

**REPORT TO:** SCRUTINY COMMITTEE – 22 APRIL 2015

**REPORT ON:** EXTERNAL INSPECTION REPORTS FOR WHICH ALL GRADES ARE GOOD OR BETTER

**REPORT BY:** CHIEF EXECUTIVE

**REPORT NO:** 144-2015

**1. PURPOSE OF REPORT**

To provide a summary of recent external inspection reports which do not require in-depth scrutiny.

**2. RECOMMENDATIONS**

It is recommended that members:

- (i) note the attached summaries of recent inspection reports on Craigie House, Janet Brougham House and the Mackinnon Centre, all of which received grades of good or better in all areas covered by the inspections
- (ii) remit the Director of Social Work to ensure that the Areas for Improvement and Recommendations included in the reports are acted upon, both in relation to the particular services inspected and as guidance on good practice for other services

**3. FINANCIAL IMPLICATIONS**

None.

**4. MAIN TEXT**

- 4.1 The remit of the Scrutiny Committee states that, where the grades awarded in external inspection reports are all good or better, and the reports would not benefit from in-depth scrutiny, summary scores from the inspections will be reported to Committee, together with any best practice to improve performance.
- 4.2 Summaries of recent inspection reports which fall into this category are attached, and the Committee is asked to note these and to remit the Director of Social Work to ensure that the Areas for Improvement and Recommendations are acted upon.
- 4.3 Copies of the inspection reports have been passed to the Administration and Opposition group leaders and to the Conservative, Liberal Democrat and Independent members.

**5. POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.

**6. CONSULTATIONS**

The Directors of Corporate Services and Social Work and the Head of Democratic and Legal Services have been consulted.

7. **BACKGROUND PAPERS**

Care Inspectorate reports on:

- Craigie House
- Janet Brougham House
- Mackinnon Centre

David R Martin  
Chief Executive

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14/04/2015

<b>Inspection of:</b> Craigie House				
<b>Inspection by:</b> Care Inspectorate – unannounced				
<b>Grades:</b> <b>Theme</b>	<b>Latest Grade Awarded</b>  <b>January 2015</b>	<b>Grading History</b>		
		<b>December 2013</b>	<b>January 2013</b>	<b>August 2012</b>
Quality of care and support	GOOD	GOOD	Not assessed	GOOD
Quality of environment	VERY GOOD	VERY GOOD	Not assessed	GOOD
Quality of staffing	GOOD	VERY GOOD	VERY GOOD	Not assessed
Quality of management and leadership	VERY GOOD	VERY GOOD	VERY GOOD	Not assessed

**Summary:****What the service does well**

The service promotes a person-centred approach. New person-centred plans were in the process of being introduced that will ensure service users are central to discussions and decisions about the delivery of the care and support they require. The division of the home into smaller units allows a more personal and intimate level of interaction between residents and care staff. Individual units appeared homely and comfortable. All bedrooms were for single occupancy, promoting the privacy and dignity of residents.

**What the service could do better**

The manager needs to ensure that delivery of training in dementia to all staff continues. Although dementia training had included guidance on dealing with challenging behaviours, staff would benefit from additional training in this area. The service was in the process of recruiting to cover five vacancies. Shifts were being covered by current, sessional and agency staff. Staff agreed that the care and support needs of residents were being met but having a full staff team available would enhance care further. There was limited time for staff to engage in activities with the residents. The provider had been looking at the activity provision in the home and how this could be improved.

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

The home had addressed the requirement and recommendations made in the previous report. The manager has stressed to the staff the importance of ensuring they are familiar with the care and support needs of all residents as recorded in their personal plans and that these are fully implemented. New signage had been placed throughout the home to assist residents remain independent in finding their way around.

**Conclusion**

The staff were professional and caring and continued to provide a good standard of care to service users. There is a committed and consistent management team who demonstrate a willingness to develop the service further and present a person-centred ethos and culture.

