

# Care service inspection report

## Morningside Care Home

### Care Home Service Adults

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Morningside

Newmains

Wishaw

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Telephone: 01698 389310

Type of inspection: Unannounced

Inspection completed on: 3 October 2014



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## Service provided by:

Morningside Carehomes (Scotland) Limited

## Service provider number:

SP2010010997

## Care service number:

CS2006133086

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## Summary

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

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

### We gave the service these grades

Quality of Care and Support	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	5	Very Good
Quality of Management and Leadership	5	Very Good

### What the service does well

Morningside Care Home continues to provide a very good standard of service to people with a diagnosis of physical and cognitive impairment. There is strong, positive leadership from the management team and provider who are motivated to continually improve the service and outcomes for people using the service. Staff were motivated and enthusiastic, well-trained and worked very well as a team. People we spoke to had a very high regard for the service and staff.

### What the service could do better

The provider should continue with the ongoing steady refurbishment of bedrooms, communal areas and gardens within the home. We found some of the lighting dull in areas and additional signage would be beneficial to assist visitors and people with visual and cognitive impairment.

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

Since the previous inspection the service had introduced residents to the iPad. This had greatly benefitted a number of residents who were now able source, read, watch and enjoy their chosen interests at a time and place of their choice.

## **Conclusion**

Morningside Care Home continues to be a friendly, very well run service providing a positive environment for people to enjoy. Staff remain committed to providing a very high standard of care and support in a warm welcoming environment. People using the service and their families experienced positive outcomes as a result of the high standard of care and support being provided.

# 1 About the service we inspected

Morningside Care Home is a purpose-built two storey building situated in a new housing estate in the Wishaw area of North Lanarkshire.

It is accessible to public transport routes and service users are within walking distance of local shops and community amenities.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body Social Care and Social Work Improvement Scotland took over the work of the Care Commission, including the registration of care services. This means that Morningside Care Homes Ltd continued its registration under the new body, SCSWIS.

The building offers accommodation for 62 service users in single bedrooms with full en-suite facilities. Service users have access to communal toilets and bathing facilities and a number of dining rooms and lounges throughout the care home. The aims and objective for the care home are laid out in their Information Brochure.

The secure garden area offers hard landscaped patio and lawned areas and service users have access to garden furniture to sit outside. There are a number of raised flower beds for ease of access by people who use the service.

On the day of the inspection Morningside Care Home had one vacancy.

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 0845 600 9527 or visiting one of our offices.

## 2 How we inspected this service

### The level of inspection we carried out

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

### What we did during the inspection

We compiled this report following an unannounced inspection. The inspection took place on the 2 and 3 October 2014 between the hours of 8:10am and 13:10pm. Feedback was delivered to the Manager and three members of the staff team on 3 October 2014.

In this inspection we gathered information from various sources, records and other documents including;

- \* personal plans
- \* medication management
- \* various methods of consultation including minutes of meetings and questionnaires
- \* quality assurance systems, including managers audits
- \* maintenance contracts and records of repair
- \* staff training and supervision
- \* accidents/incidents and complaints

We also spent time observing how staff interacted with residents and the general environment of the home. At this inspection we used an observational tool called SOFI 2 (Short Observational Framework for Inspection 2nd edition). This tool has been designed to capture the experiences of people who have cognitive or communication impairments and are therefore unable to provide their opinions on the service they receive. The tool provides us with a snapshot observation for groups or one to one interactions between staff and residents. The tool allows us to enhance the observations we currently make at inspection around staff practice and interaction with residents.

At this inspection we observed four residents over a 30 minute period. The results from our observations concluded good/positive interactions between staff and residents. We discussed this with the manager at feedback.

### Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be

doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

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

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

### **Fire safety issues**

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at [www.firelawscotland.org](http://www.firelawscotland.org)

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

#### **The requirement**

The provider must ensure that areas used for the storage of chemicals are secured at all times when not in use. This will ensure that people are not at risk from access to substances which have the potential to cause harm.

This is in order to comply with;

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011(SSI12011/210) Regulation 4 Welfare of users.

Timescale; Upon receipt of this report.

#### **What the service did to meet the requirement**

At the previous inspection we found unrestricted access to chemicals in the hairdressing salon. The hairdresser now ensured that all chemicals were removed from the salon at the end of her working day to ensure residents safety. We found all harmful substances were stored and secured appropriately.

