care inspectorate
Care Inspectorate
Stuart House
Eskmill
Musselburgh
EH21 7PB
tel: 0131 653 4100
fax: 0131 653 4149
Chief Executive: Annette Bruton
enquiries@careinspectorate.com
www.careinspectorate.com

RECORDED DELIVERY

St Philips Care Limited
c/o Plant & Co Ltd
17 Lichfield Street
Stone
Staffordshire
ST15 8NA

02 December 2013
2013319919

Dear Sirs

IMPROVEMENT NOTICE 20 August 2013

On 20 August 2013 you were served with an Improvement Notice in relation to Pittendreich Care Home, Pittendreich House, Melville Dykes, Lasswade, EH18 1AH, in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (SCSWIS) intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made. On 01 October 2013 you were served with an Improvement Notice extending the timescales for the improvements to be made, and a copy is attached.

It is considered that significant improvement has been made in respect of improvements 1 and 2 of the above notice

Improvement 1

By 3 November 2013 you are required to put a system in place to ensure the safe and efficient care and treatment of service users' bruises, injuries or wounds.

This must include but is not restricted to:

a) Undertaking skin assessments for all residents to identify any bruises, injuries or wounds. Assessments should be carried out in accordance with each resident's daily personal care routine
b) Recording, in writing, the findings of the assessments carried out at a) above and taking any required actions to ensure appropriate care and treatment of all bruises, injuries and wounds
c) Ensuring all wounds have an initial assessment and that this is reviewed on at least a weekly basis and that this results in an up-dated care plan that describes the treatment and rationale for treatment type
d) Implementing a reporting system to ensure that the manager of the service is routinely informed of all instances where service users have sustained any bruises, injuries or wounds with unknown cause.
e) Implement a system to investigate the reasons or contributory factors for bruises, injuries or wounds which must include recording in writing the outcomes and actions taken.

Inspection findings:

At the inspection carried out between 08 November and 11 November 2013 we found that each service user had a file in place to record and describe any marks or bruises. The records included investigation of known causes of marks or bruising and actions being taken to address these. The management team were routinely informed of an instance of injury, bruising or wound and carried out appropriate checks of care records. There was currently only one wound being managed in the home and this was being managed appropriately. We concluded that this improvement had been made.

Improvement 2

By 3 November 2013 you are required to put a system in place to ensure that service users who sustain wounds receive appropriate care and treatment from competent suitably qualified staff. In order to achieve this you must:

a) Ensure that any assessment, care and treatment is carried out by a competent registered nurse
b) Implement a system of regular supervision of staff carrying out wound care and treatment including the checking and monitoring of all records associated with wound care.

Inspection Findings

At the time of our visit all the nurses employed in the service had been assessed as competent to carry out wound assessment, care and treatment. Training records showed that registered nurses had received training on Tissue Viability and the management team were auditing records regularly. We concluded that this improvement had been made.

Improvement 3

By 3 November 2013 you must:

a) Put a system in place to audit and monitor staff practice and competency to ensure that you are making proper provision for the health and welfare needs of service users and are protecting them from avoidable risk of harm.
b) Ensure the system mentioned at a) above makes provision for, but is not limited to:
    - Care planning and reviews
    - Pressure area care
    - Management and leadership
    - Staff supervision and clinical observation of practice.
c) Ensure you have a system to record where you identify any unsatisfactory practices, including the action to be taken to effectively remedy any such practices,

Inspection findings

We saw that a training programme was in place and all staff were receiving training with competency workbooks being used to reflect on their practice. There had been some progress towards implementing a supervision system but this had not been put in place for all staff. We saw that some action had been taken to remedy unsatisfactory staff practice by issuing 'Memos' to the staff as a group reminding them about the correct practice. However, as at the last inspection, there was no formal system for recording unsatisfactory practice by individual members of staff.

Although a new leadership structure with senior care assistants to monitor and lead care staff had been implemented we observed some examples of poor practice including poor communication by staff during moving and handling and staff failing to adequately monitor a resident at risk of damage to his skin.

Conclusion:

From our inspection visits between 08 and 11 November 2013 we considered that although there had been some improvement in monitoring staff practice, this was inconsistent and not being applied by all nurses or senior carers. Feedback was not given individually nor were individual training/ improvement plans made following the observation of poor practice. We judged that the improvement had only been partially complied with.

Improvement 4

1. By the 15 September 2013 you must ensure that service users receive care and support in a manner which promotes quality and affords service users choice in the way in which their care and support is provided. This should include but is not restricted to:

a) Ensuring service users have access to information about choices available to them in day-to-day care
b) Where residents are less able to voice their wishes, staff must take into account known preferences and past wishes when offering support
c) Ensuring there is a planned schedule of activities for residents to choose from, that this is displayed/distributed in a way that makes it easy for residents to see and to choose and ensure there is sufficient numbers of competent staff to carry out scheduled activities
d) Ensuring that day-to-day care and support is offered in a way that affords choice.

Inspection Findings

Although we found that the range of choices offered to service users had improved, we also observed that not all staff were consistent in offering choice and this was most noticeable at mealtimes.

A new activity co-ordinator had been appointed and was starting to plan a variety of activities for residents but this was at an early stage and we were concerned that, even with only 16 residents in the home and relatively high staff numbers, we saw a low level of planned activities going on. We considered that the examples of poor practice reflected continuing issues with the monitoring and supervising of staff as reported under Improvement 3 above and we judged that this improvement had only been partially complied with.

It is considered that there has not been significant improvement in respect of improvements 3 and 4 of the above notice, and there is also an additional matter in respect of recruitment and deployment of staff which we consider an improvement notice is required to address. Accordingly, we have decided not to proceed to make a proposal to cancel registration of the service but to withdraw the Improvement notice dated 20 August 2013 and serve a new Improvement Notice. The new Improvement Notice will specify the actions still required to implement improvements 3 and 4 of the above notice and contains the new improvement which we require to be made.

A copy of this notice has been sent to the local authority of the area in which the service is provided.

The Improvement Notice dated 20 August 2013 is no longer in force.

Yours faithfully

Stephen Butcher
Team Manager
East Area
Tel:

Enc: Copy of section 62 Improvement Notice dated 20 August 2013

cc:
Chief Executive Midlothian Council
Mr Gary Hartland, Director, St Philips Care Limited
Mr Mark Cloonan, Head of Care, St Philips Care Limited
Caroline Rose, Information Governance, Care Inspectorate