

Inspection report

Bonnington Nursing Home Care Home Service

205 / 207 Ferry Road
Edinburgh EH6 4NN

Inspected by: Janet Smith
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 27 November 2008

Service Number

CS2006129493

Service name

Bonnington Nursing Home

Service address205 / 207 Ferry Road
Edinburgh EH6 4NN**Provider Number**

SP2006008444

Provider NameSouthern Cross Operations No 2 Limited T/A
Ashbourne Senior Living**Inspected By**Janet Smith
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

27 November 2008

Period since last inspection**Local Office Address**Stuart House
Eskmills
Musselburgh
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EH21 7PB
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Introduction

Bonnington Nursing Home is situated in a residential area on the east side of Edinburgh close to local shops, other amenities and is accessible by public transport.

The Home registered with the Care Commission on 1 April 2002 and is registered to provide care to 77 older people. Accommodation is provided in 2 buildings - Mathieson House to the front of the property and Garden House to the rear. Accommodation in both buildings is on 3 floors in a variety of single and shared bedrooms which can be accessed by stairs or a lift.

The Home is situated in private grounds with private parking to the front of Mathieson House and Garden House. There are garden areas which can be accessed from both houses.

In its brochure, the Home states that its aim is "the provision of the highest standard of care in an environment which is both welcoming and homely. We will actively encourage individuality, promoting independence and physical and social well being".

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

Quality of Care and Support - 2 - Weak

Quality of Environment - 2 - Weak

Quality of Staffing - 2 - Weak

Quality of Management and Leadership - 3 - Adequate

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form

Not applicable at this inspection.

Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a high RSA score and so a high intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous

inspections and complaints or other regulatory activity.

This service will receive a number of inspections over the year 08/09. This inspection was based upon requirements and recommendations made at the last inspection in May/June 2008.

During the inspection process

Staff at inspection

The unannounced inspection was carried out by Care Commission Officers Janet Smith and Rose Bradley (the Officers) over a period of one day on 27 November 2008

During the inspection the Officers met with:

The Project Manager of the home

The Operations Manager

Eight members of staff

Evidence

Evidence was gathered from a number of sources which included:

Inventory of equipment

Copies of minutes of meetings with staff

Copies of minutes of meetings with service users and/or carers

Copies of satisfaction surveys

Staff supervision records

Staff training records

Staff rota (four week period)

Three personal plans were reviewed and the Officers observed staff practices and interaction between staff members and service users.

The Officers spoke with eight service users who could give their views individually and observed others in group settings in dining areas and lounges.

Additionally the Officers made observation of the environment and equipment.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection

Seven (7) Requirements had been made since the last inspection.

Five of these had been partially met within the timescale for completion.

These relate to:

Pressure ulcer prevention
Management of mealtimes
Infection control
Maintenance
Staffing levels

Two had not been met - these related to recording of restraint and staff training.

The Provider had forwarded an Action plan detailing how the service planned to address these issues.

Progress on the Requirements made and the resulting actions taken by the service are reported in the relevant Quality Statements of this report.

Information about complaints that have been upheld or partially upheld can be found on the Care Commission website.

Comments on Self Assessment

A fully completed self-assessment had been submitted by the service prior to the last inspection. This provided information which was relevant to all of the Quality themes and Statements.

Strengths and areas for development were outlined.

View of Service Users

Eight service users who were able to express their views verbally were spoken with during the course of the inspection.

Comments included:

"I like it here".

"I get a choice of what I would like to eat".

"I get help with anything if I need it".

"I have Horlicks in my room at night".

"The food is no good - mashed potatoes with every meal".

"The food is good and there is plenty of it".

"The cleaner spends little time in my room - in and out".

"I attended meetings but stopped as nothing is done".

Service users who could not express their views verbally were seen to be attended to by staff promptly for example when asking for a cup of tea.

View of Carers

The Officers did not meet any carers in the home during the inspection.

