

**REPORT TO: SCRUTINY COMMITTEE – 11 FEBRUARY 2015**

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

**REPORT BY: CHIEF EXECUTIVE**

**REPORT NO: 29-2015**

**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 Menzieshill House and Drummond House, both 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, Requirements 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 the 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 Social Work to ensure that the Areas for Improvement, Requirements 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 on this report.

7. **BACKGROUND PAPERS**

Care Inspectorate Reports

- Menzieshill House Care Home Service
- Drummond House Care Home Service

David R Martin  
Chief Executive

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21/01/2015

<b>Inspection of:</b> Menzieshill House Care Home Service Adults				
<b>Inspection by:</b> Care Inspectorate (unannounced)				
<b>Grades:</b>				
Theme	Latest Grade Awarded	Grading History		
	November 2014	October 2013	August 2012	October 2010
Quality of care and support	VERY GOOD	VERY GOOD	VERY GOOD	EXCELLENT
Quality of environment	VERY GOOD	VERY GOOD	VERY GOOD	Not assessed
Quality of staffing	VERY GOOD	VERY GOOD	VERY GOOD	Not assessed
Quality of management and leadership	VERY GOOD	VERY GOOD	VERY GOOD	Not assessed

#### Areas for Improvement:

- The service should continue to build on the excellent level of involvement of residents and their families in the continuing development of the service, and on the very good practice evident in relation to the environment
- Measures put in place by the home for the protection of residents following an incident required the lounge to be supervised by staff when residents were present. Records gave guidance to staff to ensure an additional member of staff came onto the suite, if they needed to leave the area. Inspectors observed times when no member of staff was present as they were busy in residents' rooms
- From completed questionnaires, interviews with relatives, residents and staff, and inspectors' own observations, it was clear that the provider needs to look at the deployment of staff in the home to give reassurance of the availability of staff in each of the suites
- Three of the staff interviewed said that staff morale was low at the moment due to time constraints and the amount of paperwork they were required to keep. Staff believed admin tasks were taking away from the time they had to spend one to one with the residents, and this could only be improved with additional numbers of staff being made available
- Relatives had indicated through questionnaires that, although care needs were being met, this was more through the dedication of staff rather than there being sufficient numbers. One relative made a comment that when they had arrived to visit their relative, they had been on the suite for 15 minutes before a member of staff appeared from one of the bedrooms. The inspectors had been on a suite for 10 minutes before two members of staff came from a resident's room where they had been assisting with personal care
- Where audits identified an action to be taken, it would have been useful for the responsible member of staff to have signed and dated the form, to evidence when the action had been completed
- Although the manager was aware of her responsibilities regarding notifications to the Care Inspectorate, the inspectors became aware of an incident in the home that had not been notified.

The incident had been fully recorded and reported to the relevant local authority team. The omission to inform the Care Inspectorate had been an oversight and was rectified before the completion of the inspection

- The provider should continue to monitor progress with application made to SSSC for the registration of staff responsible for direct care

### **Recommendations**

- It is recommended that the provider undertakes an assessment of current care and support needs of residents which takes into consideration people who have been identified as at risk of falls or harm. Staffing numbers should be reflective of the identified risks and control measures required to minimise these risks in each of the suites

<b>Inspection of:</b> Drummond House Care Home Service Children and Young People				
<b>Inspection by:</b> Care Inspectorate (unannounced)				
<b>Grades:</b>				
Theme	Latest Grade Awarded	Grading History		
	November 2014	November 2013	January 2013	October 2012
Quality of care and support	GOOD	VERY GOOD	GOOD	Not assessed
Quality of environment	VERY GOOD	VERY GOOD	VERY GOOD	Not assessed
Quality of staffing	GOOD	GOOD	GOOD	WEAK
Quality of management and leadership	GOOD	VERY GOOD	VERY GOOD	Not assessed

#### Areas for Improvement:

- There had been very limited consultation involving parents and carers since the last inspection: the service should consider how they can improve this and ensure that their views on young people's plans are clearly recorded
- The service was in the process of reviewing its policy on food and nutrition
- Risk assessments for two young people who self-harmed contained relevant background information and identified triggers, however, they did not clearly guide staff to appropriate strategies to reduce the risk and support the young person
- Whilst there was no evidence of poor outcomes for young people, there were some weaknesses in the processes for managing medication. The medication policy was in the process of being reviewed however
- The service had some way to go in developing more outcome-focused assessments and plans for young people. Records did not effectively show the progress young people were making and the use of the wellbeing or SHANARRI indicators had not been fully integrated into the various records used.
- The service needed a more effective way of recording young people's vaccinations
- The service had not ensured consistent, planned supervision for some care staff. This meant for example that gaps between supervision had in some instances been several months. This did not meet the corporate policy, though none of the staff who gave their views raised this as a concern
- The service planned to begin the use of video-enhanced reflective practice in the near future. This is a method designed to support staff to develop their professional practice

- We spoke to some new staff about their experience of induction. They felt a level of dissatisfaction with the quality of the induction and did not feel it had been fully effective. For example, they felt they had not had enough direction and that opportunities for learning about key processes used in the home were lacking. Without further evaluation of the induction process we were unable to come to a clear conclusion. However, the manager agreed that this would require further analysis. It might be that a system for evaluating competence in key areas needs to be developed. We would also suggest that new staff receive more frequent, planned supervision during the induction/probationary period
- The provider had not notified us of a number of significant events such as child protection concerns and serious incidents in accordance with guidelines issued in 2011
- There was scope for improving consultation with external stakeholders such as social workers and other professionals
- Staff supervision had not taken place consistently. We would suggest this needs closer monitoring by the manager
- There had been very limited use of case file audits since the last inspection as a means of monitoring practice in a range of areas. The manager explained that they intended to re-design the audit to take into account the recent move to electronic recording
- The medication audit was very limited in its scope in that it seemed to consist of a simple count of medication held in the home, rather than a wider check of practice.
- We thought there was scope to improve the way completion of core (compulsory) training was recorded and monitored

#### **Requirements:**

- The provider must notify the Care Inspectorate of significant events as specified in the relevant guidance

#### **Recommendations:**

- The provider should ensure that young people's plans detail how staff will meet their needs and reduce risk
- The provider should ensure that processes for managing medication meet best practice guidelines and reduce the likelihood of error
- The provider should ensure that all care staff have regular opportunities for supervision
- The provider should consider how to obtain the views of stakeholders in order to improve and develop the service