

# Care service inspection report

Full inspection

## Larkfield View Care Centre Care Home Service

Burns Road  
Greenock



HAPPY TO TRANSLATE

Service provided by: Flagship Tower (Greenock) Limited

Service provider number: SP2006008026

Care service number: CS2004085044

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

## Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

 [@careinspect](https://twitter.com/careinspect)

## 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	5	Very Good
Quality of staffing	5	Very Good
Quality of management and leadership	5	Very Good

### What the service does well

Meaningful participation has been supported to a very good standard and people using the service feel they can express their views.

Staff know residents well and manage health and well-being needs to a very good standard taking account of individual choices and preferences.

The environment is clean, homely and welcoming and privacy is well maintained.

The staff team are skilled, well trained and very motivated to provide a good quality service to residents and their families.

Quality assurance is well managed and the management team have a very good overview of what is happening in the home.

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

We made a new recommendation about providing training to staff on the 'Promoting Excellence' dementia framework.

We also continued a recommendation about ensuring relatives are notified of incidents and accidents and that there is evidence of this being followed through.

The areas for improvement identified under each quality statement should also be addressed as this will help to promote good practice and further improve the quality of the service being provided.

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

The new unit on the ground floor (Stewart unit) has opened adding six beds and this is working well.

Five recommendations made at the last inspection have been met. Five recommendations from additional regulatory activity have also been met. The action taken to meet the recommendations is detailed under the relevant quality statements in this report.

### **Conclusion**

The staff team in Larkfield View provide a homely, personalised service that meets the needs, choices and preferences of residents to a very good standard due to the skills and approach of the staff team who are highly motivated and committed to the on-going development and improvement of the service.

# 1 About the service we inspected

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

Larkfield View is a care home (with nursing) registered for 90 older people who may have dementia and/or physical disabilities. The provider is Flagship Tower (Greenock) Limited.

The home is located in a residential area of Greenock and is purpose built with accommodation over three floors divided into four units, Garvel, Stewart, McMillan and Loch Thom. Bedrooms are all single with en-suite facilities including showers. Each unit has dining rooms, lounges and adapted bathrooms. There is also a sensory room, a reminiscence lounge and an enclosed garden that can be easily accessed. There were 83 residents living in the home during the inspection.

The aims and objectives of the service are:

- to provide an environment that all service users can regard as their home
- to run the home in a way that meets the needs of service users whose wishes are paramount
- to offer care that is of the highest standard, tailored to meet the individual's specific wishes and choices which are respected and honoured at all times
- to encourage service users and their families to be actively involved in the planning of care
- to recognise and respects the dignity of each individual and to defend and uphold their human rights

- to provide care that is non-discriminatory and to treat service users with respect regardless of age, gender, sexual orientation, race or religious belief
- to encourage and value input from relatives and actively encourage anyone involved in the home to express their opinion
- to strive to create a home where, in comfort, safety and security, each service user can be the individual that he or she has always been, offering support to help maximise personal potential.

## Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

## Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

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 5 - Very Good**

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

**Quality of management and leadership - Grade 5 - Very Good**

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

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website [www.careinspectorate.com](http://www.careinspectorate.com) or by calling us on 0345 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

We wrote this report following an unannounced inspection carried out by three inspectors who were accompanied by an inspection volunteer. The inspection took place on 4 and 5 May 2016. We provided feedback to the management team, some of the staff and the area manager on the second day.

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 20 care standards questionnaires to the manager to distribute to residents. Twelve residents sent us completed questionnaires. We also sent 40 care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned seven completed questionnaires before the inspection.

We also asked the manager to give out 30 questionnaires to staff and we received 15 completed questionnaires.

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

We spoke with:

- 17 residents
- 10 visiting relatives
- 26 staff including:
- 8 care staff

- 4 senior carers
- a team leader
- a student nurse
- 3 nurses
- the administrative assistant
- one of the cooks
- one of the housekeeping staff
- the laundry assistant
- the housekeeper
- the maintenance officer
- one of the activities staff
- the depute manager
- the manager
- the area manager.

The staff we interviewed included the champions for nutrition, foot care, palliative care and the 'caring for smiles' oral care programme.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe staff interactions with residents in one of the dining areas (McMillan) over a 30 minute period.

We chose the following eight quality statements for inspection:

- Quality Theme 1, Statement 3: To assess how well staff had managed residents' health and well-being needs
- Quality Theme 1, Statement 8: To assess how well staff managed end of life care
- Quality Theme 2, Statement 3: To determine whether the quality of the environment made the home a positive place for residents to live in
- Quality Theme 2, Statement 4: To look at whether residents' privacy had been promoted and respected
- Quality Theme 3, Statement 2: To make sure that staff had been recruited properly in a way that protected residents

- Quality Theme 3, Statement 3: To assess whether the staff team were professional, trained and motivated
- Quality Theme 4, Statement 2: To see how staff had been involved in the on-going development of the service
- Quality Theme 4, Statement 4: To assess how well the service used quality assurance systems to monitor, review and improve the quality of the overall service.

