scottish commission for the regulation of care

Inspection report

Clinton House Nursing Home
Care Home Service

Ayr Road
Shawsburn
Larkhall ML9 3AD

Inspected by:
(Care Commission Officer) Jim McNally

Type of inspection: Announced (short notice)

Inspection completed on: 13 February 2008

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

Jim McNally
Care Commission Officer

Inspection Type

Announced (short notice)

Inspection Completed

13 February 2008

Period since last inspection

Five months

Local Office Address

Princes Gate
60 Castle Street
Hamilton
ML3 6BU

Introduction
Clinton House, owned and managed by a private provider stated it 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 stated it embraced a holistic approach and promoted 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.

Basis of Report

Before the Inspection

The Annual Return
The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Evaluation Form
The service submitted a self-evaluation form as requested by the Care Commission.

Regulation Support Assessment
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 and so a medium intensity inspection was required as a result. The inspection was then based upon the relevant Inspection Focus Areas and associated National Care Standards for the particular service type and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

During the inspection process

The report was written following an announced inspection carried out over one day. The inspection took place between the hours of 11.00 hours and 18.00 hours and was conducted by One Care Commission Officer.

Staff at inspection

Jim McNally - Care Commission Officer

Evidence

During the inspection, evidence was gathered from a number of sources including:

A review of a range of policies, procedures, records and other documentation, including the following:

· Staff training records
· Service Users Personal Plans
· Policy and Procedure Manuals related to Protection of People, Restraint and Staff Training
· Observation of Practice

Discussion took place with a range of care staff including:

· The Home Manager
· One External Manager
· One Staff Nurse
· Two Care Assistants
· One Cook

Observation of staff practice

Observation of the environment and equipment.

All of the above was taken into account during the inspection process and was reported on.

Inspection Focus Areas and associated National Care Standards for 2007/08

Inspection Focus Areas -

Protecting People
Child Protection in services for Adults
Adult Protection
Restraint
SSSC codes and Staff Training

Standard 5: Management and Staffing
Standard 99: Other Issues Related to National Care Standards and Regulations

Fire Safety Issues
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 in the last inspection report.

Comments on Self-Evaluation
A completed self evaluation document was submitted by the service. This was completed to a reasonable standard and gave detailed and relevant information for each of the Standards associated with the Inspection Focus Areas. The service briefly identified some areas for future development.

View of Service Users
Five service users spoke with the inspecting officer about the care that they received in the home. Comments included "I don't like being in care but the care here is very good"; "The food is excellent and there is plenty to eat"; "The staff are second to none and will get you anything you want" "my room was decorated a few months ago and I was asked what colour I wanted"; "I would like to get out more to visit the shops".

View of Carers
No carers were available during the inspection.

Regulations / Principles

National Care Standards

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 related to the Inspection Focus Areas.

Children visited the home on a regular basis. The service had a Child Protection policy which had been circulated to staff.

There was a detailed policy in place relating to the use of restraint and this was linked to current best practice guidance, "Rights, Risks and Limits to Freedom" (Mental Welfare Commission, 2006) and "Safe to Wander" (Mental Welfare Commission 2003). There were copies of both publications available to staff in the home.

Staff had received training in relation to the use of restraint and were aware that the home had policies and procedures about this.

There was an Adult Protection/Adult Abuse policy in place. The content was appropriate, detailed and contained staff and management responsibilities. The procedure contained a useful list of contact telephone numbers for relevant external agencies such as social services, police.

The service had a copy of the Area Inter-Agency Adult Protection Procedures. The Manager stated that there had been no adult abuse concerns following the last inspection of the home.

Training relating Adult Abuse and Protection was being rolled out to all staff.

The home had good opportunities for staff training and training needs were identified by staff themselves as well as the Manager. A staff training programme was in place which included the requirements defined in the regulations such as food hygiene and first aid.

