scottish commission for the regulation of care

Inspection report

Clinton House Nursing Home
Care Home Service

Ayr Road
Shawsburn
Larkhall ML9 3AD

Inspected by: Jim McNally
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 20 March 2009

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

Jim McNally
Care Commission Officer

Inspection Type

Announced

Inspection Completed

20 March 2009

Period since last inspection

11 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.

Based on the findings of this inspection the service has been awarded the following grades:
Quality of Care and Support - 4 - Good
Quality of Environment - 4 - Good
Quality of Staffing - 4 - Good
Quality of Management and Leadership - 4 - Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

This report was written following an announced inspection. The inspection took place over one day between the hours of 10.00 hours and 16.00 hours. Verbal feedback was given to the Manager of the service on Friday 20 March 2009.

Before the Inspection

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

The Self-Assessment Form
The service submitted a self-assessment form as requested by the Care Commission

Views of service users
Out of ten Care Standards Questionnaires sent to the service for distribution to service users, five completed questionnaires were returned.

Regulation Support Assessment
The inspection plan for this service was decided 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.

LOW
This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

During the inspection process

Staff at inspection
Jim McNally – Care Commission Officer
Linda Wheatley – Care Commission Officer

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

Discussion with service users and staff.

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

supporting evidence from the self assessment
service users' personal plans
staff supervision and training records

Discussion took place with a range of staff including:
· The Manager
· Two Nursing staff
· Three Care staff
· One cook
· One Activities Coordinator

Observation of staff practices
Examination of the environment and equipment

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

The inspection also took account of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09
Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:

http://www.carecommission.com/

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 since last Inspection
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.

This requirement has been met. At the time of the inspection no service user was subject to restraint.

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.

This requirement has been met. At the time of the inspection no service user was subject to restraint.

Comments on Self Assessment
The service submitted a self-assessment form as requested by the Care Commission. This contained information on what the Provider thought they did well and how they thought some things could be improved. It also included information on how people who used the service participated in the process. The Provider had graded their service Good (4) across all four themes examined at inspection.

View of Service Users
Out of ten Care Standards Questionnaires sent to the service for distribution to users of the service, five completed questionnaires were returned. Of these five responses, five respondents stated that they strongly agreed that overall they happy with the quality of care they received at this home.

Comments from three service users spoken with during the inspection included “You’ll have no problems here”; “the food is good” . Another service user acknowledged that the staff

looked after him well.

View of Carers
Out of ten Care Standards Questionnaires sent to the service for distribution to relatives and carers, no completed questionnaires were returned.

Two relatives spoken with during the inspection commented that “The care is great. We can come and go anytime,”

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

The service had a written participation strategy and this had been shared with staff, service users and carers.

Copies of the participation strategy, service user agreement and service user guide were available in service user's bedrooms.

There was good evidence of consultation with service users and their carers/families in a number of ways including various questionnaires for relatives, residents and about the quality of different aspects of care provided in the home.

The home had produced a newsletter which was compiled by a staff member.

A suggestion and complaints book was easily accessible for carers. There were good sources of information available in the foyer of the home including:

* Information about independent advocacy services
* Details of keyworkers
* Minutes of recent meetings with staff and residents
* Carers and service user questionnaires.

Areas for Development

The newsletter about the home did not have any contributions from service users and relatives. (see recommendation 1)

Participation with carers and relatives of service was relatively new and had not become embedded in the culture of the home. Participation with carers and families outside of the home, including people who were unable to visit the home on a regular basis, was present on a limited basis. (see recommendation 2).

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

2

Statement 2: We enable service users to make individual choices and ensure that

every service user can be supported to achieve their potential

Service Strengths

The Activities Coordinator encouraged residents to make choices about the things they like to do and asked people who lived in the home what their interests were. Through discussion with the Activities Coordinator, it was evident that regular 1:1 discussions with service users was a method used to gain information about their individual interests.

There was an activities rota on display in the home which detailed a range of available activities, including arts, crafts, outings, and board games.

Monthly review sheets at end of some care plans, showing support and care is updated and evaluated.

The Manager advised that individual care plan meetings were conducted at least every six months. Some care reviews were conducted by telephone for relatives unable to make it into the home.