We looked at:

- the way staff worked with residents
- 19 care standards questionnaires returned by residents and their relatives
- the service's annual return (a document completed each year detailing key information about the service)
- evidence from the service's most recent self-assessment where the manager set out the strengths and areas for improvement
- significant events that the service had informed us about (notifications)
- participation records including satisfaction surveys, newsletters and minutes of meetings with residents and their families
- residents' personal plans
- six monthly care reviews
- menus and the lunchtime experience
- the activities programme
- medication records
- pain assessments
- the management of personal clothing
- accident and incident records
- staff recruitment and induction records
- 15 questionnaires returned by staff
- professional registration checks - the Scottish Social Services Council (SSSC) for care staff and the Nursing and Midwifery Council (NMC) for nurses
- staffing rotas and resident dependency assessments
- staff training and development records including supervision meetings
- minutes of management and staff meetings

- maintenance records
- daily repair records
- cleaning schedules
- observation of the environment, resources and equipment (for example, is the service clean, is it set out well and is it easy to access by people who use wheelchairs?)
- quality assurance records including checks, audits and action plans
- complaint records
- 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.firescotland.gov.uk](http://www.firescotland.gov.uk)

## 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. We were satisfied with the way the manager had completed this and with the relevant information included for each heading that we grade services under. The manager identified what they thought the service did well, some areas for development and any changes they had planned. The information was detailed and had been updated since the last inspection.

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

Twelve residents returned completed care standards questionnaires. Feedback was very positive about the quality of care and support, the environment, staffing and leadership/management. The only common area where residents chose the 'no' or 'don't know' options was in relation to awareness of complaint procedures. We discussed this with the manager.

When residents were asked in the care standards questionnaires whether they agreed that they were happy overall with the quality of the care provided:

- eight residents strongly agreed that they were
- four residents agreed that they were.

We also had the opportunity to speak with 17 residents individually during our inspection and received very positive feedback, especially about staff.

We have included comments from residents and references to our questionnaires under the relevant quality statements throughout this report.

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

Carers in this context include parents, guardians, relatives, friends and advocates. They do not include staff or other professionals.

Seven relatives returned completed care standards questionnaires. The responses in the questionnaires were very positive about the quality of care and support, the environment, staffing, and management/leadership. There were no negative responses or comments. The 'strongly agree' option had been chosen for almost all the questions asked which showed that respondents were very happy with the quality of the overall service.

When relatives were asked in the care standards questionnaires whether they were happy overall with the quality of care provided, all seven respondents strongly agreed that they were.

We also had the opportunity to speak with 10 visiting relatives during our inspection, all of whom were very positive about the quality of the service.

Relatives' comments and references to our questionnaires are included throughout this report.

## 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

### Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 5 - Very Good

#### 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:

- spoke to residents, relatives and staff
- reviewed the questionnaires we received
- observed staff at work
- looked at the relevant records.

We confirmed that staff had discussed health and well-being needs and how these were to be met with residents and/or their relatives on an on-going basis. We saw examples where people had agreed and signed care plans and the relatives we spoke to told us that staff kept them well informed and up to date with what was happening. People were very positive about the care and support provided by staff. Comments included:

"Anything I need, staff are always there to help me. I always say this is a good home."

"I am very happy with the care and support I receive here."

"It's lovely - everything is nice."

"My (relative) is clean, warm and well fed. I am forever grateful to them (staff)."

"I feel like the care we are given is always good. We can ask if we need anything."

"The homemade soup is lovely."

"I love the activities and the company and I enjoy my meals."

"I am always saying to my family I am well looked after and everything is laid on for me when I need it. It's a very good home."

"I feel management and staff leaders try their best to ensure that staff are skilled in dealing with the care I require."

"(Relative) has come on leaps and bounds since coming here."

"The care is fantastic - we're very happy with (relative's) care."

Our discussions with staff and the records we looked at showed that staff knew individual residents well. We found that staff had assessed residents' health and well-being needs properly and had gone on to plan care that met their needs whilst taking account of individual choices and personal preferences. We also saw that care plan agreements had been signed by family members where residents were not able to do this themselves.

Staff were skilled in recognising and responding to concerns around health and well-being. We saw examples where staff had acted quickly to seek advice and support from GP's and other parties like speech therapists, dieticians and psychiatric services. We also spoke to relatives who told us that their family member's health and well-being had actually improved since moving into the home.

We reviewed the following recommendations at this inspection:

1. Close attention needs to be paid to personal planning for each individual,

including residents who have not been living in the home for long to make sure that a sufficiently detailed account of their health and welfare needs and how these are to be met is developed and maintained. Staff should also continue to develop the information they record about residents' abilities and the promotion of independence. The management team should monitor this and support staff to make the necessary improvements.