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 2 - Weak

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

Information relating to this statement can be seen in the report issued in September 2008 following the inspection visit of May/June 2008.

Areas for Development

The Officers found that progress had ceased in relation to this statement. At the last inspection, the Manager was aware that work needed to be progressed in this area. Service users and staff made comments at this inspection that they "do not go to meetings now", "nothing happens".

This was discussed with the Operations Manager at this visit. She was aware of the situation and had begun to take steps to ensure that a strategy was implemented and progressed in the home.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 2: We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential

Service Strengths

Examples of strengths noted at the last inspection of May/June 2008 included the following:

- * Bedrooms seen were able to be personalised and some service users chose to remain in the privacy of their room for much of the time.

- * Families were seen to be involved in reviews of care and there were notes of the content of discussion and issues raised.

From a review of three personal plans and observation of the environment there was no change to these findings.

Areas for Development

The following requirement was made at the last inspection:

"The Provider must ensure that the use of restraint is recorded in personal plans.

In order to achieve this the Manager must:

- a) Guide staff to the policy relating to restraint.
- b) Provide guidance on appropriate record keeping in respect of restraint.

This is to comply with:

SSI/114 Regulation 19 (3) (a) - records of restraint.

Timescale: For completion within 4 weeks."

The Officers found that personal plans did not record restraint measures in place in the home. This requirement will be carried forward. (Requirement 1).

The following recommendation was made at the last inspection:

"The Provider should expand the details of service user preferences in personal plans. National Care Standards, Care Homes for Older People, Standard 8 - Making Choices."

The Officers found that although there were some preferences noted in personal plans these had not been expanded sufficiently to ensure that service users' choice was recognised. This recommendation will be carried forward. (Recommendation 1).

CCO Grading

2 - Weak

Number of Requirements

1

Number of Recommendations

1

Statement 3: We ensure that service user's health and wellbeing needs are met.

Service Strengths

Findings at this inspection were seen to be the same as at the May/June 2008 inspection. For example:

*Staff had access to a range of policies and 'best practice' information.

*Personal plans showed that service users had access to healthcare professionals. These included podiatrist, optician and GP.

Areas for Development

Four requirements were made in this statement at the last inspection.

"The Provider must ensure that procedures are put in place to minimise the service users' risk of pressure ulcer development and ensure that appropriate preventative and treatment measures are implemented.

In order to achieve this, the Manager must:

Ensure that staff have access to and implement best practice guidance on the prevention of pressure ulcers.

Ensure that the tool selected for use is clear and understandable.

Review all service users 'at risk' status.

Access appropriate and sufficient equipment for the service based on the assessments.

Maintain an inventory of the available equipment in the home.
Ensure that a system is in place to access further equipment as necessary.
Ensure that each 'at risk' service user has appropriate preventative measures in place and that this is clearly documented in care plans.
Ensure that best practice in relation to the treatment of pressure ulcers is obtained.
Ensure that plans of care are in place to record and assess the efficacy of treatment.
Ensure that staff are aware of how and where to seek professional guidance in relation to tissue viability.
This is to comply with:
SSI/114 Regulation 4(1) - a requirement relating to health and welfare of service users.
SSI/114 Regulation 12(b) - a requirement to ensure that there is suitable and sufficient equipment.
Timescale: Commencing on receipt of this report and for completion within twelve (12) weeks."

The Officers found that best practice guidance on the prevention of pressure ulcers and the treatment of pressure ulcers was available to staff in each of the units in the home. Information detailing contacts for advice in relation to tissue viability was seen. One personal plan contained detailed information on the joint working with other professionals in the assessment and treatment of leg ulcers. Assessments of all service users had been made using a recognised 'tool'. These assessments formed the basis of an equipment register in the home showing aids such as mattresses in use. A local protocol had been implemented to guide staff on accessing appropriate equipment to meet the needs of residents. Despite the availability of advice and guidance in relation to tissue viability in the home, the Officers noted that equipment in use did not always reflect the assessed needs of the service user. This was seen in the 'Tissue viability register' which showed that there were two individuals assessed at 'high' risk with no pressure relieving equipment noted to be in place. Two service users at 'moderate' risk of developing pressure ulcers also with no equipment noted to be in place. The Officers have assessed that this requirement has been partially met at this inspection. The requirement contained 10 points, most of which had been met at this visit. The remaining points will be carried forward in a new requirement. (Requirement 2).