Families were sent out a "pre-review" sheet to allow them to contribute to the agenda for care review meetings. The individual service user and named key worker were invited attend the care plan review meetings

Menus in the service offered a good choice of foods. Menus were drafted on a four weekly cycle. Service users could choose their meals each day, and suitable alternative choices of food were offered, should someone change their preference.

There were two sittings at meal times. This allowed those service users who required assistance with eating to receive the necessary support from staff. Officers observed that mealtimes were not rushed and there was a calm, relaxed and pleasant ambience.

A handwritten menu was on display on the wall at the dining room entrance.

Choice of foods were available to residents after the kitchen had closed, small supplies were in the fridge and in the cupboard for staff on shift to access. Foodstuffs to make snacks were available, i.e. bread, cold meat, fruit, juice.

Service users spoken with had personal plans in their rooms. Service user guides and service user agreements were also in each room examined during the inspection.

Personal plans included a good social history and good details about the personal choices of each individual the plan related to.

Areas for Development

Some staff were better than others at reminding service users of their choices of food at mealtimes and reminding them of what was on the menu. (see recommendation 3).

Personal plans examined by inspecting officers showed little evidence of care plans being completed with service users or their carers. Review sheets were not always signed by staff in every plan examined. (see recommendation 4).

The activities coordinator, whilst enthusiastic, had not had the benefit of formal training and knowledge about meaningful activities for older people and those with cognitive impairment. Most activities were lead by the choices of service users. (see recommendation 5).

The handwritten menu could not be clearly read by all service users as it was in small print. Service users and staff did not always stop to read the menu on their way in to the dining room. (see recommendation 6).

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

4

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service Strengths

See comments under Quality Statement 1.1

There was good evidence that service users were consulted about the decoration and refurbishment of parts of the home. Minutes of meetings recorded how the choices of decor colours were made by service users.

There were copies of relatives and staff questionnaires on the wall in the entrance.

Areas for Development

See comments under Quality Statement 1.1

See recommendations under Quality Statement 1.1. These recommendations should be considered in relation to participation on the quality of the management and leadership in the home.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

2

Statement 2: We make sure that the environment is safe and service users are protected

Service Strengths

The building had a controlled entry system and a signing in procedure for all visitors to the home.

There was a rolling programme of refurbishment and redecoration in place.

The service had a number of policies and procedures in relation to ensuring that the environment was safe and service users were protected. This included policies and procedures relating to:

* Health and safety including the safety of children visiting the premises

* Administration and general policies indicating service users' choices of room and facilities.
* Wheelchair audits
* Equipment maintenance
* Fire safety
* Prevention and management of falls

The service had recently had a routine inspection by the Environmental Health Service.

There was a good risk assessment checklist which was completed for each service user during the first week of them entering the home.

A current employer's liability insurance certificate was on display. The registration certificate and current staffing schedule were on display.

There were records of accidents and incidents, involving service users and/or staff, kept. These were audited by the management of the service.

In staff files examined by inspecting officers there was good evidence of regular staff training in issues of safety, such as fire training.

Areas for Development

The same record form was being used to record accidents for staff and service users. The accident form and incident form gave no indication if the next of kin had been informed and/or when. There was no clear link to the service user's personal plan. (see recommendation 7).

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

See comments under Quality Statement 1.1

Areas for Development

See comments under Quality Statement 1.1.

See recommendations under Quality Statement 1.1. These recommendations should be considered in relation to participation on the quality of the staffing.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

2

Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service Strengths

The service had an employee of the month nomination where staff could be nominated and acknowledged by other staff for good work performance

The home has a supervisory development policy in place, with care training records for each member of staff. The sample of training records examined were completed in most cases.

Staff had reflective practice sheets to complete after training sessions. These sheets were reviewed by the Manager then added to the employee's training file.

There were good opportunities for training. The home's Manager in discussion with the employee agreed and decided what training was required and if further training was needed.

Staff had training workbooks for a range of topics including the use of restraint, SSSC (Scottish Social Services Council) Codes of Practice and Protection of Vulnerable Adults. This system allowed the Manager to evaluate how effective training had been. A system of staff appraisal was in place.

Areas for Development

The employee of the month nomination had recently lapsed due to lack of response from participants. (see recommendation 8).

Regular supervision and appraisal was not in place for every member of staff. (see recommendation 9).

Senior staff members, with a supervisory role, were not always clear what this meant in practice. (see recommendation 10).