Action: The personal plans we looked at had been completed to a very good standard overall. Staff had recorded detailed accounts of residents' health and welfare needs and how these were to be met. Risk assessments had been used to inform care plans and we saw that care plans reflected residents' abilities and the promotion of independence. A new format of personal plans was in the process of being phased in and this prompted person centred recording. This recommendation had been met.

2. Training for staff in person centred care and support should be introduced to make sure that all staff understand the principles and how they can promote a person centred approach as being central to the way care is assessed, planned and delivered.

Action: As detailed above, a new format of personal plans was in the process of being phased in and this prompted person centred recording. We saw examples of this in the new personal plans that we looked at. This recommendation had been met.

3. The service should ensure that pain assessments and supporting documentation is completed in full.

Action: As detailed under Quality Theme 1 - Statement 8, we saw that staff had used pain assessments very effectively. This recommendation had been met.

4. The service should ensure that care plan agreement documentation is completed in order to evidence that residents and relatives have agreed with the care plan and support being provided.

Action: As detailed above, we saw care plan agreements that had been signed. We also saw care plan agreements that had been signed by family members

where residents were not able to do this themselves. This recommendation had been met.

5. The service should ensure that residents' medication is administered as prescribed, or reasons given when it is not.

Action: A system had been established to check the recording of medicines administration after each medicine round. We looked at medication audits that had been carried out by staff and also the supplying pharmacy. The outcome of these had been very good. We also checked the medication administration records in the largest unit and found them to be very well completed and accountable. This recommendation had been met.

The management team had an overview of the residents that were at higher risk from healthcare issues like weight loss, wounds, falls, infections and so on. This information enabled the management team to closely monitor residents who had more significant healthcare needs to make sure that staff were dealing with these properly.

We focussed on adult support and protection, dementia care and oral healthcare during our visit. We saw that staff practice had been very good in these areas.

A new safeguarding policy and guidance booklet had recently been developed to inform and guide staff. There was evidence of staff awareness and very good practice. We also saw that there had been good joint working with the local adult protection team and other providers in Inverclyde.

Monthly nutrition meetings had been introduced. The meetings had focussed on residents that staff had concerns about in relation to weight loss, special diets and ways of maximising food and fluid intake. The nutrition champion, the cook and a local dietician had been involved in this very good initiative. We saw that the action taken by staff had promoted good outcomes for residents with issues around eating and drinking.

We observed lunch in two of the dining rooms which had been very nicely set out. We used the Short Observational Framework for Inspection (SOFI2) to

record our observations in the dining room where residents needed more support from staff. In both dining rooms, we saw that lunchtime was a relaxed and sociable experience for residents. The food served looked appetising and was well presented with seconds being offered. Staff were observant and attentive and managed the mealtime very well, giving discreet support where this was needed. Staff were very aware of what individual residents liked and what their preferences were. Staff went to a great deal of effort to ensure people had choices and got what they wanted quickly. It was good to see staff giving gentle encouragement, prompting residents to be independent where possible.

We saw that the activities programme included activities that promoted health and well-being. This had included a good range of 'in-house' activities, regular entertainers, outings, church services, special events and trips out. We also saw that residents had opportunities to enjoy their individual interests, for example, staff had accompanied a resident to the Royal Concert Hall for a Tchaikovsky concert. The importance of meaningful and enjoyable activities had been valued and residents told us they appreciated this.

### **Inspection volunteer report**

I found the staff to be friendly and respectful towards residents. They appeared to know the residents well. I found this especially at lunchtime. Residents' comments about care and support were:

"Well looked after."

"It's good here. They look after you well."

Relatives' comments were:

"I am happy with the care. (Relative) can be very demanding."

"They keep in touch with me if there are any problems."

"The care is excellent."

"My sister attends review meetings."

At lunchtime there was a peaceful atmosphere. Staff knew residents' likes and dislikes well. Tables were set with tablecloths, flowers, napkins and condiments. If residents did not like what was on the menu they were offered alternatives. Assistance was given to those who needed it. Residents' comments about food were:

"The food is okay."

"The food is really good - you get a choice."

Relatives' comments were:

"(Relative) is happy with the food, especially the soup. Can get an alternative if required."

"(Relative) has a pureed diet - eats well - good variety."

I observed chit chat sessions taking place in the home. Unfortunately, in the areas this did not take place, staff were writing notes. Perhaps they could have been chatting to residents. Residents' comments about activities were:

"Do not join in activities - I like the quiet."

"I sometimes take part in the activities - I like cards and dominoes."

Relatives' comments: were:

"(Relative) enjoys the dominoes and goes to the men's club."

Enjoys the singing."

### **Areas for improvement**

The following recommendation had been made:

- The service should ensure relatives are notified of incidents and accidents

and that there is evidence of this being followed through.

