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Care service inspection report

Clinton House Nursing Home

Care Home Service Adults

Ayr Road
Shawsburn
Larkhall
ML9 3AD
Telephone: 01698 883043

Inspected by: Jim McNally

Type of inspection: Unannounced

Inspection completed on: 30 March 2012

HAPPY TO TRANSLATE

Contents

Service provided by:

Clinton House Strathclyde (Care Homes) Ltd

Service provider number:

SP2003002417

Care service number:

CS2003010566

Contact details for the inspector who inspected this service:

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Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	4	Good
Quality of Environment	3	Adequate
Quality of Staffing		N/A
Quality of Management and Leadership		N/A

What the service does well

The quality of participation and engagement with people who use the care home has been maintained since our last inspection of the service. We looked at very good sources of information in the home about what the service provides and this information continued to be presented in an accessible way.

Ways of providing information to people who might want to use the home but cannot always visit the home have also been maintained. The provider has an interactive web-site that is regularly updated with information about the service.

The Activities Manager and Activity Coordinator are developing some new initiatives that if progressed should enhance the quality of care for services users of all abilities.

What the service could do better

We identified some key areas for development, particularly to do with improving the quality of the internal and external environment. We have made specific requirements and recommendations relating to this Quality Statement.

We thought that more work was needed to assess the capacity of service users to make decisions about their finances and welfare. Personal plans needed to demonstrate better that appropriate steps had been taken to do this and that all relevant documents were in place.

Risk assessments around healthcare needs required more detail and needed to be reviewed more often. We made some recommendations to do with the dining experience for residents. We also made some recommendations around how medicines were managed.

What the service has done since the last inspection

A new manager had been appointed since the last inspection. The very good progress made with participation at the last inspection has been maintained.
The developments around new activities were welcome.

It is clear that there has been less attention given recently to the quality of the environment and how this impacts on service users, for example, accessing a garden area, maintaining privacy in bedrooms. This now needs to be prioritised.

Conclusion

This service is maintaining a very good standard in relation to engagement and participation with users, relatives and carers. of care and support. The service continues to be well liked by the people who live in Clinton House and by their relatives and carers.

The Quality of the environment is adequate and needs to be improved.

Who did this inspection

Jim McNally

1 About the service we inspected

Clinton House Nursing Home is owned and managed by a private provider, Clinton House Strathclyde (Care Homes) Ltd. The home is situated in its own grounds in the small village of Shawsburn, near Larkhall and is close to public transport routes. There are no local amenities within walking distance of the home.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS, known as the Care Inspectorate.

The aims and objectives of the service state that :

" All care provided in our homes is delivered in a professional manner, adopting a holistic approach to care, whilst affording dignity and respect to each individual Service User in accordance to our company motto, 'Dignitas Qualitas Caritas' - 'Dignified Quality Care'. "

The service had written 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 this service has been awarded the following grades:

Quality of Care and Support - Grade 4 - Good
Quality of Environment - Grade 3 - Adequate
Quality of Staffing - N/A
Quality of Management and Leadership - N/A

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report after an unannounced inspection that took place between 09.40 hours and 17.30 hours on Friday 30 March 2011. Feedback about the inspection was given to the manager on the day of the inspection. There were 23 people living in the home on the day that we visited.

As requested by us, the provider sent us an annual return and a self assessment form before the inspection.

In this inspection we gathered evidence from various sources, including the relevant sections of policies, procedures, records and other documents, including:

evidence from the service's most recent self assessment
personal plans of people who use the service
the provider's service user, relative and staff questionnaires
discussions with various people, including:
- the manager
- two catering staff
- the activities manager
- four people who use the service
- two relatives of a service user
- observing how staff work

examining equipment and the environment (for example, is the service clean, is it set out well, is it easy to access by people who use wheelchairs?).

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

What the service has done to meet any recommendations we made at our last inspection

There were no recommendations outstanding from the last inspection of this service.

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

We received a completed self assessment document from the service provider on 27 October 2011 before this inspection took place. We were satisfied with the way the service provider had completed this and with the relevant information they had given us for each of the headings that we grade them under.