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

3

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

See comments under Quality Statement 1.1

Areas for Development

See comments under Quality Statement 1.1.

See recommendations under Quality Statement 1.1. These recommendations should be considered in relation to participation on the quality of the management and leadership in the home.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

2

Statement 4: We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Service Strengths

The inspecting officer discussed the Inspection Focus Area (IFA) conducted by the Care Commission in all care services for 2007-08 which related to providers' responsibilities to notify the Care Commission and SSSC, (Scottish Social Services Council), about staff dismissal on the grounds of misconduct.

The Manager confirmed that she was aware of her responsibilities in this area.

There was an appropriate system for recording complaints and the complaints procedure was on display in the home.

Areas for Development

It was noted and acknowledged by the Manager that since 17 October 2005 notifications to the SSSC of consideration of dismissal of someone on the grounds of misconduct, had they not resigned or abandoned their post, had not been made when required. (see requirement 1).

Some complaints examined during the inspection had not been signed or dated. A copy of the letter to the complainant detailing the outcome of a complaint investigation by the service was not always filed. (see recommendation 11).

CCO Grading

4 - Good

Number of Requirements

1

Number of Recommendations

1

Regulations / Principles

National Care Standards

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

Other Information
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.

This recommendation has been met

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.

This recommendation has been met

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.

This recommendation has been met

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.

This recommendation has been met

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.

This recommendation has been met

Requirements
1. You must notify any circumstances which have arisen since 17 October 2005 in which you would have considered dismissing someone on the grounds of misconduct had they not resigned or abandoned their post, to the Scottish Social Services Council (SSSC).
Regulation 57A.

The employer of a social service worker shall:
(a) on dismissing the social service worker on the grounds of misconduct; or
(b) on the social service worker resigning or abandoning the worker's position in

circumstances where, but for resignation or abandonment:
(i) the worker would have been dismissed on the grounds of misconduct; or
(ii) dismissal on such grounds would have been considered by the employer,
forewith notify SSSC of the dismissal, resignation or abandonment; and the employer shall in doing so provide the SSSC with an account of the circumstances which led to the dismissal or which were present when the resignation or abandonment took place.

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

Recommendations

1. Service users and relatives to the newsletter should be invited to make contributions to the newsletter.

2. The good standard of participation with carers and relatives should be further developed so that it is embedded in the culture of the home. The participation strategy should include how the service will reach out to service users and carers who may otherwise be unable to participate in improving the quality of care and support provided by the service e.g. people who cannot attend meetings, service users who have no representation.

National Care Standards. Care Homes for Older People.
Standard 1- Informing and Deciding
Standard 5 - Management and Staffing Arrangements.
Standard 11- Expressing your views
Standard 17 - Daily Life

3. The Activities Coordinator would benefit from access to a wider range of meaningful activities for older people and individuals suffering from dementia or other cognitive impairment. This would allow activities to be directed by best practice as well as the choice of service users. (See http://stirling.jellycommunications.com (the website for the Dementia Services Development Centre)).

4. Staff practice at mealtimes should be improved to ensure that service users are consistently reminded of their choices of food at mealtimes and also reminded of what is on the menu.

5. Personal plans should demonstrate more evidence of care plans being completed with service users and/or their carers. Review sheets should always signed by staff.

6. The current menu should be reviewed so that it is displayed in a place and format that can be clearly read by all service users.

National Care Standards. Care Homes for Older People.
Standard 1- Informing and Deciding
Standard 5 - Management and Staffing Arrangements.
Standard 11- Expressing your views
Standard 17 - Daily Life

7. Separate forms should be used to record accidents for staff and service users. The accident form and incident form should always indicate if the next of kin had been informed and/or when. There should always be an indication in the personal plan in what

circumstances next of kin wish to be informed and when.

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

8. The service should consider reintroducing the employee of the month award and include service users and families in the staff nomination process.

9. Regular supervision and appraisal should be in place for every member of staff.

10. Senior staff members, with a supervisory role, should receive refresher training on what this means in practice for them and the supervisee.

National Care Standards. Care Homes for Older People.
Standard 5 - Management and Staffing Arrangements.
Standard 11- Expressing your views

11. All complaints recorded should be signed and dated. A copy of the letter to the complainant detailing the outcome of a complaint investigation by the service should always be kept on file in the home.

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

Jim McNally
Care Commission Officer