Action: We saw that accident and incident records had been well completed overall. These had been analysed each month to identify any patterns or issues that needed to be addressed. However, the quality of information about notifying relatives was inconsistent. Staff need to record the name of the person they spoke to, how and when. These records should not be filed until this information has been fully recorded. We continued this recommendation so that more work would be done to improve record keeping - see recommendation 1.

Staff should continue to develop their recording skills to reflect person centred outcomes and evaluations as some of the statements we saw were not reflective of how the care provided supported positive experiences for residents. This was also the case for some of the six monthly care reviews, for example "no changes to care plan" and recording "mostly anything" or "nothing specific" for dietary preferences. Staff should also explore and add what the resident and their family would like from the care and support so their view is represented.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. The service should ensure relatives are notified of incidents and accidents and that there is evidence of this being followed through.

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

## Statement 7

Not applicable

## Statement 8

“Living with life limiting conditions is viewed as an integral part of life in this care home.”

### 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 the manager and staff
- reviewed the questionnaires we received
- observed staff at work
- looked at the relevant records.

As detailed under Quality Theme 3 - Statement 3, we found the staff team to be well trained and highly motivated to provide a good quality service. Staff had developed positive relationships with residents and their families and this helped to support conversations about end of life care and individual wishes.

We looked at the care and support given to residents with palliative care needs. We saw that staff had reflected the support to be provided in the personal plans we looked at, including the choices expressed by residents and their family members. We saw very good risk assessments and care plans for health needs like eating and drinking, nutrition, skin care and pain management. These had been well written and reflected residents' changing needs. We found that staff had provided very good quality care to residents and equipment that promoted safety and comfort had been put in place where it was needed.

Staff had used pain assessments properly to assess, reduce and manage pain in partnership with GP's. We saw that this had worked effectively as the residents'

we focussed on had become pain free and staff had reviewed this very regularly. We advised that the frequency of pain management reviews could now be reduced where pain was well controlled as staff managed this well.

The training undertaken by staff had included palliative care and some of the staff team were attending funeral care training during the inspection. The depute manager was developing as the palliative care champion. Further training on end of life care at the local hospice was planned with a view to rolling out focus groups for the staff team thereafter. We saw that the depute manager had the up to date best practice resources we would expect to see and these were being used to build on the existing skills and knowledge of the staff team.

### Areas for improvement

Staff were aware that more work was needed to establish anticipatory care plans and this work was on-going.

The assessment tool (the SPAR tool) for measuring residents' palliative care needs should be reviewed in line with the guidance as some of the low risk assessments had not been reviewed every month.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 2: Quality of environment

Grade awarded for this theme: 5 - Very Good

### Statement 3

"The environment allows service users to have as positive a quality of life as possible."

#### 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, relatives and staff
- inspected equipment and the environment
- reviewed the questionnaires we received
- looked at the relevant records.

We found the environment in Larkfield View care home to be bright, welcoming and stimulating. We saw that the premises had been well maintained and measures had been put in place to promote safety and security for residents in the least restrictive way possible with good access to the garden and patio areas. The home had a very nice, lively atmosphere without being noisy and it was comfortably warm. There had been a lot of consultation and involvement from residents, families and staff when developing and personalising the home and the feedback we received was very positive. Comments included:

"Good standards of cleanliness in the home."

"Well decorated and looked after."

"It's lovely - so bright and clean."

"Lots of nice touches, things to look at and do - very unique."

"Everything is lovely."

"I like my room."

"No complaints about the environment - safe and clean."

"It's a pleasure to visit - it has a lovely feel about it."

"The staff have done a great job - it's a really welcoming place."

Standards of cleanliness were high throughout the home. There were lots of homely touches and thoughtful talking points that encouraged conversation and engagement. Signage had improved since the last inspection and the use of memory boxes had helped residents to know where their bedroom was.

As we walked round the premises, we saw that the environment had been kept free of hazards and obstacles that could make moving round the home more difficult. Handrails were in place, flooring was in good order, lighting was good and seating had been placed in the corridors where residents could rest. This all helped to reduce the risk of accidents and falls for residents.

Maintenance staff worked on site. We saw that there were arrangements in place to address day to day repairs and also any issues that came up out-with normal working hours. This helped to promote a safe environment for residents. We saw that repairs and other requests had been carried out quickly.

The following recommendations had been made:

1. The service should ensure that bedrails in use are fully checked prior to use.
2. The service should ensure that equipment used to weigh residents is in good working order.

Action: Where bedrails were in place they were integrated into the profiling beds and had been checked regularly. We saw that equipment like weighing scales and bedrails had been checked regularly by the maintenance officer and staff reported any concerns. This equipment had also been serviced as required by the authorised contractor. These recommendations had been met.

We saw that the spacious, en-suite bedrooms (including showers) had been

nice personalisation. Residents were able to lock their bedroom doors if this was their choice.