"The service must ensure that there is management of mealtimes.
In order to achieve this the Manager must:
Ensure that there is managerial oversight of the dining experience.
Ensure that the social aspect of care is recognised.
Ensure that mealtimes are managed efficiently, serving and completing meals in a timely manner.
Ensure that staff have appropriate information on service user preferences and dietary needs.
Ensure that service users are safe when taking meals.
This is to comply with:
SSI/114 Regulation 4(1) (a) and (b), Welfare of Users - a requirement to ensure the proper provision for the health and welfare of service users.
SSI/114 Regulation 12(b) - a requirement to ensure that there is suitable and sufficient equipment.
Timescale: Within one week from receipt of this report."

The Officers observed activity in the dining and lounge areas over the lunchtime period. Service users who took their meal in the lounge areas were provided with suitable tables. Meals were served efficiently, with staff aware of their role. Interaction was seen to be positive with service users and assistance was given in a calm, pleasant manner. Information was available to staff to show service user preferences. Menus were not seen to be in place to show the choices available. Staff could inform the Officers of the process in place to show that service users were given choice at mealtimes. Two examples had been given to the Officers of where service user choice had not been recognised. One was in connection to an individual who wished something to be cooked which they had bought. This was not done. Another was when a staff member requested that a service user be given toast as they did not wish to eat. This was not done.

The main dining area was seen to be more organised and pleasant than seen at previous inspection visits.

Some staff members were seen to be completing an audit of one of the dining rooms to evidence that the experience was positive for service users.

The Officers did not see that there had been oversight of the audits which had taken place. In one of the dining rooms music was played which was age inappropriate and loud for part of the time.

The Officers have assessed that this requirement has been partially met at this inspection. From the five points made, three were seen to be met at this visit.

The outstanding points will be carried forward into a new requirement. (Requirement 3).

"The Provider must ensure that staff are trained to carry out their duties.

In order to achieve this the Manager must:

- a) Ensure that identified training needs take into account the findings of this inspection and that mandatory training is progressed.
- b) Secure training in tissue viability, continence management, dementia care and nutrition.
- c) Ensure that staff are supported in receiving this training, including time off.
- d) Develop a system to ensure that the learning from the training is implemented into practice.

This is to comply with:

SSI/114 Regulation 4(1) (a) - health and welfare.

National Care Standards Care Homes for Older People - Standard 5.1 Management and Staffing Arrangements.

Best Practice Statement - Pressure Ulcer Prevention, November 2005."

The Officers found that progress in relation to training had been poor since the last inspection. The training matrix showed that less than 50% of staff had received mandatory training in moving and handling, infection control and health and safety in the year 2008. This contradicted the information seen at the last inspection where just over 50% of staff had received manual handling training.

Minimal training had been recorded since the last inspection.

Training was not seen to have taken place in tissue viability, continence management, dementia care and nutrition. The Provider's action plan stated that training had been sourced for instance in tissue viability and continence however there was no plan to evidence the dates and numbers of staff who would attend.

Supervision records were kept; however, these did not provide evidence that training received had been put into practice. Information seen was scant. Supervision records alone would not be seen to be a sufficient method of ensuring that training had been implemented

in practice.

The Officers have assessed that this requirement has not been met and will be amended and carried forward. (Requirement 4).

"The Provider must ensure that service users risk of infection are minimised in the home and that their dignity is maintained.