**The requirement is:** Met - Within Timescales

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

The following recommendations were made at the previous inspection with progress noted as follows;

**1** The service should seek ways of obtaining the views of people who are unable to attend meetings either through choice or due to physical/cognitive impairment. Meetings should provide an agenda to enable those who are unable to attend the opportunity to contribute to the meeting. Minutes should be available to residents, relatives and staff in a suitable format to ensure that all parties remain fully informed of what is happening within the service. This is in order to comply with National Care Standards Care Homes for Older People Standard 11 Expressing Your Views.

This recommendation has not been met. Please refer to Quality Theme 1 Statement 1.1 for further information.

**2.** The service should review accessibility to the garden are taking into account people with restricted mobility or with visual and cognitive impairment. People using the



service should have unrestricted safe access to the outside garden areas should they choose to do so. People who are independently mobile should be able to do this without restriction or having to wait for staff assistance providing they have been assessed and are safe to do so. This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment.

This recommendation has not been met. Please refer to Quality Theme 2 Statement 2.2 for further information

**3** The service should develop a refurbishment and redecoration programme for the communal bathrooms and toilets to allow people to enjoy their bathing experience in a warm and pleasant environment. This should evidence that the accommodation is being continually reviewed and where needed upgraded. This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment.

We could see that the communal bathrooms had been nicely redecorated and the redecoration and refurbishment plan demonstrated that this was an ongoing process. Residents continued to be consulted and views sought on this process. This recommendation has been met however we will continue to monitor at future inspections to ensure this progress continues.

### **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.

We were satisfied with the way the service completed this and with the way the relevant information they had given us for each of the headings we grade them under

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

We received one completed Care Standard Questionnaire and spoke to residents during the inspection who told us the following;

" we used to have big gardens and missed them, we have so enjoyed planting and eating the potatoes this year "

" all the staff are nice, helpful and good to us "

" the food is good always plenty of choice, sometimes there's too much "

" the rooms are really nice "

" the staff are very nice in here and allow me to have long lies. I enjoy staying here and the staff look after me. I always get a cup of tea and a biscuit when I want one, the food is very nice as well "

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

We received 14 completed Care Standard Questionnaires and spoke to five relatives during the inspection who told us that they were happy with the standard of care and support provided.

\* five people were unsure how to complain to the Care Inspectorate and three were unsure how to complain to the service

\* three people were unsure if there was a care plan in place and five were unsure if there was an occupancy agreement in place

\* four people were unsure if personal property was clearly marked

Some of the comments we received were as follows;

" the staff really care about their residents who are always treated with dignity and respect. They work as a team and information is shared by all. Before we went on holiday last year my mum had a stroke, we were encouraged by wonderful staff to go on holiday and were kept informed via text messages throughout our trip. Staff also kept a written diary for us. The food is excellent quality and meal times are a social occasion for the residents with a lovely atmosphere at mealtimes. The unit manager is an excellent leader and is very hands on having the respect of her staff, residents and relatives. Staff members are truly dedicated, the residents are the top concern"

" my relative has stayed on both floors of the home. I feel the staff in the dementia unit are trained well in this field. Everyone is pleasant with visitors and residents alike. Exceptional care was given to my relative and family during the last days of their life and I am very grateful "

" the care of my relative and us as a family has been outstanding and my relative was treated with immense dignity and respect, the kindness of each and every member of staff has made this a much easier experience than it might have been and for that alone we are eternally grateful "

### 3 The inspection

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

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

Grade awarded for this theme: 5 - Very Good

##### **Statement 1**

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

##### **Service strengths**

At this inspection we found that the service was performing a very good level for this quality statement.

The home has a participation strategy in place and we found that positive actions were taken to implement this to ensure that residents and their relatives had the opportunity and help to contribute to their care and support and the overall development of the service.

The notice boards throughout the home were well populated with relevant up to date information including lovely photographs of people enjoying themselves on recent outings, birthdays and activities.

There was information available on how to contact the local advocacy service and copy of an up to date complaints procedure.

We could see that regular meetings were taking place with residents, relatives and staff which provided positive outcomes for the people living there. For example some people requested the introduction of a gardening club to grow flowers and vegetables over the summer months. We could see that this had been positively actioned with residents enjoying a sunflower growing competition and eating the homegrown potatoes and tomatoes. The service had recently introduced pictorial agendas to assist people with visual/cognitive impairment in participating in residents meetings. The home had also recently applied for funding to introduce live literature story telling and were currently waiting on the outcome of this. We concluded that the service was progressing well by introducing alternative methods of consultation to residents to assist them in the participation process.

