified that residents would benefit from this, for example, alert mats and support rails. This helped to reduce risk of accidents for residents and helped to promote independence.

The bedrooms we inspected had a working call system in place so that residents could summon help when they wanted. We saw that staff were visible at all times during the inspection and observed residents receiving assistance when they needed it.

Staff had recorded accidents and incidents. These records had been checked by the management team to make sure all the necessary actions had been carried out to support residents and reduce the risk of recurrence.

Information about residents had been stored properly to maintain privacy and confidentiality.

The following recommendation had been made at the last inspection:



- Contenance aids should be stored in line with good infection control practices.

Action: The issues identified had been addressed and this also helped to promote privacy for residents. This recommendation is met.

There was up to date insurance in place.

The garden had been very well maintained. This area provided residents with a safe outside space where they could spend their time.

Lay Assessor report

People asked felt that the home was clean and comfortable. Comments were:

"My room is kept clean."

"My cabin is clean."

"I am hardly ever in my cabin except to sleep."

I noted that the home was clean and had a homely atmosphere.

### **Areas for improvement**

Environmental checks had been carried out but the records we saw had not always reflected the action taken in response to the issues identified. The manager was aware of the need to review the current format to include sections for the action taken, the responsible person and the expected timescale for completion. In order to help address this, detailed environmental audits should be developed and introduced so that regular checks of the full home environment are carried out to establish a proactive approach to identifying any improvements that need to be made. Action plans should be developed and signed off once the necessary works have been completed. We made a recommendation about this - see recommendation 1.

We identified that work was needed to further improve the general maintenance systems and associated record keeping. A lot of work took place during the inspection to address the issues identified and the management team should monitor this closely to make sure that these checks and improvements are maintained. We made a recommendation about this - see recommendation 2.

Although staff had been washing soiled clothing separately, the management team should introduce suitable, dissolving bags for this purpose in line with good infection control practice. We made a recommendation about this - see recommendation 3.

Currently, staff were hand sluicing and the management team should develop an action plan to demonstrate how the home will move towards best practice with

regard to sluicing in line with good infection control practice. We made a recommendation about this - see recommendation 4.

The following recommendation had been made at the last inspection:

- A robust system should be adopted to demonstrate that there are regular checks carried out on hot water temperatures and window restrictors.

Action: The maintenance officer explained how these checks had been carried out but records still needed to improve so that clear evidence of this is kept. A system for doing so was introduced during the inspection and this should be monitored by the management team to make sure the necessary records are properly maintained. This recommendation had not been met and was continued - see recommendation 5.

Some areas of the home were showing signs of wear and tear. The refurbishment programme was ongoing to refresh the areas of the home that were in need of upgrading.

Reports by external regulators like the fire service and environmental health should be signed off once the required actions have been finalised. We saw that the required actions had been carried out but action plans should be used to inform and evidence that this has taken place.

Pull cord covers (for lights, and so on) that can be cleaned should be sourced.

The repair log should be monitored to make sure that works are all signed off once complete.

Lay Assessor report

The cabins (bedrooms) were quite small and the décor throughout the home was looking a little tired in places.

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

**Number of requirements:** 0

**Number of recommendations:** 5

### Recommendations

1. Detailed environmental audits and action plans should be developed and established so that regular checks of the full home environment are carried out to identify and address any improvements that need to be made.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

2. The maintenance system and associated records should be closely monitored by the management team to make sure that the improvements introduced are maintained properly.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

3. The management team should introduce suitable, dissolving bags for the management of soiled laundry.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

4. The management team should develop an action plan to demonstrate how the home will move towards best practice with regard to sluicing in line with good infection control practice.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

5. A robust system should be adopted to demonstrate that there are regular checks carried out on hot water temperatures and window restrictors.

National Care Standards - Care Homes for Older People, Standard 4: Your environment; Standard 5: Management and staffing arrangements.

## 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

We found this service had performed to a very good standard in the areas covered by this statement. We concluded this after we had discussions with residents and staff; looked at the relevant records and reviewed the questionnaires we received. Residents told us they were happy with the quality of the staff team and said they felt able to express their views about the care and support they provided. Residents were very positive about staff describing them as helpful, attentive and caring with a good sense of humour.

