

REPORT TO: SCRUTINY COMMITTEE – 10 DECEMBER 2014

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

REPORT BY: CHIEF EXECUTIVE

REPORT NO: 410-2014

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 East Port House, White Top Centre and Turriff House, 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, 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 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

- East Port House Offender Accommodation Service
- White Top Centre Care Home Service
- Turriff House Care Home Service

David R Martin
Chief Executive

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01/12/2014

Inspection of: East Port House Offender Accommodation Service				
Inspection by: Care Inspectorate (unannounced)				
Grades:				
Theme	Latest Grade Awarded	Grading History		
	September 2014	March 2014	November 2012	January 2011
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	GOOD	Not assessed

Areas for Improvement:

- The existing service user evaluation forms were subject to review and this will be followed up at the next inspection
- While there were some recreational activities organised for service users, this programme was limited and there was scope for development
- Although all staff felt supported and had received supervision since the last inspection, the manager agreed that the frequency of supervision should be increased. This will be followed up at the next inspection

Requirements and Recommendations

- None

Inspection of: White Top Centre Care Home Service				
Inspection by: Care Inspectorate (unannounced)				
Grades:				
Theme	Latest Grade Awarded	Grading History		
	September 2014	October 2013	February 2013	November 2010
Quality of care and support	EXCELLENT	EXCELLENT	EXCELLENT	VERY GOOD
Quality of environment	EXCELLENT	VERY GOOD	VERY GOOD	Not assessed
Quality of staffing	EXCELLENT	VERY GOOD	VERY GOOD	Not assessed
Quality of management and leadership	EXCELLENT	EXCELLENT	EXCELLENT	Not assessed

Areas for Improvement:

- Continue reviewing and developing opportunities for service users and their representatives to have their say on the quality of care and support, evidencing how their involvement leads to better outcomes. This should include separate questionnaires for the respite service
- Continue with plans to introduce a new format of support plans which will be outcome focussed
- Continue to ensure effective checks and audits are in place to identify and deal with potential hazards
- Continue to further develop ways for involving service users and their representatives in assessing the quality of staffing, evidencing how this leads to improvements in the quality of support provided
- Continue to ensure that staff have access to high quality support which enables them to develop the skills and experience to meet the needs of the people they support
- Continue to develop quality assurance processes involving service users where possible, their families and other stakeholders and continue to evidence how these processes lead to better outcomes

Requirements and Recommendations

- None

Inspection of: Turriff House Care Home Service				
Inspection by: Care Inspectorate (unannounced)				
Grades:				
Theme	Latest Grade Awarded September 2014	Grading History		
		February 2014	August 2013	February 2013
Quality of care and support	GOOD	VERY GOOD	VERY GOOD	Not assessed
Quality of environment	GOOD	VERY GOOD	VERY GOOD	GOOD
Quality of staffing	GOOD	GOOD	GOOD	Not assessed
Quality of management and leadership	GOOD	VERY GOOD	VERY GOOD	VERY GOOD

Areas for Improvement:

- Minutes of the carers forum and staff/resident meetings displayed were dated from November and December 2013. Later meetings were not displayed
- Two relatives had recorded in questionnaires that they did not feel residents were consulted about the development of the service. Reference was made to the people who had communication difficulties and what the home was doing to ensure participation was inclusive
- Minutes of a residents' meeting held in April 2014 recorded residents not liking the large palm tree in their unit. The record showed a member of staff said they would take the palm out of the suite, but it was still there in September 2014. No further reference was made to this at the next meeting
- One of the sampled care plans recorded: "monthly weights to be recorded". No weights had been recorded for the resident concerned between January 2014 and April 2014. The next recorded weight was for June 2014. The person's weight for July 2014 was recorded on a different recording tool. The tool had not been fully recorded as intended with no Body Mass Index (BMI) recorded and no weight loss score recorded. With the weight loss the resident had, the score would have been 2 which was in the red zone alerting the staff to intervention required
- Some residents needed physical assistance to eat their meal. One member of staff was on duty giving physical assistance to two residents intermittently. This meant that residents were left sitting looking at their meal until assistance was available. No stay-warm plates had been used to ensure the food remained at a suitable temperature. A staff member in one of the suites did not sit by the residents but knelt on the floor by their side. Residents who need a lot help with their meal should be assisted in a manner that is attentive and relaxing, and on an individual basis. The provider needs to consider how they can best manage mealtimes to ensure a good meal time experience for everyone and an adequate dietary intake
- Medication was administered to residents during the meal. This interrupted flow of meal, which was particularly important for the residents who required a lot of verbal prompting to eat their meal
- No information was seen to be recorded in the care plans for the strategy to be used to ensure the safety of the residents who were unable to use the call alarm system