The home recently received a development grant through the Reshaping Care Initiative. This enabled the service to further develop and improve their Silver Surfers Club. This club consisted of a group of residents who through ongoing support and guidance had learned how to use an iPad. The grant had enabled the service to purchase six of these pads, with one resident enjoying it so much they had purchased their own. Some of the residents recently enjoyed a Scottish history session and were able to follow the recent referendum campaign.

Staff told us that the introduction of the iPad had really benefited residents who had previously experienced difficulties in participating in activities, with one resident enjoying greyhound racing.

A member of the club had recently accepted the Thistle Innovation Award of the year at the annual awards ceremony for this new initiative.

We could see that there was a range of activities and outings taking place regularly. Some of these activities included football reminiscence, theatre outings and the ongoing weekly coffee shop.

There was a suggestion box providing a further means of consultation and a range of thank you cards available from families with some comments as follows;

"thanks you for the support you have given our family not only in the last few stressful weeks but since admission. To know you were looking out for our relative meant a lot too us "

" we trusted your judgement and professionalism the standard of care in the unit is excellent , staff work well as a team "

" thank you so much for the care and compassion shown to our mum in the time she was with you. We were so glad that she found a place at Morningside and always felt grateful for the way she was looked after "

"at the end of his life you not only made our relative comfortable but also supported us as in such a way that a mere thanks isn't enough"

Newsletters and a newly introduced year book helped keep people informed about the developments in the home, for example, information on future events and entertainers and ongoing development and upgrading of the environment. Pictures in the year book showed residents enjoying gardening, commemoration of the D-Day landings, Easter celebrations, the football reminiscence programme, national care home open day, commonwealth games and gala day. Digital photographs were also available at reception for people to watch on a large TV screen.

The manager continued to look at different ways of encouraging residents and relatives to participate in the future development of the service. Meetings were still planned and available however were poorly attended. The manager had found that their was a much better response from people following the introduction of a survey monkey which was accessed on-line.

The manager had recently emailed a survey to relatives asking for feedback on the standard of staff support, cleanliness, activities, management, food and value for money.

Responses received indicated that overall the home was performing to an excellent standard with people saying they would highly recommend it. Some of the comments included were as follows;

" I would highly recommend this nursing home. The care is excellent and the staff are very friendly and caring. The food is excellent and caters for all diets. Nothing is a problem, the home is very clean and comfortable "

" I wouldn't hesitate in recommending Morningside Care Home to anyone who was looking for a very high level of care. The staff are amazing, they really do care and treat the residents with the utmost respect at all times. It's a really nice atmosphere from the moment you walk through the doors and you are made to feel very welcome indeed "

" I visited a number of other homes but as soon as I entered Morningside I knew that was the better one, cleanliness, staff, atmosphere, the standards are always the same - excellent and I would definitely recommend Morningside Care Home "

The quality assurance and improvement team consisted of representatives from residents/relatives, staff and external stakeholders continued to meet regularly to discuss the further development of the home. The quality assurance information board gave people an update on the most recent key performance indicators and recent accident/incident analysis. We could see from this that the service had performed to an excellent standard and that there had been a reduction in accidents/incidents since last year. There was also information on dates of future meetings and most recent Care Inspectorate report. This was a good way of ensuring people were kept up to date on how the service continued to develop in an easy to read format. Care plans contained good person centred information and regular reviews took place providing service users and relatives with another opportunity of expressing their views on the quality of care and support provided.

### **Areas for improvement**

The service should introduce a method of recording who has been consulted and involved in the development of the personal plans. There was inconsistent information recorded in the personal plans to demonstrate how residents and relatives had been consulted and happy with the information recorded.

We made a recommendation at the previous inspection in relation to how the service obtained the views of people who were unable to attend meetings through personal choice or physical/cognitive impairment. The meetings which took place were attended by the minority of residents. The service should demonstrate how it captures the views of those who do not attend the meetings capturing the majority of views. The service had made some progress however were still looking at ways of

developing this further. We will repeat this recommendation and monitor progress at future inspections (see recommendation 1).

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

**Number of requirements:** 0

**Number of recommendations:** 1

### Recommendations

1. The service should seek ways of obtaining the views of people who are unable to attend meetings either through choice or due to physical/cognitive impairment. Meetings should provide an agenda to enable those who are unable to attend the opportunity to contribute to the meeting in order to demonstrate that the majority of residents have been consulted rather than the minority. Minutes should be available to residents and relatives in a suitable format to ensure that all parties have the opportunity of remaining fully informed of what is happening within the service.

