

# WEST DUNBARTONSHIRE COUNCIL

## Report by the Director of Community Health & Care Partnership

16<sup>th</sup> November 2011

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### **Subject: Care Inspectorate Inspection Reports for Privately Operated Older People Residential Services in West Dunbartonshire**

#### **1. Purpose**

- 1.1 To provide the CHCP Committee with a summary of the most recent Care Inspectorate (formerly SCSWIS) inspection reports received for four privately operated Older People Residential services in the West Dunbartonshire area.

#### **2. Background**

- 2.1 At the January 2010 meeting of the Social Work and Health Improvement Committee, members agreed that in future, should a service receive a low grading or should SCSWIS specify any requirement following such an inspection, then a report detailing the outcome of the inspection should be provided to their next meeting.
- 2.2 The Care Inspectorate (formerly SCSWIS) inspections focus on any combination of four thematic areas: quality of care and support; environment; staffing; and management & leadership. After an inspection the Care Inspectorate produces a draft report. This gives the Service the opportunity to correct any factual inaccuracy and to challenge the provisional grades contained in the draft report. In addition the service manager has to produce an action plan on how the issues raised in the draft report will be addressed. Once this has been submitted to the Care Inspectorate, and they are satisfied with the proposed plan, a final report is issued and made available on their website where all reports can be accessed.
- 2.3 This report is submitted on the basis of reports issued for four privately operated older people's care homes that West Dunbartonshire contracts with where they have been awarded grades of 2 (i.e. weak) or have had requirements placed upon them. These services are:
- Castleview Care Home and Clyde Court Care Centre, as operated by Southern Cross Healthcare Ltd.
  - Strathleven Care Home which is managed independently.
  - Dalmoak Castle Nursing Home which is managed independently.

#### **3 Main Issues**

- 3.1 Castleview Care Home was inspected on 18<sup>th</sup> August 2011. The inspection focussed on the quality themes of Staffing - awarded the grade of 2 (weak); and Management & Leadership - awarded the grade of 3 (adequate).

**3.1.1** The report recognised that the home welcomes relatives and friends who could visit when they wished; that relatives felt welcomed when they visited and were satisfied with the care; and that the service has quality systems which it uses to help monitor progress and plan for future improvement.

**3.1.2** The report identified eight requirements to be addressed;

- Ensure that at no time are staff that have been suspended pending the outcome of investigations into serious allegations of misconduct be allowed to have any direct contact with people using the service.
- Ensure that at all times appropriate risk assessments and safeguards are put in place to ensure that the safety and welfare of people using the service is secured.
- The service must in accordance with principles of safer recruitment, ensure that no person is employed within the service without the service having satisfied themselves that all necessary checks and safeguards have been undertaken.
- Ensure that all equipment is cleaned and stored in a manner appropriate to the needs and welfare of people using the service..
- The service must ensure at all times that no medication is left in an unlocked or unsupervised area to protect the safety and wellbeing of people using the service.
- To ensure that all staff leading or facilitating activity sessions have been trained and supported to develop their skills and experience in relation to meeting the social and physical stimulation needs of people using the service.
- The service to ensure that at all times there are appropriate numbers of staff working in the service as are appropriate to meet the health, welfare and safety needs of service users.
- The service to ensure that it uses its internal audit and quality assurance procedures to regularly identify and address any shortcomings in care being provided to people using the service.

**3.1.4** Castlevue Care Home submitted an improvement action plan to the Care Inspectorate detailing how they would be addressing these issues. All actions with immediate effect were enacted and plans were accepted on how they were dealing with the remaining requirements. The CHCP Quality Assurance Team will monitor this action plan.

**3.2** Clyde Court Care Centre was inspected on 16<sup>th</sup> June 2011 The inspection focussed on the quality themes of Care & Support - awarded the grade of 2 (weak); Staffing - awarded the grade of 2 (weak); and Management & Leadership - awarded the grade of 3 (adequate).

**3.2.1** The report recognised that the service had continued to involve service users in a variety of ways; that there were varied activities; and that some service users had been away for a short holiday.

**3.2.2** The report identified concerns about how the service supported residents with challenging behaviour; and ensured that safe recruitment practices are followed. It detailed four requirements to be addressed:

- To ensure that all service users who display Challenging Behaviour have a care plan in place which provides sufficient information for staff to be able to protect the individual, other service users and staff.
- Ensure the policy relating to recruitment of staff is adhered to for every staff member and that two current references are obtained.
- The Organisation must ensure that they have a robust policy, procedure and process in place for dealing with Disclosures. This includes a process and a clear audit trail for ensuring appropriate managers are notified when a Disclosure is returned with information that requires to be further investigated and considered.
- The service to ensure that staff with Disclosures which have information requiring further investigation have a risk assessment interview clearly documented in their file and that Southern Crosses own policy in relation to Police Checks is adhered to by all employees involved

**3.2.3** Clyde Court Care Centre submitted an improvement action plan to the Care Inspectorate detailing how they would be addressing these issues and have made progress in completing them within the required timescales. The CHCP Quality Assurance Team will monitor this action plan

**3.3** Strathleven Care Home was inspected on 10<sup>th</sup> June 2011. The inspection focussed on all four quality themes: Environment and Staffing, both of which were awarded a grade of 3 (adequate); and Care & Support and Management & Leadership, both of which were awarded a grade of 4 (good).

**3.3.1** The report recognised that the service providing a homely, relaxed atmosphere and that relatives and friends are free to visit at any time. In addition they acknowledged that the recent refurbishment works had improved the quality of choice for the residents.

