

WEST DUNBARTONSHIRE COUNCIL

Report by the Director of Community Health & Care Partnership

Community Health and Care Partnership Committee: 21st August 2013

Subject: Care Inspectorate Report for Older People's Residential Services operated by West Dunbartonshire Council.

1. Purpose

- 1.1 To provide Members with information regarding the most recent inspection report of the Council's own Older People's Residential Care Homes.

2. Recommendations

- 2.1 The Committee is asked to note the content of this report and the work undertaken to ensure grades awarded reflect the quality levels expected by the Council.

3. Background

- 3.1 Care Inspectorate inspections focus on any combination of four thematic areas. These themes are: quality of care and support, environment, staffing and management & leadership.

- 3.2 The CHCP care homes covered in this Committee report are:

- Boquhanran House
- Dalreoch House
- Frank Downie House
- Willox Park.

- 3.3 Copies of inspection reports for all services can be accessed on the Care Inspectorate web-site: www.scswis.com.

4. Main Issues

Boquhanran House

- 4.1 Boquhanran House was inspected on 17th April 2013 and the report published on 10th May 2013. The following grades were awarded:
- For *Care and Support* – Grade 4/Good.
 - For *Environment* – Grade 3/Adequate.
 - For *Staffing* Grade 4/Good
 - For *Management and Leadership* - Grade 3/Adequate.

- 4.2 There were no requirements for improvement highlighted in the inspection report.
- 4.3 Although no requirements were identified, the inspectors awarded the service the Grade 3/Adequate for two of the themes. Inspectors noted the refurbishment programme should be kept under review to ensure timescales for the completion of work is met. They also made reference to the management team monitoring the quality of some aspects of service provision through audits and meetings. Action plans should continue to be developed to progress improvement and development of the service.

Dalreoch House

- 4.4 Dalreoch House was inspected on 29th May 2013 and the report published on 13 June 2013. The following grades were awarded:
- For *Care and Support* – Grade 3/Adequate.
 - For *Environment* – Grade 3/Adequate.
 - For *Staffing* Grade 3/Adequate
 - For *Management and Leadership* - Grade 3/Adequate.
- 4.5 The inspection report detailed the following five requirements to be addressed:
- The service must implement systems which will ensure that the nutritional needs of residents identified at risk of malnutrition are being regularly assessed and adequately met. To do this the service must ensure; the tool used for monitoring risk of malnutrition (MUST) is regularly completed for each resident; information within personal plans regarding nutrition is accurate, up-to-date and regularly evaluated; staff have been trained to ensure they have the skills to identify residents at risk of malnutrition and dehydration; undertake a review of the meal time experience for residents; staff to ensure residents have access to drinks between meals and all special diets, as devised by the dietician or speech and language therapist, are detailed in the personal plan for each resident. This was to be completed within five months of receipt of the inspection report. The service has confirmed that progress on completion of this requirement is on-going, and that this will be completed within the timescale given.
 - Service to implement systems which will ensure that the needs of those residents identified as being at risk of developing pressure ulcers are regularly assessed and adequately met. To achieve this they must ensure; the tool used for monitoring risk of pressure ulcer development (Waterlow) is regularly completed for each resident; information within personal plans regarding skin care is accurate, up-to-date and regularly evaluated and staff have training to ensure they have the skills to identify residents at risk of developing pressure ulcers. This was to be completed within five months of receipt of the inspection report. The service has confirmed that progress on completion of this requirement is on-going, and that this will be completed within the timescale given.

- Service to ensure residents' personal plans fully set out how the health, welfare and safety needs of the individual are to be met. To ensure that personal plans; reflect a person centred approach and are developed in line with National Care Standards, include details about individuals preferences over all aspects of care and support, include information about care and support interventions are developed to fully reflect the care being provided, include information about care and support that is up to date and regularly evaluated, fully utilise the risk assessment tools in place and use the outcome of the assessments to their full potential to inform care planning, include information regarding the use of special equipment and detail the individuals legal status. This was to be completed within five months of receipt of the Inspection Report. The service has confirmed that progress on completion of this requirement is on-going, and that this will be completed within the timescale given.
- To ensure that medication is stored securely and cannot be accessed by those not involved in medication management. This was to be completed within 24 hours of receipt of the Inspection Report. The service has confirmed that was completed as per the timescale.
- To undertake a review of staffing across the four units within Dalreoch House to ensure that there are suitably qualified and competent persons working in such numbers as are appropriate for the health, welfare and safety of residents. This was to be completed within five weeks of receipt of the Inspection Report. The service has confirmed that was completed as per the timescale.

4.6 The inspector awarded a Grade 3/Adequate for all themes inspected. The inspection stated that the service needs to ensure that record keeping with regards to support planning is accurate, up to date and fully reflective of how the residents' needs are being met. It also noted that there were significant amounts of time when there were no staff attending residents in sitting rooms and residents had little to occupy their time; and so a review of how staff were deployed across the four units within Dalreoch House should be undertaken to address this (as per the fifth requirement above).