This is in order to comply with National Care Standards Care Homes for Older People Standard 11 Expressing Your Views.

### Statement 3

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

### Service strengths

At this inspection we found that the service was performing at a very good level in areas covered by this quality statement.

In order to assess this statement we spoke with residents, relatives and staff, observed practice and looked at medication records, care plans, activity programmes, staff training records, the dining experience and how the service monitored peoples' diet and weight.

We looked at personal plans and found that they contained good person centred information on the support needed, how to manage this and the expected outcome for each individual's healthcare needs.

We could see that each one contained people's personal preferences regarding nutrition, with nutritional screening tools like MUST (Malnutrition Universal Screening Tool) and BMI (Body Mass Index) and falls prevention pathway in place.

The service had introduced pictorial care plans into each folder this encouraged residents with cognitive impairment to provide their preferences. Staff told us the pictorial plans were easy to read and beneficial if looking for information quickly. There was good detail in the individual life histories which captured people's past interests and we could see that staff were supporting residents to maintain these activities, for example residents were still able to enjoy gardening, model railway trains and greyhound racing.

We saw that staff monitored residents closely; if there were any concerns, staff reacted quickly to any issues by contacting the families and the appropriate health care professionals, acting on their professional knowledge and advice. The personal plans were evaluated monthly and we saw evidence that residents and relatives were involved in the six monthly review process. During the review residents and relatives were given the opportunity to comment on their named nurse/key workers' support and performance. Feedback from this was used at the staff members' supervision and appraisal.

The personal plans also contained current information on who had the legal powers to make a decision on the person's behalf. Some of the plans contained a DNACPR (Do Not Attempt CardioPulmonary Resuscitation) policy and anticipatory care plan.

This assisted staff and other healthcare professionals in who to consult in the event that any nursing or medical intervention being required and provided clear information on the residents' wishes.

The personal plans were audited regularly with evidence of areas for improvement documented and satisfactory outcome achieved.

The service continued to show that it reviewed staffing levels in the home on a regular basis, taking into account residents' dependencies, healthcare issues, falls and any planned activities. Staff we spoke to said that additional staff were available if required and fluctuated to reflect the current dependency needs within each unit of the home.

We spoke with the chef who said he spoke to residents on a daily basis and met regularly with them to assist and discuss any special dietary requests. This ensured that residents remained satisfied with the standard of food provided. People we spoke to confirmed this saying they had plenty of choice and any individual requests catered for as requested.

Meal times were quiet and relaxed with staff supporting people individually in a calm dignified manner. There was a choice of menu available, with alternative options for people if they wanted it. Staff offered people a choice and checked that everyone had enough to eat before removing dishes. Staff used weight and diet and fluid monitoring charts for anyone they were concerned about.

Staff had participated in a nutrition and hydration week. This provided them with the most recent best practice guidance for textured diets, nutritional snacks, fluids and supporting people with dementia.

Accident and incidents were reviewed by the manager and were now logged individually. This provided the manager with an overview of each individuals' statistics and prompted staff to ensure that risk assessments and care plans were updated to reflect any changes required.

We looked at the management and administration of medication. The service had recently started using a new pharmacy. With their training and support the service had introduced medication PODS into three of the four units within the home. Staff we spoke to said this had been beneficial and a positive impact to the service.

The PODS now enabled residents to receive their medication at times which suited them in the privacy of their own rooms.

The medication was administered using the Monitored Dosage System (MDS) and was recorded on Medication Administration Record (MAR) charts. Topical MAR (TMAR) charts were in place to ensure staff were aware of times and frequency of prescribed topical medications. All charts were audited regularly with any areas for improvement were included in an action plan and followed up by the manager.

The Community Psychiatric Nurse was carrying out monthly medication reviews to ensure residents health and well-being was monitored and maintained.

### **Areas for improvement**

We found that some of the information in the pictorial care plans was different to the information recorded in the written plan. Both plans should be reviewed together to ensure that all information recorded is the same in each plan in order to avoid confusion and provide the reader with the most current, relevant information.

The content of information recorded in the care plans could be developed further in order to provide more details on specific support required to meet individual needs. For example we could see from reading the care plan that where someone was suffering from depression and "displayed feelings of low mood" that there was no further information explaining this or how staff were expected to manage this.