Participation was considered in general terms under quality statement 1.1. For shared strengths around participation see statement 1.1.

### Areas for improvement

Participation was considered in general terms under quality statement 1.1. For shared areas for improvement around participation see statement 1.1.

More information about staffing and training should be included in the newsletter to keep people informed and up to date.

Although residents did not want to have much involvement in staffing issues, the management team should continue to explore the ways that residents and their families can become involved in assessing and improving the quality of staffing in ways that are meaningful to the service.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Statement 3

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

### Service strengths

We found this service had performed to an adequate standard in the areas covered by this statement. We concluded this after we had discussions with residents and staff; looked at the relevant records, observed staff at work and reviewed the questionnaires we received. The evidence showed that the staff team were skilled, experienced and motivated to deliver a good quality service to residents. However, we identified issues around staff training that resulted in this quality statement being re-graded from 'very good' to 'adequate'.

The staff team were experienced and there had been a low turnover of staff which supported good continuity for residents and their families. Residents told us that this was important to them as it had helped to build up positive relationships. We found that residents and their relatives had high levels of satisfaction with the quality of the staff team and the care and support they provided. Comments included:

"Great staff."

"Great team - each and every one of them."

"Can't do enough for you."

"Staff give a very good service and they're cheery as well."

"Fantastic - they do a great job."

"Very respectful no matter their age."

"Staff are very well trained."

Clear standards had been set in relation to what was expected from staff and the management team monitored staff performance to maintain these standards. We saw that there was a staffing structure in place. The staff we spoke to knew what their individual roles and responsibilities were. We found that staff from all departments had worked well together as a team to provide a good quality service to residents and their families.

We observed staff at work during the inspection and saw that they treated residents in an appropriate and respectful way. We found staff to be motivated and professional with a caring attitude. The staff we spoke to valued the work they did and felt able to provide a very good standard of care to residents. Staff said that training was good

and they told us they felt well supported by the management team and their colleagues. The staff we spoke to said:

"Training's excellent - we get the full range."

"Very good training."

"I feel very well supported."

"Good team work."

"Service users come first."

"I feel valued and appreciated."

(Care Manager) is a good role model for staff."

"We're pushed to develop."

"There's always someone there I can go to if I need anything."

"I love working here."

Comments in the questionnaires were:

"I feel that the services and support are of a great standard and it is a pleasure to work here at the Mariners' Home. We are given great training for all skills with a friendly, caring staff and management giving the home and all that work and live in the Mariners a supportive family environment."

"Mariners' Home has a homely atmosphere. The residents are treated with the respect they deserve. I would not hesitate to put my (relatives) names forward for them to come and live here."

"The Mariners' Home gives good support to staff, excellent training courses which help to support the residents in our care. The courses also provide the skills to carry out our everyday duties. The policies are there in the office if staff wish to access them - they are read by staff and signed."

"Staff have all the support and training in the Mariners' Home. If unsure (about anything) I would ask my care manager."

The rotas we looked at showed that staffing levels were satisfactory and the people we spoke to told us that staffing levels were sufficient. Staff were visible throughout

the inspection and we saw that residents got support from staff during the inspection when this was needed or asked for.

There was a programme of mandatory training that staff had to attend. This included the topics we would expect to see like health and safety, fire training, dementia, record keeping, medication management and protecting vulnerable adults. This training also had to be refreshed within a set timescale to keep staff informed and up to date. A good range of additional training informed by the needs of residents and staff had also been delivered and a supervision system had been established to explore and meet the training and development needs of the staff team.

There was an SVQ programme in place to support staff to gain qualifications suitable for registration with the Scottish Social Services Council (SSSC). The purpose of this register is to support the delivery of a safe, qualified and regulated social care workforce in Scotland. Most of the staff team had completed or were undertaking the relevant training with a small number of carers still to complete and this was ongoing. The manager confirmed that care staff with supervisory roles had all been registered with the SSSC. The manager was also aware of the timescale for registering the rest of the workforce.

Lay Assessor report

People had positive views regarding the staff. Comments were:

"Staff are great - very approachable."

"Staff seem alright."

"Staff are okay."

"I have no argument with staff - not doing me any harm. They are good to you in this place."