The service provider identified what they thought they did well, some areas for development and any changes they planned. The quality grades indicated by the provider in their self-assessment did not match the quality of what we found when we inspected the service. We awarded some lower grades than those detailed in the provider's self-assessment.

Taking the views of people using the care service into account

We spoke with people who lived in the home during the inspection. We also sent 10 questionnaires to the service and asked the provider to give them to service users to complete. We got eight completed questionnaires back, in October and November 2011. From the questionnaires we got back, six people said that they strongly agreed with the statement that overall, they were happy with the quality they received at the home. Two people said they agreed with this statement.

Additional comments made by residents either in the questionnaires or during the inspection included:

"Its an excellent home."

"I'm quite happy here and don't want to go anywhere else."

"Sometimes I don't feel that hungry. When I feel like this I don't find the food appetising. Sometimes I don't find there's much choice. I am happy with the trained staff and feel confident with them, but I feel the home needs more as they can't always get to me on time."

"The food is edible and I always get my fresh fruit and juice but I find the menu repetitive. But, overall, I am happy with the care and the environment."

"I am happy enough where I am. I get on well with all the staff."

Taking carers' views into account

We sent 10 questionnaires to the service and asked the provider to give them to relatives and carers of people living in the home. We got seven completed questionnaires back, in October and November 2011.

Four people who completed our questionnaires said that they strongly agreed with the statement that overall, they were happy with the quality they received at the home. Three people who replied said that they agreed with this statement.

Additional paraphrased comments included:

"Although the quality of food is generally good there is a perception of cost-cutting. Staff changes make continuity a problem."

" I know instinctively, that, (my relative), is cared for properly and professionally."

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 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 continued to be shared with staff, service users and carers. Copies of the participation strategy, service user agreement and service user guide were available in each service user's bedroom.

There was very good evidence of ongoing consultation with service users and their carers/families in a number of ways. Examples included various questionnaires for relatives, residents and about the quality of different aspects of care provided in the home. The service have also provided an e-mail address that can be used by carers and families to write to their relatives and friends who live at Clinton House.

The home has a newsletter, which is compiled by a staff member. Invitations to contribute to the newsletter had been made to service users, carers and friends. Newsletters and minutes of meeting were posted out to relatives of people who used the service. The noticeboards in the home presented very good information in a clear and easier to read format.

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

- Information about independent advocacy services
- Details of keyworkers and staff were on display. This had been updated to include photographs of each staff member.
- Minutes of recent meetings with staff and residents
- Carers and service user questionnaires
- Information about planned activities

The most recent inspection report and the service's action plan in response to previous recommendations for improvement were displayed on a notice-board. The

service also had a display at the entrance to the home called - "You said-We did". This detailed key discussion points from meetings with residents, families and carers. It then indicated what action had been taken and what the outcome was for people living at Clinton House.

The provider maintained an interactive web-page about the service which was a very good way that information about the home could be shared with existing users and potential users of the service.

We looked at three personal plans during the inspection. Clearer links between meaningful activities,social care and healthcare needs was being developed and recorded. An inspector had a discussion with the Activities Manager who had responsibility for supervising the activities coordinators in both the homes operated by the provider.

An activities model was being developed that was more inclusive, and took account of the range of needs and abilities of all the service users living in the home. Examples include the development of a gardening club, the introduction of a "petting zoo" and a range of entertainment inside the home and outings outside of the home.

Areas for improvement

We looked at the contributions from service users and relatives/carers to individual personal plans. We saw that the detail and quality of this information was very variable. Some plans had good social histories which had contributions from residents or family members. Other plans lacked this information.

We thought that there was room for further development and that the service should try to demonstrate how past interests, hobbies and life history influenced current daily life and activities. We agreed with the Activity Manager that progressing the new activity model should help address this area for development. (see recommendation 1).

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. More contributions from service users and relatives/carers to individual personal plans should be encouraged and this should be better reflected in personal plans. The new activity model being developed should be progressed to support this.

   NCS 6 Care Homes for Older People - Supporting Arrangements

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

We did not look at every part of this Quality Statement. We did look at how the service supported people with eating and drinking and assessed service users for the risk of undernutrition and dehydration. We also looked at how healthcare needs were recorded in personal plans and how medicines were managed.

