

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health & Care Partnership Committee: 22 June 2011

Subject: Improving and Maintaining Standards in West Dunbartonshire Council Care Homes

1. Purpose

- 1.1 To provide Members with information regarding the actions being taken to improve on the grades achieved in West Dunbartonshire Council run care homes during the most recent inspections and following instruction from the Committee at its meeting on the 2nd February 2011.

2. Background

- 2.1 A report on grades achieved for care homes was reviewed by Committee on 2nd February 2011. The report included gradings achieved following inspection by the Care Commission (now, Social Care and Social Work Improvement Scotland (SCSWIS)) of Council run residential establishments (see table below). A six point scale produces a grading score for one or more of each of the four quality themes: 6 – excellent; 5 – very good; 4 – good; 3 – adequate; 2 – weak and 1 – unsatisfactory.

Service	GRADINGS				Inspection Date	Requirements
	Quality of Care and Support	Quality of Environment	Quality of Staffing	Quality of Management and Leadership		
Boquhanran House	4	n/a	n/a	n/a	21.12.10	0
Boquhanran House	4	n/a	4	n/a	06.07.10	0
Boquhanran House	4	n/a	4	n/a	02.02.10	0
Dalreoch House	4	3	n/a	n/a	19.01.11	0
Dalreoch House	4	3	n/a	n/a	20.07.10	0
Dalreoch House	3	n/a	4	n/a	26.01.10	1
Frank Downie House	4	n/a	n/a	3	13.01.11	0
Frank Downie House	4	n/a	n/a	3	17.06.10	1
Frank Downie House	3	4	4	n/a	29.01.10	2
Frank Downie House	3	4	4	4	18.03.09	2
Langcraigs Centre	4	n/a	n/a	n/a	24.12.10	0
Langcraigs Centre	4	n/a	4	n/a	19.05.10	0
Langcraigs Centre	4	n/a	4	n/a	20.01.10	0
Mt Pleasant House	3	n/a	n/a	n/a	20.12.10	0
Mt Pleasant House	3	n/a	3	n/a	05.07.10	0
Mt Pleasant House	3	n/a	3	n/a	08.03.10	0
Willox Park	4	n/a	n/a	n/a	28.10.10	0
Willox Park	4	n/a	4	n/a	20.05.10	0
Willox Park	4	4	4	4	21.12.09	0
WDC Sheltered Housing	5	n/a	n/a	5	02.09.10	0

3. Outcome of Inspections and Improvement Actions

3.1 Quality of Care and Support

For 5 out of 6 establishments the quality of care and support was rated good with one, Mt Pleasant House, rated adequate. Dalreoch and Frank Downie both showed improvement in performance over the period.

3.2 Quality of Staffing

All homes achieved a good rating with the exception of Mt Pleasant which is rated adequate.

3.3 Quality of Management and Leadership

This criteria was measured in 2 homes. This grade fell in Frank Downie due to the fact that an acting unit manager was in place but remained adequate.

3.4 Improving Standards

3.4.1 Working closely with the Quality Assurance Section monitoring is maintained on staff training, dealing with complaints and the timely completion of any inspection requirements or recommendations. All requirements within reports were addressed within the prescribed timescale.

This will focus on the key areas for inspection and will be delivered for all staff.

3.4.2 Key to maintaining standards is a continuing commitment to the training and development of staff. All care staff are professionally supervised and supported and 87% have the appropriate vocational qualifications. In addition we provide training in Dementia, Care Planning, Challenging Behaviour, End of Life Care and Medicines Management. Training is delivered in partnership with NHS colleagues.

228 staff require vocational qualifications ranging from SVQ 2 - 4. Of that 228 staff, 83% have successfully completed the appropriate award, 8% are in the process of completing the award, and a further 8% will commence on the next SVQ intake in August this year.

Challenging Behaviour training commenced last year. To date 56% of the entire workforce has received this training. A further 4 sessions will take place next month bringing the total to 84%. The remaining staff will have received their training by September this year.

All staff have received the following training, and the required refresher training:

- Moving and Assistance
- Food Hygiene
- Health and Safety
- Fire Safety
- Infection Control

There is a Dementia Champion and a Palliative Care Champion in every residential unit and a Dementia Champion in every day care unit. All Champions received extensive training prior to their role as Champions. The Champions attend monthly support groups, where they also receive regular updates on new practices, protocols etc.

Palliative care training has commenced and will be rolled out to all residential staff over the next year.

Care Plan procedure training, is currently being delivered on a rolling programme basis, and will be complete by September this year.

Medication procedure training will be delivered on a rolling programme basis, and will commence in the autumn of this year.

Annual consultation: Any area of care delivery not meeting a 90% satisfaction level will be looked at in focus groups. Last report available and will be sent separately.

All staff receive formal supervision 6 weekly and receive an annual PDP (6 monthly update).

Managers meet regularly with Care Commission (SCSWIS) inspectors to ensure good dialogue and to maximise opportunities for improvement.

All managers and deputies are registered with SSSC.

All new recruits are routinely supported to achieve SVQ qualifications.

4. People Implications

4.1 Officers from the relevant client sections continue to monitor their services.

4.2 A review of the section will be undertaken by September 2011 to ensure that appropriate management and staffing and quality assurance measures are in place.

5. Financial Implications

5.1 Improvement actions following any inspection can have a financial impact on the capital or revenue budget for any establishment.

6. Risk Analysis

6.1 Failure to achieve a good inspection grade can have a reputational risk for the Council and its services.

7. Equalities, Health & Human Rights Impact Assessment (EIA)

7.1 No significant issues were identified in a screening for potential equality impact of reports.

8. Conclusions and Recommendations

8.1 Overall Inspection Reports for these services were positive.

8.2 Considerable effort is made to ensure staff have adequate training to offer a high level of service.

8.3 A review of the service will be undertaken to ensure that it maximises potential for improvement which is reflected in grades, and the performance improvement plan will be delivered over the next 6 months.

8.4 A further report on the delivery of the plan will be submitted to Committee in February 2012.

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Date: 31 May 2011

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Appendices: None

Background Papers: None

Wards Affected: All