scottish commission for the regulation of care

Inspection report

Clinton House Nursing Home
Care Home Service

Ayr Road
Shawsburn
Larkhall ML9 3AD

Inspected by: Kenny Campbell
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 5 October 2007

Improving care in Scotland

Service Number

CS2003010566

Service name

Clinton House Nursing Home

Service address

Ayr Road
Shawsburn
Larkhall ML9 3AD

Provider Number

SP2003002417

Provider Name

Clinton House Strathclyde (Care Home) Ltd

Inspected By

Kenny Campbell
Care Commission Officer

Inspection Type

Unannounced

Inspection Completed

5 October 2007

Period since last inspection

Seven months

Local Office Address

Princes Gate
60 Castle Street
Hamilton
ML3 6BU

Introduction
Clinton House, owned and managed by a private provider was committed to providing high quality nursing and social care, in a safe, professional and flexible manner, encouraging choice, independence and reasonable risk taking. Twenty-four hour care and accommodation may be provided to older service users experiencing mental illness or frailty, young people with physical disability and people who are terminally ill; a maximum of 30 people may be accommodated. The service embraces a holistic approach and promotes the principles of dignity, privacy and respect to each individual service user. The Home was situated in its own grounds in a small village and was close to public transport routes. There were no local amenities within walking distance of the Home. The service has been registered with the Care Commission since 1 April 2002.

Included in the written objectives and principles of the service, were commitments to:

· offer support to promote maximum independence with minimum restriction
· acknowledge social, emotional and religious needs
· facilitate service user participation and choice in the planning of care as much as possible
· provide care in a relaxed and comfortable environment incorporating choice in the participation of activities.

These principles were evidenced in practice during this inspection.

Basis of Report

This report was written following an unannounced inspection, undertaken by one Care Commission Officer, on the 5 October 2007 between 8.45am and 3.30pm. The Care Commission Officer spoke with seven service users, a visiting relative, management, senior nursing staff and care staff.

Before the inspection:

The service's annual return was not available to the Officer at the time of this inspection.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA. This assessment resulted in this service receiving a medium RSA score therefore a medium intensity of inspection was required as a result.

In accordance with the Care Commission inspection programme for 2007-8, the inspection was then based upon the Inspection Focus Areas (IFA) relating to Palliative Care, Restraint and Protecting People, associated National Care Standards for the particular service type and on following up on any areas of development from the previous inspection, complaints or other regulatory activity.

The service had available a range of policy statements and documentation. Time was spent observing the care given to service users and the Officer undertook a tour of parts of the communal areas of the premises.

The Care Commission Officer examined and reviewed a range of records including the following:

· Service users' personal files and care plans
· Samples from the policy and procedure manual
· Complaint/Accident/Incident records
· Care Commission registration certificate and staffing notice
· Good practice guidance literature and information displayed within the home.

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards for care homes for older people:-

· Standard 4 - Your Environment
· Standard 5 - Management and Staffing
· Standard 15 - Keeping Well - Medication
· Standard 19 - Support and Care in Dying and Death.

Account was taken of the Scottish Statutory Instrument 2002 No.114 The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report
There were no requirements made in the previous inspection report.

Comments on Self-Evaluation
No Comment

View of Service Users
A number of service users were unable to give their views but they appeared to be comfortable in their environment. Seven service users spoken with were happy with the Home and the service provided. Comments included "the food is very good", "I like the staff-they are very nice " and " I get well-cared for here ".

Service users stated that they enjoyed the opportunity to relax in comfortable surroundings. Privacy of single room provision was said to be “much appreciated “.

View of Carers
One visitor spoken with was very satisfied with the service, felt welcome in the Home when visiting and stated that their relative was well cared for in a clean and friendly environment.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 4: Care Homes for Older People - Your Environment

Strengths

Not all elements of this standard were inspected at this time.

The Home was located in spacious grounds with a garden area.

There were adequate car parking facilities and access into the Home was suitable for less able people. The accommodation was divided over two floors. On the ground floor there were two lounges, a dining room with kitchen adjacent, laundry facilities, bathing and toilet facilities and offices.

Bedrooms seen by invitation from the respective service users during the inspection were of a good size and had excellent décor standards. Service users spoken with confirmed that they liked their rooms.

Through a brief tour of the home it was noted that communal rooms and corridors were clean and tidy and were seen to be in good decorative order.

Areas for Development

None were identified at this inspection.

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

Not all elements of this standard were inspected at this visit but this report includes comments on relevant elements, such as these were applicable for the IFAs relating to Restraint and Protecting People. Staffing provision and training were also inspected.

The Manager was not on duty at the outset of this inspection but she and a Manager from a sister home attended promptly and both dealt with the inspection in a knowledgeable and helpful manner. Staff rotas examined confirmed that staff numbers on duty were in keeping

with the minimum agreed requirement. The Manager operated in a supernumerary role.

Staff were not formally interviewed on this occasion. By observation, it was clear that staff communicate in a meaningful and kindly way with service users and all service users spoken with confirmed that staff were " easy to talk with " and were able to answer any questions they had and deal with any wishes, choices or concerns. Staff were seen to interact with service users in a friendly and supportive manner, but were not intrusive.

There was a policy stating the service's aims and approach to training and currently this was being addressed by the provider with a view to further development.

The Manager continued to develop staff supervision systems and currently reflective practice tools were being used to facilitate expansion of the training plan and address any needs over the forthcoming year. The programme will cover both statutory and non-statutory training opportunities. The current training provision covered all mandatory areas of training and there was evidence of a number of courses undertaken in subjects and topics relevant to the client group. All new members of staff received detailed induction training at commencement of employment.