Eating and Drinking

An inspector had had lunch with service users in the dining room. The provider used an external company to provide catering services to the home.

Lunch was served in a reasonable spacious dining room, although some service users chose to have lunch in their own bedrooms. We saw that the kitchen and care staff who were serving and assisting with lunch had a nice manner with residents, were patient and communicated well with people. Those service users who needed 1:1 assistance received it in a dignified way. There was good use made of adapted cutlery and crockery for individuals who needed to us it.

There was a pictorial menu on display as well as a written menu. We saw that staff readily offered residents alternatives if they did not like what was on the menu. Extra portions were also offered.

On the day of the inspection we spoke with two of the cooks on duty. Both cooks appeared to have a good knowledge and understanding of the nutritional needs and preferences of individual service users. They showed the inspector a good range of best practice guidance including information about overcoming the eating and drinking challenges of older people, menu planning principles and information on how to prepare textured diets. There was a record kept in the kitchen of the food and drink preferences of individual residents. We saw that this had been recently updated.

Medicines Management

The service had recently changed pharmacy provider and were using a new form of Monitored Dosage System, (MDS). Currently, only registered nurses administered medicines to service users.

We looked at the areas where medicines were stored and how they were stored. We also looked at a sample of Medication Administration Records (MAR sheets) to check that medicines were properly recorded when given to service users.

Medicines were stored in locked cupboards inside a locked room. The medicine trolley was also locked when not in use.

The temperature of the drug fridge and the medicines room were being recorded daily. Controlled Drugs were being checked twice daily by appropriate staff.

There was photographic identification of each service user on individual MAR sheets.

Overall, we noted that there was regular contact with the local GP practice and where necessary other health professionals allied to medicine such as the audiologist, podiatrist and optician.

Areas for improvement

We looked at how healthcare needs were recored and reviewed in personal plans and identified the following areas for development:

Some healthcare risk assessments and care plans lacked sufficient detail. This was also the case with some reviews of healthcare needs.

Examples included one plan where the initial assessment of continence needs was recorded in July 2011 and the next review of these needs was recorded in January 2012. We though that this was too infrequent. Best practice guidance in continence management indicates that separate care plans be used for different continence issues. We only saw one plan in place for people who had both urinary and bowel continence problems.

Oral health assessment scores in two plans indicated a medium risk that required a review every two weeks. However, reviews were being done monthly with no indication as to why this was.

Some of the language used in plans to tell staff what care was required was not detailed enough. For example " To establish a regular pattern to use the toilet". We thought some care plans needed to be more specific and should have been reviewed more often. (see requirement 1).

There were issues about how decisions about healthcare took account of an individual's capacity and if a person lacked capacity what arrangements were in place to manage this. This is referred to in more detail under Quality Statement 2.2

We thought that the dining room furniture was not attractive and much of it was worn. Examples included dining table that had sticky and worn surfaces, chairs that were well worn on the arms. (see recommendation 1).

The pictorial menu, although a good idea, was tucked away in a corner of the dining room and was not clearly visible to service users. Staff did not remind people what they had chosen earlier from the menu. Staff also served soup to residents (and the

inspector) but did not tell anyone what flavour of soup it was. (see recommendation 2).

The minimum and maximum temperatures for the drug fridge were not being recorded. Some contents of the fridge such as eye drops were not dated when they had been opened. The sample of staff signatures for staff who administered medication was out of date (It still had the names of staff members on it who no longer worked in the home). (see recommendation 3).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 3

Requirements

1. In relation to healthcare needs, personal plans must:

   Have healthcare risk assessments and care plans that contain sufficient detail to inform staff what care in needed. Reviews of these needs must be carried out regularly in line with the needs of the individual and where any change to care is made. All reviews must be dated.

   The language used to tell staff what care is required must be more specific and easy to understand.

   This is in order to comply with:

   SSI 2011/210 Regulation 5.

   -(1) Subject to paragraph (3) a provider must, after consultation with each service user and, where it appears to the provider to be appropriate, any representative of the service user, within 28 days of the date on which the service user first received the service prepare a written plan ("the personal plan") which sets out how the service user's health, welfare and safety needs are to be met.