In order to achieve this the Manager must:

Ensure that there is sufficient numbers of domestic staff in post to maintain the cleanliness of the premises.

Ensure that a system of cleaning, including deep cleaning, is implemented and carried out throughout the home.

Review the furniture, fixtures and fittings in the home, as detailed in this report, which present as an infection control risk and clean and repair as necessary.

This is to comply with:

SSI/114 Regulation 4(1) (a) - a requirement relating to health and welfare.

SSI/114 Regulation 4(1) (d) - a requirement relating to infection control.

SSI/114 Regulation 4(1) (b) - a requirement relating to dignity of service users.

SSI/114 Regulation 13 (a) - staffing to meet health and welfare of service users.

Timescale: Within two weeks from receipt of this report."

The Officers found that domestic staff had taken up post since the last inspection.

A variety of bedrooms, communal areas, toilets and bathrooms were seen throughout the home during the inspection. These were found to be odour free and clean. Some areas however, were seen to have bins which were very full or did not have bins at all.

A programme of refurbishment had commenced in the 'main house'. The main lounge, conservatory dining area and some of the bedrooms had been updated. These were seen to be clean, pleasant, inviting and uncluttered.

Records seen showed that there was a system in place for cleaning.

In the 'garden house' one bedroom carpet seen was extremely stained. The service user stated that this had been cleaned but the stain remained. There had been discussion that the carpet would be replaced but there was no confirmation of when this was to happen.

The 'smoking room' was seen to have been painted but remained uninviting.

Some rooms were seen to need redecoration.

The Officers have assessed that this requirement has been partially met.

Two of the three points made in the requirement had been met at this visit. The remaining point will be carried forward in a new requirement.

(Requirement 5).

CCO Grading

2 - Weak

Number of Requirements

4

Number of Recommendations

0

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading: 2 - Weak

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service Strengths

Information relating to this statement can be seen in the report issued in September 2008 following the inspection visit of May/June 2008.

Areas for Development

See Statement 1.1 for information.

The Officers spoke with the Operations Manager regarding a replacement carpet for one service user. This had been outstanding for some time. It was agreed that this would be addressed without delay.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 2: We make sure that the environment is safe and service users are protected

Service Strengths

The following were seen to be in place at the last inspection.

A range of policies were in place which included recruitment and health and safety.

Requests were made to maintenance to carry out any repairs for instance for equipment such as hoists and lifts.

Further information relating to this statement can be seen in the report issued in September 2008 following the inspection visit of May/June 2008.

Areas for Development

Two requirements were made in this statement at the last inspection.

"The Provider must ensure that the premises are maintained to a suitable standard.

In order to achieve this the Manager must:

View all of the bedrooms, bathrooms/toilets and communal areas in the home.

Identify any areas which require maintenance, repair or replacement.

Ensure that there is a plan of action with timescales for completion of any work necessary.
Forward the findings and action plan to the Care Commission.

This is to comply with:

SSI/114 Regulation (10) (2) (b) - a requirement relating to the condition of premises.

Timescale: To commence on receipt of this report and for completion within 4 weeks."

Findings in statement 1.3 are relevant to this requirement.

Additionally a few of the bathrooms seen were filled with equipment such as hoists and wheelchairs. The Officers have assessed that it would be difficult to access the bathrooms easily and they did not present as homely.

A plan of action was not seen which set out timescale for completion.

Whilst there was improvement noted in relation to maintenance of the premises the Officers have assessed that this requirement had been partially met and will be carried forward.

(Requirement 6).

"The Provider must ensure that the staffing levels are assessed in the home.

In order to achieve this the Provider must:

Use an appropriate dependency tool to assess the status of each service user.

Inform the Care Commission of the outcome of this assessment.

Ensure that staffing levels are implemented in accordance with the assessment.

Ensure that numbers of staff on duty are sufficient to meet the needs of service users at all times.

This is to comply with:

SSI/114 Regulation 4 (1) (a) - a requirement relating to health and welfare of service users.