### **Areas for Improvement:**

- The service could expand on existing opportunities for residents and their relatives to fully engage in the assessment and continued development of the service
- The service should continue to promote participation, ensuring residents are central to how care and support is provided. The development of new outcome-focussed care plans should make clear each resident's individual aims
- More examples of positive outcomes for residents should be shown in the home's self assessment
- With the increasing frailty of residents and with current staff vacancies, providing anything other than meeting care and support needs was proving to be a challenge. Staff concerns were mainly about the limited time they had to spend engaging in activities with residents. Providing opportunities for residents to be involved in daily 'homely' tasks such as light dusting or assisting staff to clear tables would help residents maintain skills and provide additional stimulation
- From sampling minutes of meetings it came to inspectors' attention that the manager had addressed with staff the management of continence and improvements required. The manager explained the issue had been with the product being used and staff understanding of it. The manager gave an assurance that this had now been resolved
- From a sample of personal plans inspectors could see some fields had not been consistently completed. The manager should ensure that all fields are fully completed to ensure that staff have the information needed to meet health and social support needs for residents
- In the interest of infection control, towels should not be left in communal bathrooms or toilets where they may be used by different residents. The towels were presented in such a way that they looked as they may be for cosmetic purposes only, but the risk of their use should be assessed by the service provider
- The home should provide the opportunity for residents to give feedback on staff prior to supervision or annual appraisal meetings
- A common theme from staff spoken with was lack of staff. Staff told us they cared well for the residents and did their best to make life as comfortable and nice as possible, but needed more time for activities. Staff said time for activities was not protected and often got swallowed up attending to other tasks
- Although the manager was aware of her responsibilities to notify the Care Inspectorate of significant events, these were not always within the specified timescales. No further action is required at this time but receipt of notifications from the service will be monitored and reported on at the next inspection
- The service should have more of an outcome-focused approach to self assessment, giving examples of the impact their interventions have made for residents

### **Recommendations**

- Staff should provide activities for residents to promote their physical and emotional wellbeing
- The provider should ensure that key information is recorded consistently and sufficiently detailed in the relevant sections of individual care plans to ensure staff are fully aware of healthcare and support requirements
- The service should progress the recruitment of staff to vacant posts as soon as possible to ensure the standard of care delivered by the home is not compromised

<b>Inspection of:</b> Janet Brougham House				
<b>Inspection by:</b> Care Inspectorate – unannounced				
<b>Grades:</b>	<b>Latest Grade Awarded</b>	<b>Grading History</b>		
<b>Theme</b>	<b>December 2014</b>	<b>November 2013</b>	<b>December 2012</b>	<b>July 2011</b>
Quality of care and support	VERY GOOD	VERY GOOD	VERY GOOD	GOOD
Quality of environment	VERY GOOD	VERY GOOD	VERY GOOD	Not assessed
Quality of staffing	VERY GOOD	VERY GOOD	VERY GOOD	VERY GOOD
Quality of management and leadership	VERY GOOD	VERY GOOD	VERY GOOD	Not assessed

**Summary:****What the service does well**

Janet Brougham provides a homely and welcoming environment. Staff are friendly and approachable and work well together with management to meet residents' health and wellbeing needs. Very positive feedback was received from residents and their relatives about the home environment and the quality of care and support provided.

**What the service could do better**

Management should review staffing in the home, giving consideration to the layout of the building and the assessed care and support needs of residents. This should include whether one or two members of staff are required to assist with personal care and when transferring using mobility aids.

**What the service had done since the last inspection**

The staff and management have maintained a good quality service. Residents and relatives continue to be involved in assessing the service. Most staff are now registered with the Scottish Social Services Council and an application to register remaining staff was made within required timescales.

**Conclusion**

Management and staff continue to demonstrate a commitment to continuous improvement and are openly welcoming suggestions for the development of the service for the comfort of the residents. Very good standards of care were evidenced, and this was supported by the positive comments made by both residents and relatives through completed questionnaires and in discussion during the inspection.