4.7 The Service Operations Manager and Care Home Manager have devised an action plan to address the five requirements detailed above. Managers have worked with staff to identify any gaps and implement required actions. This action plan is being revisited and audited on a regular basis by the Care Home Manager to ensure the care plans and needs of the residents are being met. This will be on-going until all actions are completed within the given timescales.

4.8 The reduction in grades at Dalreoch House in relation to Quality of Care and Support, Staffing and Leadership and Management reflect concerns in relation to the appropriate implementation of the quality assurance process within the care home. Managers and staff within the care home will be supported to ensure that this does not re-occur.

Frank Downie House

- 4.9** Frank Downie House was inspected on 12th June 2013 and the report published on 26th June 2013. The following grades were awarded:
- For *Care and Support* – Grade 4/Good.
 - For *Environment* – Grade 4/Good.
 - For *Staffing* Grade 4/Good.
 - For *Management and Leadership* - Grade 3/Adequate.
- 4.10** The inspection report detailed the following two requirements to be addressed:
- The service must ensure that the residents in their care who lack capacity to decide about their medical treatment, care and support have a certificate under the Adults with Incapacity (Scotland) Act 2000, Section 47 in place in order to authorise treatment. This certificate must be supported by an appropriate treatment plan in line with best practice from the Mental Welfare Commission. This is to be completed within four weeks of receipt of the inspection report. The service has confirmed that at the time of writing this report, this requirement was almost complete: the Section 47 certificates are now in place and the service is currently working with GP's to finalise treatment plans. The service expected this requirement to be completed imminently.
 - Service to ensure that the hot water temperatures of outlets accessible to residents are maintained at the recommended temperature to reduce the risk of scalds in line with guidance from the Health and Safety Executive. This is to be completed within two weeks of receipt of the inspection report. The service has confirmed that was completed as per the timescale.

Willox Park

- 4.11** Willox Park was inspected on 28th February 2013 and the report published on 10th May 2013. The following grades were awarded:
- For *Care and Support* – Grade 4/Good.
 - For *Environment* – Grade 4/Good.
 - For *Staffing* Grade 4/Good
 - For *Management and Leadership* - Grade 3/Adequate.
- 4.12** There were no requirements for improvement highlighted in the inspection report.
- 4.13** Although the inspection report contained no requirements, the inspectors awarded the theme of *Management and Leadership* a Grade 3/Adequate. They stated that the management team need to take a more targeted approach to addressing issues, as this would improve the quality of the service provided.

4.14 The table below sets out the movement in grades for the service over their last two inspections.

| Service | Previous Grades | | | | | | Current Grades | | | | | |
|---|------------------|---|---|---|---|---|------------------|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 1 | 2 | 3 | 4 | 5 | 6 |
| | 1 November 2012 | | | | | | 17 April 2013 | | | | | |
| Boquhanran House <ul style="list-style-type: none"> • Care & Support • Environment • Staff • Management & Leadership | | | ✓ | ✓ | | | | | ✓ | | | |
| | 27 November 2012 | | | | | | 29 May 2013 | | | | | |
| Dalreoch House <ul style="list-style-type: none"> • Care & Support • Environment • Staff • Management & Leadership | | | ✓ | ✓ | | | | ✓ | | | | |
| | 30 October 2012 | | | | | | 12 June 2013 | | | | | |
| Frank Downie House <ul style="list-style-type: none"> • Care & Support • Environment • Staff • Management & Leadership | | | ✓ | ✓ | | | | | ✓ | | | |
| | 28 August 2012 | | | | | | 28 February 2013 | | | | | |
| Willox Park <ul style="list-style-type: none"> • Care & Support • Environment • Staff • Management & Leadership | | | ✓ | ✓ | | | | | ✓ | | | |

5. People Implications

5.1 There were no people implications.

6. Financial Implications

6.1 There may be future financial implications with regard to addressing the second requirement for Frank Downie House. The situation has been remedied but an issue regarding water pressure has now been identified, which may result in future spend from within an appropriate capital budget.

7. Risk Analysis

7.1 For any service inspected, failure to meet requirements within the time-scales set out in their inspection report could result in a reduction in grading or enforcement action. This may have an impact on our ability to continue to deliver the service.

8. Equalities Impact Assessment (EIA)

8.1 Not required for this report.

9. Consultation

9.1 Not required for this report.

10. Strategic Assessment

10.1 The Council's Strategic Plan 2012-17 identifies "improve care for and promote independence with older people" as one of the authority's five strategic priorities.

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Date: 19th July 2013

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Appendices: None

Background Papers: The information provided in Care Inspectorate Inspection Reports Web-site address: -
http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727

Wards Affected: All