SSI/114 Regulation 13 (a) - a requirement to ensure that sufficient staff is provided in the care service.

Timescale: For completion within 4 weeks of receipt of this report."

During the inspection staff stated that there remained problems with staff numbers in the home.

Regulatory activity in August 2008 reviewed concerns regarding staffing in the home. It was found that the Manager had allocated staff throughout the home to meet the needs of the existing service users. However, the deployment of staff was not always seen to be recorded clearly on the duty rota.

An assessment of dependency levels of service users had been carried out in the home. A staffing schedule based on these findings was in the process of being agreed between the Provider and Care Commission. Until this has been completed, this requirement will be carried forward taking into account the findings at this inspection. (Requirement 7).

CCO Grading

2 - Weak

Number of Requirements

2

Number of Recommendations

0

Statement 3: The environment allows service users to have as positive a quality of life

as possible.

Service Strengths

Information relating to this statement can be seen in the report issued in September 2008 following the inspection visit of May/June 2008.

Areas for Development

Information in 1.3 is relevant to this statement.

The Officers have assessed that aspects such as staff training, lack of bins and loud, age inappropriate music playing are examples which would not contribute to a positive quality of life in the home.

CCO Grading

2 - Weak

Number of Requirements

0

Number of Recommendations

0

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 2 - Weak

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

Information relating to this statement can be seen in the report issued in September 2008 following the inspection visit of May/June 2008.

Areas for Development

See 1.1 for information relating to this statement.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service Strengths

Information relating to this statement can be seen in the report issued in September 2008 following the inspection visit of May/June 2008.

Areas for Development

Information contained in 1.2 and 1.3 is relevant to this statement. Findings remain as at the last inspection where best practice needs to be implemented in areas of care such as nutrition and staff training needs to be progressed.

CCO Grading

2 - Weak

Number of Requirements

0

Number of Recommendations

0

Statement 4: We ensure that everyone working in the service has an ethos of respect towards service users and each other.

Service Strengths

Information relating to this statement can be seen in the report issued in September 2008 following the inspection visit of May/June 2008.

Areas for Development

The last inspection identified that the principle relating to choice needed to be developed in the home.

Findings at this inspection showed that service user 'choice' did not form an integral part of the service provided.

CCO Grading

2 - Weak

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

Information relating to this statement can be seen in the report issued in September 2008 following the inspection visit of May/June 2008.

Areas for Development

See 1.1 for information relating to this statement.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 2: We involve our workforce in determining the direction and future objectives of the service.

Service Strengths

Information relating to this statement can be seen in the report issued in September 2008 following the inspection visit of May/June 2008.

Areas for Development

The Officers were informed that staff satisfaction surveys had been carried out since the last inspection.

The Operations Manager had not collated this information at this visit.

This will be monitored at future inspections.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 3: To encourage good quality care, we promote leadership values throughout the workforce.

Service Strengths

At the inspection of May/June 2008, the Manager was in the process of defining the roles and responsibilities of staff in the home. She planned to ensure that these were clearly understood by staff and that these roles could be carried out by staff to a high standard.

Areas for Development

A review of the staff supervision records and discussion with staff showed that the Manager had made little significant progress with the above process. This will be monitored at future inspections.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service Strengths

The inspection Focus Area 2008/2009 applicable to this service was: Notifications. There was a working knowledge within the service of the type of staff related issues which should be notified to the Scottish Social Services Council (SSSC) and the Care Commission.

Areas for Development

No areas for improvement were noted at this inspection visit.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

Regulations / Principles

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

The Officers found that there had been some improvement in the service since the last inspection. However, a re-grading exercise had not been carried out at this visit.

Requirements

1. The Provider must ensure that the use of restraint is recorded in personal plans.

In order to achieve this the Manager must:

- a) Guide staff to the policy relating to restraint.
- b) Provide guidance on appropriate record keeping in respect of restraint.