Shared areas were attractive and well set out, using sofas as well as chairs to promote a homely feel. We saw that staff supervised these areas when residents were present to offer company and promote safety. In addition to the lounges, staff had developed other rooms where residents and their families could spend their time. These included a sensory room and a reminiscence lounge, both of which had been well resourced.

### **Inspection volunteer report**

The home appeared clean and free from unpleasant odours.

There was a noticeboard at the entrance with lots of good information for both residents and relatives.

The gardens looked in a good state and residents were looking forward to being able to go out in the better weather. Residents' comments were:

"It's kept clean."

"I will go out in the garden in better weather."

"It's spotless."

"I go out in the garden on nice days."

Relatives' comments were:

"In general the home is clean."

"The room is kept clean."

"(Relative's) room is personalised."

"The home is clean and well looked after."

"My sister chose the wallpaper in the room."

## Areas for improvement

We advised that the handrails needed to contrast with the walls to make them stand out more. Staff were aware of this and planned to address this.

There had been some damage to ceilings due to water penetration. This was going to be addressed.

## Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

“The accommodation we provide ensures that the privacy of service users is respected.”

### 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, relatives and staff
- inspected equipment and the environment
- observed staff at work
- reviewed the questionnaires we received
- looked at the relevant records.

Staff had received information about the importance of maintaining privacy as part of their training. Residents told us that staff promoted privacy and we observed this throughout the inspection, for example, we saw staff knocking on residents' bedroom doors and waiting for a reply before going in which is good practice. Staff were also discreet when providing support and having conversations with residents or each other.

In addition to staff practice, the environment supported and promoted privacy. All bedrooms were single with en-suite showers and doors had been fitted with locks that residents could use if they wanted to. Also, bedrooms had a lockable drawer where residents could keep their personal belongings safely.

It was established good practice that visits by GP's and other people were to be carried out in the privacy of resident's own bedrooms. There were also various lounges and other rooms throughout the home that residents could use and private visits could be held in these areas.

There were arrangements in place to manage residents' private mail and telephone calls properly.

We found that records and information about residents had been stored properly to maintain confidentiality. We did not see any inappropriate information that could compromise an individual's privacy on display on the home.

### **Areas for improvement**

Regular checks of the lockable drawers in residents' bedrooms should continue to be carried out to make sure they remain in working order.

### **Grade**

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Quality Theme 3: Quality of staffing

Grade awarded for this theme: 5 - Very Good

### 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

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 the manager and staff
- sampled a number of recruitment files and induction records for more recently recruited staff.

There was a local policy and related procedures in place to assess the suitability of applicants. These records set out the process for recruiting staff and the checks that had to be carried out to protect residents. We saw that the process had included:

- application forms
- interviews
- interview assessments
- identity checks
- references
- police checks
- NMC or SSSC registration checks
- health questionnaires
- an induction process
- a probationary period.

Although we saw at the last inspection that staff recruitment had been well managed overall and the essential safety checks had been carried out, we

identified some aspects of record keeping that could be further improved. We made the following recommendation:

- Recruitment procedures should be reviewed and further improved to provide a clear, consistent and complete overview of the recruitment and selection process.

Action: The records we looked at had been completed to a very good standard. The areas for improvement we highlighted had been addressed. This recommendation had been met.

At the last inspection we found that the new induction pack that had been introduced had not been used yet despite the more reflective, in-depth approach being an improvement on the previous system. We concluded that the use of the new induction pack would be a better way of informing, supporting and training new staff in relation to the promotion of values, person centred care and positive outcomes for residents in addition to care and support tasks. We made the following recommendation:

- The induction process should be reviewed and improved to reflect a more prioritised, structured and outcome focussed approach.

Action: We saw that the induction process had improved and new staff had been assigned a 'buddy' to help them settle in and complete their initial learning. This recommendation had been met.

A new member of staff said:

"I'm working through my induction. I've had lots of support and training. The team have been really supportive - I don't have any concerns."

New staff had been subject to a six month probationary period. During this time their performance and suitability would be monitored, training was on-going and any additional support could be provided.

## Areas for improvement

The management team should ensure that all references and forms of identification are signed and dated on receipt. This is to show that these records have been looked at and assessed as satisfactory.

## Grade

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 a very good standard in the areas covered by this statement. We concluded this after we:

- spoke to residents, relatives and staff
- reviewed the questionnaires we received
- looked at the relevant records
- observed staff at work.

We found that staff had been well trained. They were knowledgeable, skilled and motivated to provide a high quality service that met residents' needs to a very good standard. Staff had formed positive relationships with residents and their families. The feedback we received about staff was very positive and people spoke highly of the care and support they provided. Comments included:

"I can't fault the staff - they work hard and I get on with them all."

"I have found Larkfield View staff to be kind and thoughtful to both residents and relatives - nothing is a bother."

"Staff are lovely - I have a wee laugh with the girls."

"I get on well with the staff and receive the best quality care."

"Staff go the extra mile and I really appreciated it."

"Staff are kind to me."