The continence care plans should be developed further to include an individualised approach to promoting continence. This should take into account and describe the person's continence needs and possible solutions, how continence is promoted and how staff are expected to manage this effectively by promoting a healthy balanced diet and fluid intake first before the use of laxatives is considered (see recommendation 1)

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

**Number of requirements:** 0

**Number of recommendations:** 1

### **Recommendations**

1. The service should ensure that the personal plans provide more detail on how staff are expected to recognise and manage a persons' specific healthcare needs. Specific plans for example continence management should demonstrate that a healthy diet and fluid intake has been considered before the use of a laxative. The written and pictorial plans should be reviewed and updated together to ensure that they both contain the same, most up to date and current information in order to avoid confusion to the reader.

This is in order to comply with National Care Standards Care Homes for Older People Standard 6 Supporting Arrangements, Standard 13 Eating Well.



## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

### Service strengths

At this inspection we found that the service was performing at a very good level in areas covered by this statement.

We could see through questionnaires and minutes of meetings that residents were regularly consulted in any changes or refurbishment within the home with their views taken into account. For example each room was personalised with furnishings and wall coverings and the garden contained flowers and vegetables chosen and planted by residents.

The signage and soft furnishings continued to be an ongoing area for improvement throughout the home and we were encouraged to see that this continued to be a priority and continued to progress steadily. Residents, relatives and staff were currently in the process of reviewing the furnishings and signage for the upstairs unit and were choosing new floor coverings and improved signage.

The manager had introduced 'Make a House a Home' questionnaire asking specific questions relevant to individual choice and preference. This provided feedback to the manager on how residents felt about the environment and if they felt at home here, some examples of the questions asked were;

- \* do you like your room, would you like to change the colour
- \* do you have difficulty finding your room, how would you like your room door personalised
- \* would you like a key to your room, would you like staff to lock it when not using it
- \* would you like to be involved in the catering, gardening, choir, computer, environmental or recruitment group
- \* would you like to participate in the monthly review of your personal plan

Visitors to the home were given a questionnaire asking for feedback on their visit. Some of the comments we read from these were as follows;

- \* modern attractive and comfortable home
- \* this is where I would like my aunt to live she would be happy here
- \* very welcoming and comfortable
- \* friendly and welcoming
- \* impressed by the nurse who was showing us round, she was waiting at entrance to meet us

## Areas for improvement

The service was currently looking at ways to adapt the outside space to provide a larger garden area for people to enjoy. At the previous inspection we recommended that the provider consider ways of ensuring people had safe, unrestricted access to the garden. We were encouraged to see that various options were being considered by the provider, however as there had been no changes implemented we will repeat this recommendation and continue to monitor progress at the next inspection (see recommendation 1)

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

**Number of requirements:** 0

**Number of recommendations:** 1

## Recommendations

1. The service should review accessibility to the garden area taking into account people with restricted mobility or with visual and cognitive impairment. Residents should have unrestricted, safe access to the outside garden areas should they choose to do so. People who are independently mobile should be able to do this without restrictions or having to wait for staffs' assistance providing they have been assessed and are safe to do so. This is in order to comply with National Care Standards Care Homes for Older People Standard 4 Your Environment.

## Statement 2

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

## Service strengths

At this inspection we thought that the service was performing at a very good level in areas covered by this quality statement.

There was a secure door entry system and book to sign in and out to ensure the safety of people in the home.

The registration certificate with staffing schedule and an up to date public liability insurance certificate were on display at reception.

Maintenance contracts were in place for equipment such as baths and hoists and records showed that regular satisfactory checks were carried out on this equipment to ensure people's safety.

A range of maintenance checks, audits and risk assessments were being carried out on the accommodation and equipment on a regular basis. These included fire

safety, water temperatures and moving and handling equipment. Anyone at risk from falling out of bed had a specially adapted profiling bed which contained built-in bed rails for added safety. There was a rolling programme in place demonstrating that the provider was continually replacing all beds with profile beds to ensure residents comfort and safety. These beds were checked regularly by the maintenance person to ensure they were safe along with the nurse call system and smoke alarms.

All bedrooms doors were lockable and people had the choice to have their own key if they wanted one.

The companies complaint procedure was available on the notice board with details of how to contact the Care Inspectorate. Where concerns were raised these were dealt with effectively by management who kept records of actions taken and outcomes achieved.

Staff were knowledgeable about their responsibilities to keep people protected under the Adults Support and Protection legislation. We saw from training records that staff had attended training in this area.