**Areas for Improvement:**

- Minutes of meetings should record progress made in addressing issues or suggestions made in previous meetings. This should be signed and dated by the person responsible and when it was completed
- Although most comments about staff from residents and relatives were extremely positive, some comments such as "most staff are approachable" and "there is a member of staff who just doesn't

have the same gentle approach and kind manner as the rest” need to be addressed by management

- Management should ensure that important information such as risk assessment documentation and records of additional support required are clearly visible in personal files
- Residents were unaware of what was to be offered for lunch on the first day of the inspection. The home did have picture cards available in the dining vicinity, however these were not used with the residents for this particular meal. Residents were not shown the meal options for lunch. The manager told us that menu choices had been written on a whiteboard displayed in the dining room, however as most residents chose not to have their meal in the dining area the provider should ensure that all residents are made aware of the choices available for each meal
- Handwritten entries on MAR charts had not been signed by two members of staff or referred back to the prescriber. These measures are considered best practice for the safety of the resident by ensuring the prescription has been written in correctly
- It was suggested in staff interviews that the safety of residents could be improved if the window off the kitchen faced into the lounge area of the suite, allowing staff to monitor the safety of the residents while preparing teas
- The training matrix had identified that five direct care staff and three non-direct care staff were requiring their first aid training to be updated. The matrix recorded that the manager had applied for training for these staff, however no date had been given
- Staff, residents and relatives believed an increase in staffing would allow for more one-to-one time talking or engaging in activities with residents. The dependency of residents had increased as people became more physically frail. Management should review staffing and deployment taking into account the needs of service users
- The management team should raise awareness of the home’s complaint procedure through meetings, newsletters and noticeboards to ensure that everyone would know what to do if they were not happy with any part of the service

### **Recommendations**

- Systems available in the home should be fully implemented to ensure residents are aware of the menu choices available for each meal
- The service provider should review dependency assessments and the rationale for staff numbers and deployment within the home. The review should include the views of residents, their relatives/representatives and staff

<b>Inspection of:</b> Mackinnon Centre				
<b>Inspection by:</b> Care Inspectorate – unannounced				
<b>Grade:</b> <b>Theme</b>	<b>Latest Grade Awarded</b>	<b>Grading History</b>		
	<b>November 2014</b>	<b>December 2013</b>	<b>December 2010</b>	<b>September 2010</b>
Quality of care and support	VERY GOOD	VERY GOOD	VERY GOOD	VERY GOOD
Quality of environment	EXCELLENT	VERY GOOD	Not assessed	Not assessed
Quality of staffing	VERY GOOD	VERY GOOD	Not assessed	VERY GOOD
Quality of management and leadership	VERY GOOD	VERY GOOD	Not assessed	Not assessed
<b>Summary:</b>				
<b>What the service does well</b>				
<p>The physical environment is of a very high standard utilising modern design and fittings for people with physical disabilities. The support planning and staff are very person-centred and levels of customer satisfaction are high.</p>				
<b>What the service could do better</b>				
<p>Improve canvassing of stakeholder views, training for service users involved in recruitment and recording of staff protocols in relation to seizures or any other health contingency.</p>				
<b>What the service has done since the last inspection</b>				
<ul style="list-style-type: none"> <li>• Service user involvement in recruitment</li> <li>• Improvements to the environment: bariatric care, falls monitoring, new shower chairs, garden furniture</li> <li>• Development of personal plans</li> <li>• Development of meet and greet meeting with service users</li> </ul>				
<b>Conclusion</b>				
<p>This is a well run, well resourced service which has high levels of support and involvement for service users. It has continued to work proactively towards improvement.</p>				

<b>Areas for Improvement:</b>
<ul style="list-style-type: none"> <li>• Service users involved in recruitment would benefit from some training to ensure that they understand what is expected of them in terms of confidentiality and equality.</li> <li>• Further gathering of stakeholder views should be considered</li> <li>• The service should ensure that there are written protocols for what actions staff should take in the event of a seizure, which would enable new or cover staff to know what to do in a quick and effective way</li> </ul>

- The service should continue to ensure the safety of service users and monitor those that need extra vigilance. Plans to enable residents to have access to motorised wheelchairs were seen as a commendable development as this would give people further independence and mobility
- The inspector was pleased to see that the service had taken up annual appraisals for staff and this was in the process of being rolled out. The service should continue to take a proactive approach to quality assurance

**Recommendations**

- Service users who are involved in recruitment should be given training that makes clear the service's expectations in relation to good recruitment practice such as confidentiality and equality
- The service should ensure that there are written protocols for what actions staff should take in the event of a seizure or any such health contingency