"We're very grateful to the staff - knowing (relative) is with them gives us great peace of mind."

"A great bunch - 10 out of 10."

We observed staff at work during the inspection and saw that they were responsive and professional with a friendly and caring attitude. We could see that staff knew residents well. We saw lots of genuine and warm interactions and staff also used humour well when supporting residents who seemed to be relaxed in their company.

Staff had clear roles and responsibilities. We saw that staff from all departments had worked very well together as a team to meet residents' needs and staff communicated effectively with each other. This meant that the day to day delivery of the service ran smoothly as it had been well organised. Staff were always around during the inspection and we saw that residents got help quickly when they needed it.

The manager had used a dependency assessment tool to link residents' dependency (support) needs to the staffing numbers and skill mix provided. We saw that the staffing hours delivered were greater than the level of hours assessed as needed. This had been displayed in the home for residents and visitors to see. Our observations during the inspection showed that staff were visible at all times and they were attentive to residents' needs.

A programme of mandatory (must do) training that staff had to undertake to protect the health and welfare of residents had been delivered. The programme included a range of health and safety training and other important topics that we would expect to see. Training statistics were very good showing that most of the staff team had completed a wide range of training. This had been checked on a monthly basis to make sure staff had been keeping up to date with reminders given where required.

We focussed on adult support and protection, dementia care and oral healthcare training at this visit. We were satisfied with staff knowledge and practice in relation to adult support and protection and oral healthcare. Dementia training had also been good but needed to be delivered at the right level across the staff team as detailed under 'areas for improvement' below.

Nurses and care staff had been registered with either the NMC or the SSSC. The purpose of these registers is to support a qualified and regulated workforce. Staff learning had also been supported by the appraisal and supervision system which formed a key part of the on-going staff performance and development system. Staff told us that they had meaningful supervision meetings to discuss their individual training and development needs.

We spoke to 26 staff from different departments during the inspection. They all came across as being very motivated. The staff we spoke to enjoyed and valued the work they did and were keen to continue to improve the quality of the service. We also received fifteen completed questionnaires from staff. Apart from the points detailed under 'areas for improvement' below, the responses were very positive about support, training, resources, safety at work, communication, consultation and the quality of the service provided to residents and their families. Comments in the questionnaires and from our interviews with staff included:

"I am happy with all the training I get. I believe it is provided to help me do my job and I can ask if I could do other training when it's available."

"I am very happy here and get good support from management."

"The care home is moving in the right direction with the current management."

"I love it here."

"I would be happy to have my relatives cared for here."

"We get good support and supervision."

"Things are on the up. Morale is good. The staff are great and we have good staffing levels."

"I would recommend working here to anyone."

Staff with a special interest had been developed as champions for a range of

topics related to residents' care and support needs. This had included dementia, palliative care, moving and assisting, skin care, infection control, caring for smiles, continence, basic foot care and nutrition/hydration. The management team also saw this as another way of developing individual development skills and leadership. We saw that staff used best practice guidance and external links to develop their champion role and this was on-going. Where the champion role is used meaningfully, it can help to further improve and develop the service provided to residents.

### **Inspection volunteer report**

Residents' comments about staff were:

"The staff are okay - they are very nice."

"The staff are great."

They go out of their way to help you."

"The staff give you your place."

Relatives' comments were:

"When (relative) was ill recently staff dealt with it very efficiently."

"On the whole they deal well with my relatives needs."

"The staff are very pleasant."

### **Areas for improvement**

The management team should ensure that all of the staff team complete dementia training at the right level as set out in the 'Promoting Excellence' framework or equivalent training. The management team should also assess the impact of this training. Staff should reflect on their learning to consider how this has changed or improved their day to day practice when supporting residents with dementia - see recommendation 1.

Although well completed overall, staff should make sure that the support given to maintain good oral health is recorded each time so there are no gaps in the daily records.

Of the fifteen questionnaires we received from staff, four staff stated they were not sure whether all of the policies and procedures listed were in place, for example, the service's aims and objectives, participation, whistleblowing, and restraint. This was the same at the last inspection. The management team should address this so that all staff are aware of the policies in place and where they can be accessed.

## Grade

5 - Very Good

**Number of requirements - 0**

## Recommendations

**Number of recommendations - 1**

1. The management team should ensure that all of the staff team complete dementia training at the right level as set out in the 'Promoting Excellence' framework or equivalent training. The management team should also assess the impact of this training. Staff should reflect on their learning to consider how this has changed or improved their day to day practice when supporting residents with dementia.

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: 5 - Very Good

### Statement 2

"We involve our workforce in determining the direction and future objectives of 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 staff
- reviewed the staff questionnaires we received
- looked at the relevant records.

We found that the management team encouraged and valued input from the whole staff team. Staff told us they felt well supported by the management team who involved them in plans, changes and developments to do with the service. We found that there was a strong sense of team work and staff agreed with this. Staff also said they could put forward their views and ideas and had been listened to. Comments included:

"We're encouraged to put forward ideas."