The home appeared clean and fresh with good infection prevention and control measures in place. The management team were monitoring the standards for infection prevention and control through visual checks of practice and regular audits. Regular health and safety meetings continued to take place which discussed recent accidents/incidents, any newly identified risks to residents and any updated health and safety information.

There was an ongoing refurbishment plan in place demonstrating areas identified for improvement and progress made in meeting these targets.

### **Areas for improvement**

The provider should continue with the refurbishment programme in place to providing evidence of the ongoing improvements being made to the accommodation.

There was a maintenance log available which highlighted any repairs identified within the home. The service should ensure that any repairs identified provide details of the outcome as was not always clear if the repair had been successfully completed. For example we saw that a water leak had been identified but were unsure if this had been successfully repaired as records failed to conclude the outcome of this.

The service may find a full inventory of all equipment useful including all moving and handling equipment with dates of when last serviced and when next due.

Records demonstrated that the nurse call system was being checked on a weekly basis to ensure residents safety. These checks could be improved to include the position of the alarm cords to ensure they are in a suitable position within reach.

**Grade awarded for this statement:** 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 1

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

### Service Strengths

At this inspection we found that the service was performing at a very good level in areas covered by this statement.

The service continued to involve people in the recruitment process by introducing them to candidates on the day of the interview and asking questions produced by residents at the formal interview. The service had plans to develop an interview committee and invite candidates to come along and participate in the weekly coffee shop. Due to a very low staff turnover and no recent recruitment this had not yet been fully implemented.

The 'Make your House a Home' questionnaire asked residents to indicate if they wished to be involved in the recruitment process with the survey monkey asking for comments on staff and management performance.

The six monthly review process provided further opportunities for residents and relatives to comment on staffs' performance with comments taken forward and discussed at staffs' supervision/appraisal.

Some of the comments we saw from the questionnaires and surveys were as follows;

" my mum settled in very well mostly due to the excellent staff who take care of her every need, she is so grateful to all the staff as they cannot do enough for her, her every need is seen to "

" excellent care with a wonderful team of staff who are caring and compassionate respecting everyone's individuality and treating them in a dignified manner, recognised at all levels through their numerous awards displayed within the care home "

### Areas for improvement

The service was asking people at the six monthly review process to comment on their keyworker/named nurse and these comments were used at staffs' supervision and appraisal. The questions asked were very basic and could be developed further with

more specific questions rather than if the person knew the keyworker and found them approachable.

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

**Number of requirements:** 0

**Number of recommendations:** 0

### Statement 3

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

#### Service strengths

At this inspection we thought that the service was performing at a very good level in areas covered by this quality statement. We looked at staffs' training, supervision records, interaction with residents and spoke to several staff members.

We found that staff were professional, trained and motivated with good support from the management team.

The home benefits from a well-established management and staff team who are well liked by residents and their families. Staff knew residents' needs and preferences and worked hard to provide person centred care and support that led to positive outcomes for residents.

The majority of training was arranged at head office and delivered by the training manager with further input from the community psychiatric nurse, dietician and pharmacy.

Staff were continually assessed and encouraged by the management team to undertake additional training and development. Some of the senior staff had recently completed more comprehensive training in medication and supervision supported by the Scottish Social Services Council (SSSC).

There was a monthly training matrix available which included a list of all mandatory training ranging from moving and handling, food safety and infection control. In addition to this staff received a range of more specific health care training which included, stress and distress in dementia, diabetes, epilepsy and palliative/end of life care.

Staff spoken with confirmed that they had plenty opportunity to attend training and were continually encouraged by the management team to further develop their skills and knowledge. Following each training session staff were encouraged to complete evaluations. This helped the manager to assess if staff understood the training and that it was relevant to their roles and responsibilities.

We spoke to staff during our inspection. Those spoken with felt part of a strong team and stated that they were kept well-informed about what was happening in the home or any planned changes through regular staff meetings. We could see that staff

had been kept informed and included in the changeover of pharmacy, introduction of medication PODS, digital inclusion and iPad.

The service had continued to develop the role of its Senior Carers and had devised a specific training programme for them to take on additional responsibilities which included medication management and supervision.

Some staff had already attended Promoting Excellence Framework training delivered by the Scottish Social Services Council (SSSC). This provided a much more detailed and personal supervision for staff. Staff we spoke to told us how it was more informative and meaningful to them. The senior staff who were conducting the supervision said it had shown them how to be more reflective and identify a positive resolution without conflict.