   (2) Subject to paragraph (3) a provider of a care service must-

   (a)make the personal plan available to the service user and to any representative consulted under paragraph (1);
   (b)review the personal plan-
   (i)when requested to do so by the service user or any representative;
   (ii)when there is a significant change in a service user's health, welfare or safety needs; and
   (iii)at least once in every six month period whilst the service user is in receipt of the service;

(c)where appropriate, after any review mentioned in sub-paragraph (b), and after consultation with the service user and, where it appears to the provider to be appropriate, any representative, revise the personal plan; and
(d)notify the service user and any representative consulted under paragraph (2)(c) of any such revision.
and takes account of

NCS 6 Care Homes for Older People - Supporting Arrangements

Timescale for improvement: To commence immediately and be completed within one month of the publication of this report.

Recommendations

1. The worn tables and chairs in the dining room should be replaced. This would make the dining environment a more attractive setting to eat in.

   NCS 4 Care Homes for Older People - Your Environment
   NCS 13 Care Homes for Older People - Eating well
2. The pictorial menu should me made more visible to all service users. Staff practice should support menu choices by reminding residents what they selected earlier, other choices of food and drink that are available and what type/flavour of food is being served when it is being served.

   NCS 5 Care Homes for Older People - Management and Staffing Arrangements
   NCS 13 Care Homes for Older People - Eating well
3. The minimum and maximum temperatures for the drug fridge must be recorded, in line best practice guidance. (For example see Royal Pharmaceutical Society of Great Britain (RSPGB) "The Handling Of Medicines In Social Care", October 2007; Nursing and Midwifery Council " Record keeping: Guidance for Nurses and Midwives", April 2010).

   Eye drops should be dated when they have been opened so that staff know when to discard them (in line with the manufacturer's instructions and information leaflet).

   The sample of staff signatures for staff who administer medication should only contain the names of staff who are currently authorised to administer medicines.

   NCS 5 Care Homes for Older People - Management and Staffing Arrangements
   NCS 15 Care Homes for Older People - Keeping Well - Medication

Statement 6

People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provide.

Service strengths

We found that the service had very good sources of information for people who use or would like to use the service. An introductory folder containing information about the home was available in the entrance hall. The information made available included a copy of the current residency agreement, a service user guide and details about the cost of living at Clinton House. Information about the home's accommodation and facilities was also provided.

The provider had a comprehensive website (see www.clintonhouse.co.uk) which had very good information about the service and links to other websites of interest, including the Care Inspectorate, Alzheimer Scotland and Age Scotland. Visitors and carers could also be provided with a personal login to access additional information on private areas of the website

Prospective users of the service could visit the home before making a decision about living there. Trial periods of stay were available to service users to allow them and their carers to decide about living in the home on a long term basis. Staff were regularly involved in assessing prospective service users and supported them and their relatives in making the transition to living in the home.

Good support was provided to service users and families who chose to move way from the service. Through discussion with the manager it was confirmed that staff would support and assist people to move out of the home and would involve the service users and their carers in the transition period. Trial visits to new accommodation were supported by staff.

Areas for improvement

Some of the information available in the home needed to be updated. An example was the complaints procedure which made reference to the Care Commission (the previous regulator). (see recommendation 1).

The service's staffing schedule was not on display next to the registration certificate. We discussed this with the home manager who advised that this was done because the staffing schedule did not reflect a change made to the staffing shift patterns. (see recommendation 2).

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. It would be beneficial to all visitors to the home if a member of staff was given responsibility for making sure that the information available in the home is current and that any information that needs updated is done in a timely way.

   NCS 1 Care Homes for Older People - Informing and Deciding
   NCS 5 Care Homes for Older People - Management and Staffing Arrangements

2. The provider needs to display the staffing schedule alongside the registration certificate at all times. If the provider wishes to change any of the conditions of registration, including staffing arrangements, then this must be done via an application to the Care Inspectorate.

   NCS 1 Care Homes for Older People - Informing and Deciding
   NCS 5 Care Homes for Older People - Management and Staffing Arrangements

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

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

Areas for improvement

See comments under Quality Statement 1.1

Grade awarded for this statement: 5 - Very 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.