### **Areas for improvement**

Although the service had a good record where staff training was concerned, we found at this visit that some of the mandatory training had become overdue and we concluded that a more pro-active approach was needed to make sure that staff attended the necessary training within the required timescale. The management team took action to address this during the inspection and training sessions were set up. We made the following requirement in relation to this issue so that a more effective monitoring system would be established to prevent training from becoming overdue in the future:

- The provider must ensure that staff attend mandatory training within the required timescale to protect the health and welfare of residents. This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 3 Principles

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 4(1)(a) Welfare of users

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/ 210), Regulation 15(b)(i) Staffing

Timescale for achievement: By 31 December 2013.

The following National Care Standards were taken into account when making this requirement:

Standard 5: Management and staffing arrangements.

Action: Since our inspection, the manager submitted evidence to show that the required training had been completed within the timescale applied to the requirement which brought all of the staff team up to date. A more pro-active approach to planning training well in advance had also been set up. This requirement had been met and we will check this again at the next inspection.

We found that the supervision records we looked at were not specific enough about training and development needs and how these would be met for individual staff. When carrying out supervision meetings with staff, supervisors should be clear about the training to be attended and how this will be planned. Subsequent supervision records should show that the plans made have been followed through properly. We made a recommendation about this - see recommendation 1.

The staff supervision policy should be reviewed to reflect local practice and should be responsive depending on the needs of individual staff, for example, more often for new or less experienced staff.

The manager was developing a new approach to staff meetings where staff could reflect on their practice with a view to continuous development and improvement. More regular meetings were planned and these should be minuted with action plans put in place to address any areas for action. We made a recommendation about this - see recommendation 2.

Training on core topics like adult support and protection and dementia should be extended to cover the whole staff team, including staff that do not provide direct care to residents. Although staff said they could attend this kind of training if they wanted to, not all staff had. We made a recommendation about this - see recommendation 3.

Consideration should be given to developing staff 'champions' for a range of topics



like nutrition, continence, dementia, falls, medication and so on. This would help to further inform and support continuous improvement in relation to current best practice.

Training had been separated into three categories - must know, should know and could know. The manager was in the process of reviewing this in response to the increasing needs of residents to ensure that staff would be provided with all the necessary training.

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

**Number of requirements:** 0

**Number of recommendations:** 3

### Recommendations

1. When carrying out supervision meetings with staff, supervisors should be clear about the training to be attended and how this will be planned. Subsequent supervision records should show that the plans made have been followed through properly.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

2. Staff meetings should be minuted with action plans put in place to address any actions that need to be addressed.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

3. Training on core topics like adult support and protection and dementia should be extended to cover the whole staff team.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 4 - Good

### Statement 1

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

#### Service strengths

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we had discussions with residents and staff; looked at the relevant records and reviewed the questionnaires we received. Residents told us they were happy with the way the home was managed and said they felt able to talk to the management team who were said to be approachable and responsive.

We found that the management team had developed positive relationships with residents and encouraged them to express their views on the quality of the service. The management team also had regular contact with residents and their families.

Participation was considered in general terms under quality statement 1.1. For shared strengths around participation see statement 1.1.

#### Areas for improvement

Participation was considered in general terms under quality statement 1.1. For shared areas for improvement around participation see statement 1.1.

**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

We found this service had performed to a good standard in the areas covered by this statement. We concluded this after we spoke to residents and staff; looked at the relevant records, watched staff at work, inspected the environment and reviewed the questionnaires we received. In addition to the strengths around the involvement of residents and their families and the quality assurance methods detailed under quality statement 1.1:

We found that management team had provided good leadership for staff. They also had regular contact with residents and their families. The residents we spoke to during our inspection were happy with the quality of the overall service provided to them and knew what to do if they had any issues or concerns. Comments included:

"No complaints - never have had."

"I would know who to go to if I needed something sorted."

"We're lucky to have this place. If you can't live at home this is the next best thing."

"The boss is good - he will listen to you."

"Aye, we see the boss every day plus we can go to the office whenever we want."

"You can talk easy to the staff - they'll sort anything for you."

"Nothing but good things to say about this place."

"I pop in to see my relative at different times of the day and night and I've never had a bad experience."