Staff interviewed were familiar with the Scottish Social Services Council (SSSC) Codes of Practice and their requirements for registration.

Areas for Development

In one personal plan examined where there was a risk assessment in place for the use of medication as a form of restraint, there was no evidence that this use of restraint had been reviewed or the next of kin had been involved in the decision-making process. There was no written protocol in place to inform staff when it was appropriate to administer the prescribed medication in restraint situations. (see Requirement 1).

There was not a consistent written record kept of each occasion when restraint was used. (see Requirement 2).

Staff were aware of the home having a policy on the use of restraint but were not familiar with the detail included in the policy. There was no clear system in place to evaluate the effectiveness of staff training. (see Recommendation 1).

There were opportunities for informal meetings with the Manager to discuss issues but a formal supervision programme had not been rolled out to all staff. (see Recommendation 2).

National Care Standard Number 99: Other Issues Related to National Care Standards and Regulations

Strengths

The service had a homely remedies policy in place with written authorisation for appropriately trained staff to administer common medicines if required.

For some residents that shared a room there was written evidence of some consultation that had taken place with service users about their right to have a single room if they wanted one and written declarations from individuals indicating their preference to share a room.

The shower area in the ground floor bathroom had been refurbished with waterproof flooring. Flooring in an upstairs bedroom had been replaced following a previous problem with it.

Areas for Development

The authorisations for individual homely remedies contained in personal plans had not been reviewed since originally agreed in 2005. (see Recommendation 3).

Not every person who shared had a room had written evidence of informed and expressed consent about their choice of room contained in their personal plan. (see Recommendation 4).

A previous recommendation that the Provider commence a rolling programme of refurbishment showed some progress but in the view of the inspecting officer needs to continue. Some furniture that may have been replaced was instead re-varnished. (see Recommendation 5).

Enforcement
There has been no enforcement action against this service since the last inspection.

Other Information

There was one recommendation made in the last inspection report. This recommendation is detailed below:

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.

The service was able to show the inspecting officer a copy of the local authority guidance relating to protection of vulnerable adults.

This recommendation has been met.

Requirements
1. Risk assessments and care plans (in relation to restraint) should be reviewed and updated regularly. The service should be able demonstrate that all relevant parties have been involved in the decision-making process when restraint is being considered.

This is in order to comply with SSI 2002/114 Regulation 5(2)(b) - a requirement that the provider of a care home service shall in addition review the personal plan at least once in every six months.

Timescale for implementation: Four weeks from the date of publication of this report.

2. The care service should maintain appropriate records regarding the use of restraint.

This is in order to comply with SSI 2002/114 Regulation 19(3)(a) - a requirement that the provider shall keep a record of any occasion on which restraint or control has been applied to a user, with details of the form of restraint or control, the reason why it was necessary and the name of the person authorising it.

Recommendations

1. Staff awareness of the detail of the home's policy on the use of restraint should be evaluated. There should be a clear system in place to evaluate the effectiveness of all staff training.

National Care Standards. Care Homes for Older People. Standard 5 - Management and Staffing

2. The Manager should implement a formal supervision programme with all staff.

National Care Standards. Care Homes for Older People. Standard 5 - Management and Staffing

3. The authorisations for individual homely remedies contained in personal plans should be

reviewed regularly in line with best practice guidance to ensure that they do not interact with other prescribed medication. (see "The Handling of Medicines in Social Care" , RPSGB, 2007).

National Care Standards. Care Homes for Older People. Standard 15 - Keeping Well - Medication.

4. Every person who shares a room should have written evidence of informed and expressed consent about their choice of room, contained in their personal plan.

National Care Standards. Care Homes for Older People. Standard 4 - Your Environment.

5. The Provider must continue with a rolling programme of refurbishment that ensures that the home and furnishings are well maintained.

National Care Standards. Care Homes for Older People. Standard 4 - Your Environment.

Jim McNally
Care Commission Officer