- Inspectors found a servery door left unlocked with the key in the door and no staff were visible in the area as two staff were in one of the bedrooms assisting a resident. Another servery door was seen to be wedged open, again, no staff were visible for a period of five minutes when a social care officer returned to the suite from her tea break
- The care homes survey asked “Is there anything you would like to change about helping you to feel your relative is safe here?” In response a relative had recorded: “only to have a carer on the suite at all times”
- Relatives expressed concern about the number of times staff left the unit unsupervised and they had to ask a particular resident who they knew to be at risk of falls to sit back down for her safety. Inspectors checked the mobility care plan for this resident which did not make reference to reminding the resident not to attempt to walk without her mobility aid or assistance from staff. Relatives told inspectors that, when a member of staff goes to check medication in a neighbouring suite, they can be gone 10 to 15 minutes. And a ‘floater’ member of staff was not always available
- Although sensor alarm technology had been introduced, a member of staff needs to be present to respond in time
- Relatives commented that there had been too many staff changes and this was unsettling for the residents
- It may be helpful to have the quality of staffing as a standard agenda item on resident/relative meetings to capture ongoing discussions. Participation opportunities could be developed further, for example by including stakeholder views of staff as part of supervision and appraisal processes
- A supervision file sampled evidenced discussion around practice issues that had been identified (dated 24 August) and no year recorded, no action or follow-up notes seen
- A record of unplanned observation of practice seen dated 13 May 2014 highlighted a failure of a member of staff to respond to call alarm activated by a resident. Training needs were identified, however, the record did not say what training was needed and there was no follow-up to say this had been done. The next supervision was a formal supervision meeting dated 22 July 2014, however, no reference was made to any improvement in practice
- There had been only two staff meetings in the past five months when they used to be monthly. Staff believed this was down to the change in management. Some staff had responded in the questionnaire that they did not always get the time to meet colleagues to discuss practice issues
- Completed audits had not highlighted the issues identified at this inspection. The provider should monitor the dining experience for residents and make the necessary changes to improve the experience where deficiencies are highlighted

Requirements

- The provider must ensure that care and support assessed as required by a resident is clearly documented and fully implemented

Recommendations

- Resident meal time experience should be improved to ensure that service users who require individual assistance with their meal receive help from a staff member without delay and that the staff member gives their undivided attention and is seated by them, so that the service user and staff member have the opportunity to clearly see each other and allow assistance to be given in a respectful and social way

- Where an individual is unable to use emergency call systems, appropriate arrangements should be put in place to ensure that person's safety and care needs are met. This must be clearly documented in the relevant care plans and reviewed as necessary
- Servery doors are not wedged open in the interest of fire safety. Doors should not be left unlocked in areas that have restricted access for residents
- Staffing and deployment of staff should be reviewed, giving consideration to residents identified as being at risk of falls and where care plans record the person should be monitored consistently for their safety
- Improvements in staff practice made from previous supervision records should be recorded at following supervision meetings. This would ensure progress on meeting training requirements is monitored
- The service should re-establish regular staff meetings as these play an important role in supporting staff and for the sharing of information