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
Equipment maintenance
Fire safety
Prevention and management of falls
A current employer's liability insurance certificate was on display. The current registration certificate was on display.
There were records of accidents and incidents, involving service users and/or staff, kept. We spoke with the handyman and saw that he kept appropriate records of checks on areas such as fire equipment and the temperature of hot water outlets.

Areas for improvement

We walked round the outside and inside of the building with the manager and noted the following areas for development:

There was not a rolling programme of renovation and refurbishment in place.

The concrete ramp for wheelchair use at the entrance to the home was crumbling and cracked in a number of places.The overhead porch at the entrance to the building had a crumbling window frame.

The windows in various parts of the home were not clean. The manager advised there was no window cleaner for the home.

There was limited garden space being used at the rear of the home. There were a few benches and the area was slabbed. On the day that we inspected the weather was pleasant, yet no service users were outside, though staff were.

Inside the home we saw that the carpet in the main corridor was very worn and bobbled in some areas. Much of the furniture throughout the home was worn and "tired". Examples included armchairs in the upstairs corridors and in some bedrooms, dining furniture and some bedroom furniture. (see requirement 1)

We visited the laundry and spoke with the staff member working there. The laundry was small but was further cramped by redundant items of furniture and equipment. One of the washing machines in use was a domestic washing machine. Were were told that this machine was used for all types of laundry including "sluiced" items. There was an industrial washing machine that was also used for the same type of laundry.

The home still had some beds with bedrails. It was not clear who who was responsible for checking and maintaining them.

(see requirement 2).

We also looked at how the service was getting information to do with the Adults with Incapacity (Scotland) Act, 2000 as this is an important area of protection for service users. The quality and detail of this information was variable. Some entries in personal plans were out of date and we noted a number of gaps where we thought information should be. We thought that this was due, in part, to incomplete information about who was the appropriate person appointed to safeguard the welfare and finances of service users who were assessed as lacking capacity. There were some service users with a diagnosis of dementia who may have lacked capacity to make decisions about their care, but there was no evidence that any assessment of capacity had been made. (see recommendation 1).

The domestic staff did not use a cleaning schedule and there were no current cleaning schedule records. (see recommendation 2.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 2

Number of recommendations: 2

Requirements

1. The concrete ramp for disabled access and the overhead porch at the entrance to the building must be repaired and maintained. The windows throughout the home should be cleaned regularly.

   The carpet in the main corridor must be of a good standard and not put service users at risk of tripping or falls due to being worn or bobbled.

   There must be a suitable garden area outside for use by all service users. Service users must be able to move round easily in the house and garden area and where necessary supported by staff to do this.

   There must be a rolling programme of renovation, refurbishment and repair put in place to make sure that the environment is suitable to meet the needs of all service users and the aims and objectives of the service.

   This is in order to comply with:

   SSI 2011/210 Regulation 4 - Fitness of premises
   10.-(1) A provider must not use premises for the provision of a care service unless they are fit to be so used.

   (2) Premises are not fit to be used for the provision of a care service unless they-

   (a)are suitable for the purpose of achieving the aims and objectives of the care service as set out in the aims and objectives of the care service;
   (b)are of sound construction and kept in a good state of repair externally and internally;
   (c)have adequate and suitable ventilation, heating and lighting; and
   (d)are decorated and maintained to a standard appropriate for the care service.

   and takes account of:

   NCS 4 Care Homes for Older People - Your Environment

   Timescale for improvement: To commence immediately and be completed within three months of the publication of this report.
2. The provider must make sure that all of the laundry environment, laundering procedures and laundry equipment complies with current Health and Safety legislation and Infection Control Standards. The provider must check that the domestic washing machine currently in use is appropriate for use in a care home

setting and for washing soiled/sluiced laundry. If it is not fit for this purpose it should not be used.

A system of carrying out appropriate checks on bedrails must be put in place to make sure that service users are not put at risk by their use.