**3.3.2** The report identified a concern staffing cover during night shifts. It detailed one requirement to be addressed:

- The service must adhere to the terms of their staffing schedule and ensure that skilled staff in sufficient number is in attendance at all times.

**3.3.3** Strathleven Care Home submitted an action plan to the Care Inspectorate detailing how they would be addressing this issue. It was achieved within the timescale set.

**3.4** Dalmoak Castle Nursing Home - now known as Castle Glen Care and Nursing Home - was inspected on 28<sup>th</sup> April 2011. The inspection focussed on three quality themes: Environment – awarded a grade of 2 (weak); and Care & Support and Management & Leadership – both of which received a grade of 3 (adequate).

**3.4.1** The report recognised that the service had made progress in the areas of residents and their families contributing to the development of the service, improving the environment and developing care plans.

**3.4.2** The report identified that the service needed to make improvements across a number of areas; including residents' personal plans, activities and staffing issues. It detailed five requirements to be addressed:

- Ensure the safety and welfare of service users the service must: a) where medication is not given as prescribed a reason for this must be clearly noted on the MAR chart and signed, b) when individual staff administer a medicine they understand it is their responsibility to accurately record this when they have applied the treatment or observed the person taking the medicine, c) that staff understand their responsibilities for monitoring medications and the condition it has been prescribed for and when to seek medical advice, d) operate a medication recording system in accordance with recommended best practice and make sure that the medication records provide a complete audit trail.
- To ensure at all times all windows within the home are fitted with safety devices which limit the height they can be opened.
- The provider to ensure at all times that personal care items such as soap bars and sponges are stored in a manner to ensure that they are used by one person only.
- Cleaning materials to be kept out of reach of residents at all times.
- The manager to introduce a more formal means offering clinical supervision and support to nursing staff.

**3.4.3** Dalmoak Castle Nursing Home submitted an improvement action plan to the Care Inspectorate detailing how they would be addressing these issues within the required timescales. The CHCP Quality Assurance Team will monitor this action plan

**3.8** The following are the key set of actions that the CHCP is working with the providers to take forward in order to address the above recommendations and requirements as a whole:

**3.8.1** Person centred care planning

A new person centred care plan for residential clients is now in situ. This new plan covers all aspects of daily living activities. Prior to implementing the care plan a training programme for staff was rolled out across each of the residential homes. The evaluation following each session was positive. Care team leaders are monitoring all care plans on a monthly basis and the external line manager will consistency check 20% of all care plans six monthly. Care Inspectorate officers have been consulted, and are happy to endorse this new plan.

**3.8.2** Participation Strategy

A small working group of staff, clients and carers, is currently updating the existing participation strategy. The outcome is to ensure that all stakeholders

are consulted with every aspect of service delivery in our residential and day care units.

### **3.8.3 Reviewing Staffing Levels**

A review is currently underway to determine the appropriateness of staffing levels in older peoples` residential homes informed by a process of through which all residents in each of the residential units will have their current needs assessed using a recognised dependency tool - The Revised Elderly Persons` Disability Scale, (REDPS).

### **3.8.4 Meaningful Activities**

A working group, chaired by one of the residential managers, is looking at meaningful activities available in care homes and day care centres. Group members include residents, day care clients, staff and carers.

## **4. People Implications**

- 4.1** There are no personnel implications associated with this report, aside from support provided to the providers in relation to the training to be planned for staff in the services and the staffing review within the three care homes.

## **5. Financial Implications**

- 5.1** The National Care Home Contract provides a specific developmental element, in the contract it states that if independent sector providers receive a low grading of a 1 or 2 for the Quality theme of Care and Support in their Inspection report then it triggers a reduction in the amount this Council will pay. There would be a withdrawal of the Basic Quality Award component of £20 per resident per week. Consequently of the four independent services within this report, the reduced payment has been applied to Clyde Court Care Centre.

## **6. Risk Analysis**

- 6.1** For any service inspected, failure to meet requirements within the time-scales set out could result in a reduction in grading or enforcement action.
- 6.2** A low grading of 1 or 2 and the withdrawal of the 'Basic Quality Award' payment to an Independent Sector Care Home may have an impact on the financial viability of the provider being able to deliver the service.

## **7. Equalities Impact Assessment (EIA)**

- 7.1** No issues were identified in a screening for potential equality impact of these reports.

## **8. Strategic Assessment**

- 8.1** Grades awarded to a service after a Care Inspectorate inspection are an important performance indicator for registered services. This is a key element

in achieving progress in benchmarking against similar services. A reduction in grades, as has occurred in some of these reports hinders progress in achieving our strategic priorities for older people's services, and of improving the support and outcomes for older people.

- 8.2** Addressing the requirements contained in these reports in a timely fashion should lead to improved grades being awarded in subsequent inspections. This will reflect positively in meeting key performance indicators and ensuring that our care homes are fit for purpose.

## **9. Conclusions and Recommendations**

- 9.1** Services which have been awarded grades of 2 or less and/ or who have requirements placed upon them will usually be inspected again within the following twelve weeks. This presents the opportunity to demonstrate progress on the improvement action plan and to have an improved grade awarded. Progress on these plans for all these services will be monitored in an effort to secure improved grades at the earliest opportunity.

- 9.2** The CHCP Committee is asked to note content of this report

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Date: 3.11.11

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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](http://www.scswis.com/index.php?option=com_content&task=view&id=7909&Itemid=727)

**Wards Affected:** All.