"Overall, I am more than satisfied that my relative is receiving the best possible care in the Mariners' Home."

We saw that the day to day running of the service had been well managed. Staff had individual responsibilities that made them accountable for making sure that specific aspects of the service had been properly organised.

Staff told us they felt well supported by the management team. We also found that communication and reporting systems were good across all departments which supported the smooth running of the service.

A range of checks had been carried out to monitor standards. A new governance system was set up during the inspection with a view to having a monthly overview of key aspects of the service to inform improvements. This included a more extensive range of checks which should help to identify good practice while informing areas for further improvement.

Lay Assessor report

Most people spoken to knew the manager and felt able to express any concerns.

Comments were:

"If I had a problem I would speak to the head staff - I would know what to do and say if there was a problem."

"Yes, I know the manager."

"I would go to the manager if I had any problems."

"If I had a problem I would see one of the girls - the girls always sort it out."

"If I had a problem I have every confidence it would be sorted."

"I would go to someone on the floor if I had a problem."

### **Areas for improvement**

The following recommendation was made at the last inspection:

- The service should introduce written medication audits.

Action: The records we looked at were more of a stock check than a medication audit. We discussed the need for a detailed audit tool that assessed performance against best practice standards relating to the ordering, receipt, storage, administration and disposal of medication. This recommendation had not been met and was continued - see recommendation 1.

Policies and procedures were in the process of being reviewed and updated to reflect current practice. This should be progressed. We made a recommendation about this - see recommendation 2.

A standard approach should be established in relation to action planning and this should be used when responding to meetings, audits and so on to inform and support the necessary actions for improvement. This should state the action(s) to be taken, who is responsible, the timescale for achievement and whether the work has been completed. We made a recommendation about this - see recommendation 3.

As well as the planned dates in the calendars for monitoring residents' six month reviews and staff supervision sessions, staff should reflect the actual dates once these meetings have taken place.

We found that standards were good overall in relation to the quality statements we looked at but the approach being taken to quality assurance was too informal and it was sometimes difficult to find the evidence we needed to assess performance. A lot of work took place during the inspection to strengthen the overall approach in response to the areas for improvement we identified. This included revised monitoring systems and the maintenance of clear evidence. We saw that these improvements should support a more pro-active approach to relation to the way standards are checked, maintained and developed across the service as a whole. We will revisit this at our next inspection to assess the effectiveness of the revised approach.

The management team should work with staff in a planned way to address the requirement, recommendations and areas for improvement detailed in this report. This is to inform, support, establish, monitor and maintain standards that reflect current best practice and a culture of continuous improvement.

Information about the audits and checks carried out and the outcome of these should be shared with residents and their families so that they know how the management team monitor and improve the quality of the service. This could be done via the newsletter. Where residents and relatives can become involved in the audits carried out this should to be supported, for example, carrying out audits of the environment or reviews of activities, food and so on.

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

**Number of requirements:** 0

**Number of recommendations:** 3

### Recommendations

1. The service should introduce written medication audits reflecting current best practice standards.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements; Standard 15: Keeping well - Medication.

2. The ongoing work to review and update policies and procedures to reflect current legislation, best practice and local arrangements should be progressed.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

3. A standard approach should be established in relation to action planning for improvement and this should be used when responding to meetings, audits and so on to inform and support the necessary actions for improvement.

National Care Standards - Care Homes for Older People, Standard 5: Management and staffing arrangements.

## 4 Other information

### Complaints

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

### Enforcements

We have taken no enforcement action against this care service since the last inspection.

### Additional Information

No additional information.

### Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 4 - Good</b>	
Statement 1	4 - Good
Statement 2	4 - Good
<b>Quality of Staffing - 4 - Good</b>	
Statement 1	5 - Very Good
Statement 3	3 - Adequate
<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
21 Aug 2012	Unannounced	Care and support 5 - Very Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good
3 Dec 2010	Unannounced	Care and support 5 - Very Good Environment Not Assessed Staffing Not Assessed Management and Leadership Not Assessed
27 Jul 2010	Announced	Care and support 5 - Very Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed



## Inspection report continued

23 Feb 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 5 - Very Good
22 Sep 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
23 Sep 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
19 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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