This is in order to comply with:

SSI 2011/210 Regulation 4(1)(a)(c) - Fitness of premises
A provider must-

(a)make proper provision for the health, welfare and safety of service users; and

(d)where necessary, have appropriate procedures for the prevention and control of infection.
And

SSI 2011/210 Regulation 14(b) - Facilities in care homes
14. A provider of a care home service must, having regard to the size of the service, the statement of aims and objectives and the number and needs of service users-

((b)provide such other equipment for the general use of service users as is suitable and sufficient having regard to their health and personal care needs;
Timescale for improvement: To commence immediately and be completed within one week of the publication of this report.

Recommendations

1. Work should be progressed to make sure that all service users who need to be assessed in relation to capacity (as per the Adults with Incapacity (Scotland) Act 2000) are properly assessed. The staff team should know which service users have been assessed as lacking capacity and what arrangements are in place to safeguard their welfare and finances. This should be properly documented in all personal plans. There should be evidence in the plan of any arrangement in place for Power of Attorney or Guardianship.

   NCS 5 Care Homes for Older People - Management and Staffing Arrangements
   NCS 6 Care Homes for Older People - Supporting Arrangements
   NCS 9 Care Homes for Older People - Feeling Safe and Secure
2. The service should keep appropriate records of cleaning that is carried out each day. An audit of the standards of cleanliness should be maintained.

   NCS 4 Care Homes for Older People - Your Environment
   NCS 5 Care Homes for Older People - Management and Staffing Arrangements

Statement 4

The accommodation we provide ensures that the privacy of service users is respected.

Service strengths

The provider had a Confidentiality Policy which was shared with service users and staff.

Each service user had an individual bedroom. Staff respected people's living space and knocked on doors, waiting for permission to enter.

Service users could make and receive telephone calls in private via a cordless telephone. If service users chose to have their own telephone line installed we were told by staff that this could be arranged.

We got back eight questionnaires from people who lived at Clinton House. Of these four residents said that they strongly agreed that their privacy was respected by staff and other residents. Four other residents who replied said that they agreed with this statement.

From the questionnaires we got back from relatives and carers, four people said that they strongly agreed that the privacy of their relative or friend living in the home was respected by staff and other residents. Three other people who replied said that they agreed with this statement.

Areas for improvement

Bedrooms doors did not have locks and could not be secured by service users from the inside, with a facility for staff to open the doors in an emergency. (see requirement 1).

In the bedrooms that we looked at there was no lockable space for service users to keep their private and personal belongings. Staff told us that this was the position in the majority of bedrooms. (see requirement 1).

Not all bedrooms had ensuite facilities. There was limited private space in the home, other than in bedrooms(see recommendation 1).

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 1

Requirements

1. Bedrooms doors must be able to be secured by service users from the inside, with a facility for staff to open the doors in an emergency.

All bedrooms must have lockable space for service users to keep their private and personal belongings.

This is in order to comply with:

SSI 2011/210 Regulation 4 (1)(a)(b) - Welfare of users
A provider must-

(a)make proper provision for the health, welfare and safety of service users;
(b)provide services in a manner which respects the privacy and dignity of service users;
and takes account of:

NCS 4 Care Homes for Older People - Your Environment
NCS 16 Care Homes for Older People - Private Life

Timescale for improvement: To commence immediately and be completed within two months of the publication of this report.

Recommendations

1. The provider should explore how to improve privacy in the home, including developing more ensuite facilities.

   NCS 4 Care Homes for Older People - Your Environment
   NCS 16 Care Homes for Older People - Private Life

Quality Theme 3: Quality of Staffing - NOT ASSESSED

Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	3 - Adequate
Statement 6	5 - Very Good
Quality of Environment - 3 - Adequate	
Statement 1	5 - Very Good
Statement 2	3 - Adequate
Statement 4	3 - Adequate
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - Not Assessed	

6 Inspection and grading history

Date	Type	Gradings	
12 Dec 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
18 Oct 2010	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed Not Assessed
10 Mar 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 5 - Very Good Not Assessed
28 Oct 2009	Announced	Care and support Environment	4 - Good Not Assessed

		Staffing Management and Leadership	4 - Good Not Assessed
30 Mar 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
20 Mar 2009	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nithear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے-

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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