The Company continued to hold their own annual awards ceremony. Part of the ceremony involved recognising and celebrating staffs' hard work and commitment and people using the service were encouraged to nominate individuals for awards. Staff spoke positively about this saying they felt supported and valued.

The following comments were shared at the awards ceremony by a relative in recognition of the staff within the home;

" when we were told our mum had to have nursing care we began our search of care homes. When we arrived at Morningside the minute we entered we could feel the buzz the home was alive. Staff were proud of their work and their workplace. The staff catered from all our mum's needs, she went on outings, had her hair done and laughed a lot. She was happy and cherished. When she died we received individual messages of condolence, staff attendance at the church and funeral emphasised the sense of extended family. Last week for the first time since mum died I visited Morningside, I was rather anxious but when I walked through the door one of the nurses saw me, ran to me and held me tight, and I felt I had come home ".

### **Areas for improvement**

The service should continue the good work they do in this area to ensure that all staff are appropriately trained and skilled to carry out their roles with in the service for the benefit of those living there.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 5 - Very Good

### Statement 1

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

#### Service strengths

At this inspection we thought that the service was performing at a very good level in areas covered by this statement.

The management team remain consistent in promoting the values and vision for the home, staff said they were visible and approachable within the service. We saw that the management team encouraged open discussion with staff to share ideas and explore ways of improving the service including the further development of the staff team. This helped to ensure that staff could share ideas and concerns and be able to contribute to the day-to-day running of the home as well as the overall future development of the service.

The service asked people to provide feedback on the quality of management and leadership through various surveys and questionnaires. A recent on-line survey completed by relatives indicated that people thought the management and leadership was excellent.

There was an independent advocate who visited the service regularly with plans to chair future residents meetings, we will monitor the progress of this at the next inspection.

#### Areas for improvement

The service should continue to develop and implement methods to gain the views of residents, relatives and visitors to the home in relation to staffing and management. They must keep this under constant review to ensure that they are obtaining appropriate information to allow them to measure the quality of management in the home.

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

**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 this inspection we thought that the service was performing at an excellent level in areas covered by this statement. We found that leadership values were promoted throughout the workforce to encourage good quality care.

The management team remain consistent in promoting the values and vision for the home and continue to be very visible throughout the service. We saw that the management team encourage open discussion with staff to share ideas and explore ways of improving the service and further develop the staff team. For example the recent introduction of individual medication PODS had been implemented following consultation with staff whose feedback had been considered throughout the process. There had been meetings, training and support from the local pharmacy and management team supporting staff to implement these changes successfully. Once the new medication system was established and staff felt confident with it the management team continued to encourage and develop the senior carers further. This included a specific training programme for them to take on additional responsibilities which included medication management. Some senior staff had already completed this training and were competent to administer medication with others working towards this. Staff told us they had received plenty of support and supervision and felt knowledgeable and competent in this role.

The manager had attended 'My Home Life' training and had encouraged a further six staff to attend this and deliver to other staff. 'My Home Life' was developed to improve the leadership and development of managers. It promotes best practice, quality of life and focuses on the experiences of residents and staff within the care home environment. Staff who had attended the training said it had been beneficial to them in their role and told us;

" I have done ' My Home Life' training , it makes you sit back and think about things assess situations, look at own and others practices. I have learned to be more tolerable with others and feel much more confident to talk to people now " .

" doing 'My Home Life' was really helpful I learned about myself and how I appear to other people I have been able to positively adjust my practice based on what I learned " .

Senior staff had recently attended training with the Scottish Social Service Council (SSSC) on the Continuous Improvement Learning Framework. This framework encourages staff to discuss their capabilities and identify additional training to enable them to develop further. Senior staff who had attended this training were now conducting staff supervision. The supervision records were much more detailed and informative. Staff we spoke to spoke positively about the training they had received and how this had improved supervision which was now much more meaningful to staff. Staff we spoke to told us;



" by using the professional development tool and training with the SSSC has helped me to work through issues I had. I learned to step back and be reflective rather than reactive. It helped me identify and get a positive resolution to an issue, the manager really helped by changing the language to a way we could all understand ".

" we have the new supervision system in place, big difference, better than the old system it actually makes you think about how you work ".

The manager encouraged all staff to attend training and complete Scottish Vocational Certificate 2 or 3. Staff we spoke to told us they were constantly being assessed and put forward to develop their skills further. Staff told us;

" I have had so much training and opportunities since I started here, manager and unit managers see your potential and push you forward. Just completed administration of medications, about to complete a PDA in medication I mentor new staff and manager encouraging me to become a training facilitator. Got plenty of information, training and support on using the Continuous Learning Framework, there's plenty of meetings and we are always kept well-informed ".