An annual appraisal system of staff performance was in place.

The training programme addressed the need for staff to achieve the qualifications required to register with the Scottish Social Services Council (SSSC). All staff had individual copies of the SSSC Code of Conduct and were aware of their roles and responsibilities. The provider had introduced a rolling programme of Scottish Vocational Qualification (SVQ) training for all care staff. By the end of this autumn in excess of 40% of care staff will be trained to SVQ Level 3 with a further three staff currently undergoing SVQ Level 2 training.

Service users' records gave clear information on the support requested from other professionals. Their attendance and guidance was recorded and those issues requiring attention were carried through into care planning and monitored.

The service allowed children to visit and had a Child Protection Policy and Adult Protection Policy in place which were reviewed three months ago. These were readily available in the Home.
The service had a policy and procedure on restraint, reviewed this month; it was to be distributed to all staff and was on the agenda for discussion at the next staff meeting. The policy identified that some degree of risk-taking was essential to good care; restraint would only be used as a last resort, to preserve safety in the care of all concerned and only if more therapeutic methods of individual management had been tried and failed. The procedures relating to this policy were very comprehensive, with significant emphasis on monitoring by management. There was detailed guidance on the principles and types of restraint and on the importance of positive and meaningful communication. The policy clearly laid out staff members' responsibilities and identified the role, function and accountability of management.

Current best practice from the Mental Welfare Commission in relation to restraint were available for all staff. A copy of the documents "Safe to Wander", (2003) and " Rights, Risks and Limits to Freedom " (2006) produced by the Mental Welfare Commission were available within the home and were referred to in ongoing training.

A comprehensive initial risk assessment was undertaken with each service user in relation to any needs for support and restraint. Subsequent assessments take place as, and if, required.

Where restraint methods were required an agreement with the service user and/or their representative had been written and signed and this was clearly recorded within service users' care plans. All restraint assessments were reviewed monthly or more frequently, if stipulated by senior staff.

Pragmatic and focussed guidance was in place about the need to record any incidents accurately. Regular reviews were held. The Manager intends to address a need for restraint review documents to more clearly identify any outcome from any restraint areas and the need to continue or discontinue the restraint.

All staff had received training in relation to restraint at induction and the Manager has developed other information and training relating to restraint, for staff, using best practice guidance and external professional input.

Areas for Development

A copy of the Area Inter-Agency Adult Protection Policy and Procedures should be obtained. (See Recommendation 1)

National Care Standard Number 15: Care Homes for Older People - Keeping Well - Medication

Strengths

Strengths

As part of the inspection relating to restraint sampling of medication systems, procedures and practices was undertaken.

The service used a four weekly system for ordering and storage of medicines which recorded medication details on arrival and on return to the supplying pharmacist. No service users currently self-medicate.

A sample audit of four regimes in stock was undertaken against records held and was positively conclusive.

The service checked and photocopied prescriptions before they were sent to the pharmacy.

Medicines were stored in locked trolleys and there was a separate lockable and secure cupboard for storage of Controlled Drugs. Eye drops and ointments were dated when first opened for use.

Medicines were not routinely given covertly or disguised.

A separate refrigerator for medicines that required to be stored at lower temperatures was in place and the temperatures recorded were within the recommended range.

There was a robust system of audit undertaken by management of record-keeping and storage of medication.

Areas for Development

None identified at this inspection.

National Care Standard Number 19: Care Homes for Older People - Support and Care in Dying and Death

Strengths

This service provided palliative care to a few service users and had in place a copy of " Making Good Care Better ".and had implemented its' concepts into wide-ranging policies and procedures, relating to the management of palliative care. There were positive links with service users' General Practitioners for the management of pain and other symptoms.

The Manager, two nurses and four carers had attended palliative care training and this was ongoing. Literature from appropriate hospital sources was readily available as was access to an advisory service. The Manager or registered nurses were responsible for contacting GPs in the first instance.

The Manager and staff described the support which would be provided, in terms of palliative care, at these difficult times and demonstrated sensitivity to the needs of both the service user and their relatives.

The service had a holistic approach to caring for service users where their physical emotional and spiritual needs were met and symptoms were controlled. Care plan notes were written in a sensitive manner, with discreet approaches being facilitated.

Staff ensured that service users' dignity was maintained and that every effort was made to carry out their personal wishes. The service had developed a policy on support and care in dying and death. This included information on last offices.

Records indicated that positive approaches to service users and/or their families were made at an appropriate time to discuss and establish the preferred place of death and burial. The manager was aware of the need to maintain a high level of professional input and expertise in these areas and was planning to continue the development of training for staff.

Areas for Development

None identified at this inspection.

Enforcement
[No enforcement action had been taken against this service.

Other Information
There were no Recommendations from previous report.

The Home's information pack includes the provider's Complaints Procedures; this comprehensive pack is given to all applicants, service users and interested parties.

In terms of addressing any comments or complaints the manager personally attends to these. It would be positive developmental practice to ensure that all associated documents confirm an agreed conclusion.

Accident / incident records were seen to be completed in a comprehensive and accountable manner. Monitoring systems, relevant to any accident / incident were in place and overseen by management; the monitoring style was to be further developed to show actions taken, where and when required.

A maintenance programme, with relevant records will be put in place in relation to regular examination and maintenance of bed rails.

Requirements
There were no requirements made as a result of this inspection.

Recommendations
1. The care service will obtain a copy of the local Inter-Agency Policy and Procedures relating to Adult Protection.
National Care Standards, Older People-Standard 5.1: Management and Staffing.

Kenny Campbell
Care Commission Officer