

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: Unannounced

Inspection completed on: 30 March 2009

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

Unannounced

Inspection Completed

30 March 2009

Period since last inspection

2 weeks

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 unannounced inspection. The inspection took place over one day between the hours of 14.00 hours and 18.00 hours. Verbal feedback was given to the Manager of the service on Monday 30 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 before the last inspection 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.

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

Evidence

During 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:

- 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
- Two Care staff
- One Cook

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

There was one requirement made following the last inspection which is detailed below:

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.

This requirement has been met.

Comments on Self Assessment

The service submitted a self-assessment form as requested by the Care Commission before the last inspection. 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.

For this inspection the self assessment was briefly revisited only for the four Quality Themes referred to in this report.

View of Service Users

The Care Commission and the service had canvassed the views of service users prior to the previous inspection. Summaries of these views are recorded in the inspection report dated 30 March 2009.

View of Carers

There were no carers present at the time of the inspection.

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. Invitations to contribute to the newsletter had been made to service user, carers and friends.

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

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 1)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

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. The manager had arranged to discuss further training for the activities coordinator, about meaningful activities for older people and those with cognitive impairment. Access to online resources was also being arranged.

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. Staff reminding service users of their choices of food at mealtimes and reminding them of what was on the menu was a discussion point for the next staff meeting.

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.

The handwritten menu that was on display on the wall at the dining room entrance had been replaced with a whiteboard located in the dining room. This was much easier to read.

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

The activities coordinator had not had the benefit of formal training and knowledge about meaningful activities for older people and those with cognitive impairment. Most activities were led by the choice of service users. (see recommendation 2).

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 3)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

2

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 environment.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

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. The Manager advised that this area for development had been passed to the provider, who was dealing with it. (See recommendation 4)

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

0

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 reintroduced the 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.

Regular supervision and appraisal was in place for each member of staff.

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

Senior staff members, with a supervisory role, were not always clear what this meant in practice. This was to be discussed again at the next staff meeting and staff were to be reminded of the home's supervisory development policy. (see recommendation 5).

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

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 recommendation under Quality Statement 1.1. This recommendation 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

0

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

The Manager was working closely with the administrator in the provider's other home to ensure that complaints resolution letters were following a consistent format. This should be fully developed and in place by the next inspection of the home. (see recommendation 6).

CCO Grading

4 - Good

Number of Requirements

0

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

11 recommendations were made following the last inspection. Each recommendation is detailed below with an indication if each recommendation has been met, partially met or unmet. Those recommendations that are partially met or unmet will be restated in this report.

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

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

This recommendation has been met.

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

This recommendation is partially met and ongoing. It will be reviewed at future inspections.

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)).

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

This recommendation is partially met and ongoing. It will be reviewed at future inspections.

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.

This recommendation has been met

National Care Standards. Care Homes for Older People.
Standard 5 - Management and Staffing Arrangements.
Standard 13 – Eating well.

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.

National Care Standards. Care Homes for Older People:
Standard 5 - Management and Staffing Arrangements.
Standard 6 – Support Arrangements.

This recommendation is partially met and ongoing. It will be reviewed at future inspections.

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 13 – Eating well.

This recommendation has been met

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.

This recommendation is partially met and ongoing. It will be reviewed at future inspections.

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

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

This recommendation has been met

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

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

This recommendation has been met

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.

This recommendation is partially met and ongoing. It will be reviewed at future inspections.

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.
Standard 11 - Expressing your views

This recommendation has been met

Requirements

There were no requirements

Recommendations

1. 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

2. 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)).

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

3. 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.

National Care Standards. Care Homes for Older People:
Standard 5 - Management and Staffing Arrangements.
Standard 6 - Support Arrangements.

4. 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.

5. 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.

6. The procedure for complaints resolution letters should follow a consistent format. This should be fully developed and in place by the next inspection of the home.

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

Jim McNally
Care Commission Officer