Senior staff were constantly learning and developing their leadership skills by updating and reviewing personal plans, administering medication, auditing, mentoring, performing staff supervision, dealing with visiting professionals and taking charge of the unit in the absence of the registered nurse.

Staff had access to a resource library and management ensured this was well stocked with up to date policies/procedures, best practice guidance and information relevant to staffs' needs.

Some staff had received additional training and were champions in specific areas, for example nutrition, falls, fire warden, manual handling and palliative care. This helped promote leadership skills and encouraged staff to support their colleagues by providing further training and advice to ensure that residents experienced positive outcomes from well-informed staff.

The chief executive of the Royal College Of Nursing (RCN) had visited the home this year, speaking to residents, relatives and staff.

The comments received following this visit were as follows;

" I was hugely encouraged to hear such positive feedback from relatives. I was greatly impressed with the staff I met and in particular the professionalism and leadership of the manager "

## Areas for improvement

The management team should continue with the excellent work it is doing to encourage staff to recognise and fulfil their potential in a very positive and motivated environment.

**Grade awarded for this statement:** 6 - Excellent

**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

At this inspection we thought that the service was performing at a very good level in areas covered by this quality statement.

The service continued to benefit from a very good management structure which included the Director for Quality Assurance who ensured that any areas for improvement identified were actioned and changes implemented. The Education Facilitator continued to provide training and development to staff.

The service continued to demonstrate effective consultation methods with residents, relatives and staff. This was done using surveys, meetings and questionnaires and continued to provide positive feedback on the standard of management and leadership within the service.

The service had a complaints procedure on display with contact details of the Provider and Care Inspectorate as well as a suggestion box for complaints or concerns. As a result, people knew how to make a complaint if they were unhappy with any aspect of the service. The service had received no complaints since the previous inspection.

The service had a good system of auditing in place this ensured that any areas for improvement were highlighted with evidence of actions taken to improve these areas. The range of audits in place included, dependencies, weights, care reviews, falls, medication, care plan audit and environmental audits.

Accidents and incidents were audited and included an action plan demonstrating actions identified and actions taken to prevent a recurrence. There had been a reduction in the number of accidents/incidents since last year.

The management team conducted regular environmental walkrounds which looked at the standard of environment, staff practice and any health and safety issues. Any areas for improvement were included in an action plan and followed up within a specified timeframe.

The manager had a list of all staffs' registration details with the Nursing and Midwifery Council (NMC) and Scottish Social Services Council (SSSC). These were audited monthly to ensure staff were registered and safe to practice.

The Provider continued to hold regular management development days and meetings bringing together managers from all services operated by Thistle health care. These meetings were used to continually review existing procedures and practices and to consider how services can continue to develop and improve over time. Areas discussed included quality assurance, staff training, development and recruitment.

### **Areas for improvement**

As an area for improvement the service should ensure that all areas identified for improvement following an audit are revisited to ensure that any actions required have been completed within the timeframe specified.

We saw some questionnaires which had been based on the four quality themes and provided comments which required further action, however there were no dates on these therefore we were unsure of the outcome.

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

**Number of requirements:** 0

**Number of recommendations:** 0

## 4 Other information

### Complaints

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

### Enforcements

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

### Additional Information

### Action Plan

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

## 5 Summary of grades

<b>Quality of Care and Support - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Environment - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
<b>Quality of Staffing - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
<b>Quality of Management and Leadership - 5 - Very Good</b>	
Statement 1	5 - Very Good
Statement 3	6 - Excellent
Statement 4	5 - Very Good

## 6 Inspection and grading history

Date	Type	Gradings
3 Oct 2013	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 5 - Very Good Management and Leadership 5 - Very Good
17 Jan 2013	Unannounced	Care and support Not Assessed Environment Not Assessed Staffing 4 - Good Management and Leadership 4 - Good
4 Oct 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing Not Assessed

## Inspection report continued

		Management and Leadership	Not Assessed
15 Dec 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed Not Assessed 4 - Good
8 Jul 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good Not Assessed Not Assessed
1 Feb 2011	Unannounced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good Not Assessed
20 Aug 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 4 - Good Not Assessed
31 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	2 - Weak 4 - Good 4 - Good 4 - Good
9 Nov 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
13 Feb 2009		Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good Not Assessed
16 May 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good

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

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