"I definitely feel I get listened to."

"We're one big team."

"We were kept in the loop with the new units opening."

"The managers are forward thinking and they include us."

"I think one of my primary responsibilities is to motivate people. We have mutual respect for each other."

"We have identified a need for more full staff meetings so all staff can contribute - we hope to start them soon."

Staff had been consulted and kept informed about the development of the McMillan and Stewart units. Their views and suggestions had been taken into consideration and this had helped the process to go well.

We saw examples where staff (heads of department) had been encouraged and supported to manage and lead their own areas. They had been responsible for managing their own staff teams and resources, monitoring quality and taking forward initiatives that would further develop and improve standards. Staff gave examples of ideas they had taken forward with support from management that had been of benefit to residents.

Staff had been identified as 'champions' in a number of specialist areas of practice. These roles continued to be developed as a way of keeping up to date with current best practice with a view to promoting these developments in the care home.

Staff had been involved in carrying out some of the audits used to confirm good practice and identify areas for improvement. This is a good approach as it informs staff about the standards that have been set and also helps them to develop their skills in relation to action planning for improvement.

Lots of meetings had been held to discuss the service and keep staff up to date with issues, changes, plans and developments. This helped to support good communication and promoted improvement. We saw that staff had been involved in contributing to discussions about the service and good minutes had been kept.

Staff had recently been able to feedback their views about their work through a staff survey. We will look at the outcome of this at the next inspection.

### Areas for improvement

The involvement of staff when completing the self-assessment should be promoted more and the staff team as a whole should be informed about the outcome of inspections.

The management team should continue to promote and support the involvement of staff in the future development of the service.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

## Statement 4

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

### Service strengths

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 the residents, relatives and staff
- reviewed the questionnaires we received
- looked at the relevant records
- considered the overall findings of this inspection.

We concluded that there had been a very good approach to quality assurance across the service as a whole. We based this on the positive feedback from residents, relatives and staff as well as the standards of performance that we found during this inspection. We found that the management team had provided very good leadership for staff. They worked effectively with senior staff and heads of department to support the wider staff team to meet residents' needs to a high standard. The management team had an 'open door' approach and the people we spoke to told us they were very approachable and responsive. Comments included:

"Happy with the overall quality of the care home."

"Happy with the service."

"I like it here."

"Yes, it's good here."

"I'm comfortable - nothing could be better."

"I'm very happy here."

"(Manager) leads by example. She is out on the floor, including at night."

"It's really good here. Morale is high and there is a real sense of positivity."

"The management are great - they've really taken the home forward."

"(Manager) is very supportive."

"(Manager) is dead forthcoming - she's a great manager."

"It has got better - I would say fantastic at the moment."

"It's definitely a well run home - we're glad we chose it for (relative)."

"(Manager) is one million per cent supportive - she's great."

Taking into consideration the evidence detailed under each of the quality statements in this report, we saw that the day to day running of the service had been very well managed. Staff had individual responsibilities and were accountable for making sure that specific parts of the service had been properly organised. We also found that information sharing, communication and reporting systems had been very effective throughout the home. This all helped the service to run smoothly for residents and staff.

There was evidence to show that there had been a clear commitment to supporting meaningful involvement in accordance with the provider's participation strategy. The way this had been managed had been carried out to a very good standard for residents and their families whose active involvement and input had been welcomed and valued by staff. We saw that staff had promoted and supported involvement through the development of positive relationships. Staff had used methods that had included very good general meetings, care reviews, satisfaction surveys and informative newsletters.

The people we spoke to knew what to do if they had any complaints. They said they would feel comfortable raising any issues as they found staff friendly and responsive. There had not been many complaints and we saw that staff had

managed these well, resolving concerns quickly for the individuals concerned. There was a clear process in place to support staff to deal with complaints in a positive way. The good practice guidance from the Scottish Public Services Ombudsman had also been used to inform the process. Very good records had been kept showing how staff had responded.

Checks and audits had been established to check standards with a clear commitment to confirming good practice, identifying what could be done better and action planning for continuous improvement. We saw that this had covered the areas we would expect to see including care and support; medicines management, staff management, record keeping, and the general environment. A revised, more user-friendly system had been introduced with action planning built in to inform and support a consistent response. We saw that a pro-active approach had been taken to addressing areas for improvement.

At the last inspection we said that the management team should reflect on how effective action plans have been in not only addressing issues that arise but also maintaining the improvements made. We advised that re-visiting aspects of the service where issues have been identified and addressed would help to support the maintenance of consistently good standards of performance. We made the following recommendation:

- The management team should re-visit aspects of the service where issues have been identified and addressed in order to support the maintenance of consistently good standards of performance.

Action: Where the need for improvement had been identified, we saw that staff had come together to discuss this as a reflective learning experience. We saw how action had been taken to address issues in a way that would inform, support and maintain high standards. This recommendation had been met.