This is to comply with:

SSI/114 Regulation 19 (3) (a) - records of restraint.

Timescale: For completion within 4 weeks

2. The Provider must ensure that procedures are put in place to minimise the service users' risk of pressure ulcer development and ensure that appropriate preventative and treatment measures are implemented.

In order to achieve this, the Manager must:

Access appropriate and sufficient equipment for the service based on the assessments.

Ensure that each 'at risk' service user has appropriate preventative measures in place and that this is clearly documented in care plans.

This is to comply with:

SSI/114 Regulation 4(1) - a requirement relating to health and welfare of service users.

SSI/114 Regulation 12(b) - a requirement to ensure that there is suitable and sufficient equipment.

Timescale: Commencing on receipt of this report and for completion within four weeks.

3. The service must ensure that there is management of mealtimes.

In order to achieve this the Manager must:

Ensure that there is managerial oversight of the dining experience.

Ensure that the social aspect of care is recognised.

This is to comply with:

SSI/114 Regulation 4(1) (a) and (b), Welfare of Users - a requirement to ensure the proper provision for the health and welfare of service users.

Timescale: Within one week from receipt of this report.

4. The Provider must ensure that staff are trained to carry out their duties.

In order to achieve this the Manager must:

- a) Ensure that identified training needs take into account the findings of this inspection and that mandatory training is progressed.
- b) Secure training in tissue viability, continence management, dementia care and nutrition.
- c) Ensure that staff are supported in receiving this training, including time off.
- d) Develop a system to ensure that the learning from the training is implemented into practice.
- e) Ensure that there is a robust system of recording training that has been carried out.

This is to comply with:

SSI/114 Regulation 4(1) (a) - health and welfare.

SSI/114 Regulation 19 (2) (a) - records.

National Care Standards Care Homes for Older People - Standard 5.1 Management and Staffing Arrangements.

Best Practice Statement - Pressure Ulcer Prevention, November 2005.

Timescale: For completion within four weeks.

5. The Provider must ensure that service users risk of infection are minimised in the home and that their dignity is maintained.

In order to achieve this the Manager must:

Review the furniture, fixtures and fittings in the home, as detailed in this report, which present as an infection control risk and clean and repair as necessary.

This is to comply with:

SSI/114 Regulation 4(1) (a) - a requirement relating to health and welfare.

SSI/114 Regulation 4(1) (d) - a requirement relating to infection control.

SSI/114 Regulation 4(1) (b) - a requirement relating to dignity of service users.

Timescale: Within two weeks from receipt of this report

6. The Provider must ensure that the premises are maintained to a suitable standard.

In order to achieve this the Manager must:

View all of the bedrooms, bathrooms/toilets and communal areas in the home.

Identify any areas which require maintenance, repair or replacement.

Ensure that there is a plan of action with timescales for completion of any work necessary.

Forward the findings and action plan to the Care Commission.

This is to comply with:

SSI/114 Regulation (10) (2) (b) - a requirement relating to the condition of premises.

Timescale: To commence on receipt of this report and for completion within 4 weeks.

7. The Provider must ensure that the staffing levels are assessed in the home.

In order to achieve this the Provider must:

Use an appropriate dependency tool to assess the status of each service user.

Inform the Care Commission of the outcome of this assessment.

Ensure that staffing levels are implemented in accordance with the assessment.

Ensure that numbers of staff on duty are sufficient to meet the needs of service users at all times.

This is to comply with:

SSI/114 Regulation 4 (1) (a) - a requirement relating to health and welfare of service users.

SSI/114 Regulation 13 (a) - a requirement to ensure that sufficient staff is provided in the care service.

Timescale: For completion within 4 weeks of receipt of this report.

Recommendations

1. The Provider should expand the details of service user preferences in personal plans.
National Care Standards, Care Homes for Older People, Standard 8 - Making Choices.

Janet Smith

Care Commission Officer