### **Inspection volunteer report**

Residents' comments were:

"I would speak to one of the nurses if I was worried."

"I know the manager - she's nice."

"I'd speak to the staff if I have had a problem."

Relatives' comments were:

"I know the manager."

"If I am concerned about anything they look into it efficiently."

"I would speak to the nurse in charge first of all then someone more senior."

### Areas for improvement

The management team should ensure that all meetings have an action plan attached showing how agreed actions will be taken forward.

The full complaint form should be completed to reflect the entire process and the outcome from the complainant's point of view as a couple only used the first page.

### Grade

5 - Very Good

**Number of requirements - 0**

**Number of recommendations - 0**

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

### Previous requirements

There are no outstanding requirements.

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

### Previous recommendations

1. Close attention needs to be paid to personal planning for each individual, including residents who have not been living in the home for long to make sure that a sufficiently detailed account of their health and welfare needs and how these are to be met is developed and maintained. Staff should also continue to develop the information they record about residents' abilities and the promotion of independence. The management team should monitor this and support staff to make the necessary improvements.

**This recommendation was made on 05 October 2015**

This recommendation had been met as detailed under Quality Theme 1 - Statement 3.

2. Training for staff in person centred care and support should be introduced to make sure that all staff understand the principles and how they can promote a person centred approach as being central to the way care is assessed, planned and delivered.

**This recommendation was made on 05 October 2015**

This recommendation had been met as detailed under Quality Theme 1 - Statement 3.

**3. Recruitment procedures should be reviewed and further improved to provide a clear, consistent and complete overview of the recruitment and selection process.**

**This recommendation was made on 05 October 2015**

This recommendation had been met as detailed under Quality Theme 3 - Statement 2.

**4. The induction process should be reviewed and improved to reflect a more prioritised, structured and outcome focussed approach.**

**This recommendation was made on 05 October 2015**

This recommendation had been met as detailed under Quality Theme 3 - Statement 2.

**5. The management team should re-visit aspects of the service where issues have been identified and addressed in order to support the maintenance of consistently good standards of performance.**

**This recommendation was made on 05 October 2015**

This recommendation had been met as detailed under Quality Theme 4 - Statement 4.

**6. The service should ensure that pain assessments and supporting documentation is completed in full.**

**This recommendation was made on 16 September 2015**

This recommendation had been met as detailed under Quality Theme 1 - Statement 3.

**7. The service should ensure that care plan agreement documentation is completed in order to evidence that residents and relatives have agreed with the care plan and support being provided.**

**This recommendation was made on 16 September 2015**

This recommendation had been met as detailed under Quality Theme 1 - Statement 3.

**8. The service should ensure that residents' medication is administered as prescribed, or reasons given when it is not.**

**This recommendation was made on 16 September 2015**

This recommendation had been met as detailed under Quality Theme 1 - Statement 3.

**9. The service should ensure relatives are notified of incidents and accidents and that there is evidence of this being followed through.**

**This recommendation was made on 16 September 2015**

We continued this recommendation under Quality Theme 1 - Statement 3 as it had not been fully met.

**10. a) The service should ensure that bedrails in use are fully checked prior to use.**

**b) The service should ensure that equipment used to weigh residents is in good working order.**

**This recommendation was made on 16 September 2015**

These recommendations had been met as detailed under Quality Theme 2 - Statement 3.

## 6 Complaints

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

## 7 Enforcements

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

## 8 Additional Information

There is no additional information.

## 9 Inspection and grading history

Date	Type	Gradings	
5 Oct 2015	Unannounced	Care and support	Not Assessed
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
20 May 2015	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
20 Nov 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and Leadership	4 - Good
9 Apr 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
25 Nov 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
4 Jun 2013	Unannounced	Care and support	3 - Adequate
		Environment	Not Assessed
		Staffing	3 - Adequate
		Management and Leadership	4 - Good
6 May 2013	Re-grade	Care and support	2 - Weak
		Environment	Not Assessed
		Staffing	2 - Weak
		Management and Leadership	2 - Weak

29 Jan 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
29 Aug 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 4 - Good Not Assessed
26 Apr 2012	Re-grade	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 3 - Adequate Not Assessed
21 Nov 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 4 - Good
28 Jun 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 5 - Very Good 4 - Good 4 - Good
16 Feb 2011	Announced (Short Notice)	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed Not Assessed
9 Sep 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
29 Apr 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 4 - Good 4 - Good

19 Nov 2009	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
12 Jun 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
29 Apr 2009	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak Not Assessed Not Assessed
29 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 2 - Weak
15 Jul 2008	Announced	Care and support Environment Staffing Management and Leadership	2 - Weak 2 - Weak 2 - Weak 3 - Adequate

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### Contact Us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

[www.careinspectorate.com](http://www.careinspectorate.com)

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