scottish commission for the regulation of care

Inspection report

Clinton House Nursing Home
Care Home Service

Ayr Road
Shawsburn
Larkhall ML9 3AD

Inspected by:
(Care Commission Officer) Jim Brannigan

Type of inspection: Announced

Inspection completed on: 29 November 2005

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 Nursing Home

Inspected By

Jim Brannigan
Care Commission Officer

Inspection Type

Announced

Inspection Completed

29 November 2005

Period since last inspection

9 Months

Local Office Address

Princes Gate
60 Castle Street
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Introduction

Clinton House was purpose built and provides accommodation for up to 30 people on two floors. The Care Home has 16 single rooms on the first floor and two single and six double rooms on the upper floor. The Home provides 24 hour care to young physically disabled, frail elderly, elderly with mild mental illness and terminally ill. The Home aims to offer care in a professional manner, adopting a holistic approach, whilst affording dignity and respect to each individual resident. The Home is situated in its own grounds on the outskirts of Larkhall on the main Ayr to Edinburgh Road. The Home has its own drive way and a car park at the rear of the building. There are public transport services to the nearest town. There are no local amenities within walking distance from the Home. The Service has been registered with the Care Commission since 1 April 2002.

Basis of Report

Before the visit the Care Home sent a Pre Inspection Return containing information on the service. The Care Home also sent a self evaluation form.The Care Commission wrote to the Care Home telling them when the visit would take place.

During the visit which took place on 29 November 2005 between 10.00 am and 4. pm and on 30 November 2005 between 10.1 0 am and 2.30 pm, the Care Commission Officer spoke with, the Manager, Depute Manager, seven members of staff and six Service Users.

The Care Commission Officer also looked at a range of policies, procedures and records including the following:

· Registration Certificate.
· Staffing Schedule.
· Certificate of Insurance.
· Care Plans.
· Menus.
· Brochure
· Complaints Procedure.
· Fire Records.
· Accident and incident records.
· Medication policy.
· Restraint policy and records.
· Health and safety.
· 'Whistle-blowing'.
· Environmental health.
· Managing risk
· Recruitment processes.
· Staff training.
· Financial procedures.
· and spent time observing how staff worked with the Service Users.

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

Standard 1: Informing and deciding.

Standard 5: Managing and staffing arrangements.
Standard 6: Support Arrangements.
Standard 7: Moving In.
Standard 18: Staying in Touch.

Action taken on requirements in last Inspection Report
Five requirements have been made since the last inspection.
Four of these have been met.

The outstanding requirement is recorded in the requirement section at the end of this report.
(see Requirement 1)

See 'other information' section at the end of this report for comments.

Comments on Self-Evaluation

The self evaluation identified areas of strength and some areas for development.

View of Service Users
Service Users spoken with said they were happy with the care they received and said they were well looked after.Service Users said that staff treated them with dignity and respect.Service Users made the following comments; " care is excellent", " good nursing home".
Service Users spoken were universally dissatisfied with the Care Homes management, choice, quantity and quality of food at meal times. Issued raised were not being able to choose from a range of food they like, meal times being regimented and inflexible, not having sufficient variety and quantity of food to choose from if they wanted a snack.

View of Carers
There were no carers available during the inspection.

Regulations / Principles

National Care Standards

National Care Standard Number 1: Care Homes for Older People - Informing and Deciding

Strengths

The Care Home had an Information Pack which included information on most aspects of the Home's policies and procedures including, charges and services, accommodation, number of places, the Home's philosophy, the rules, the complaints procedure , Service Users rights, the procedure for managing risk, recording and reporting accidents and incidents.

The Information Pack was available to any existing Service User who requested one.

Areas for Development

The Information Pack did not contain information on the arrangements that would be put in place if the Care Home closes or there was a new owner. (See Recommendation 1).

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

Strengths

The Care Home had appropriate policies and procedures in place to all cover legal requirements, such as , staffing and training, medication, health and safety, 'whistle-blowing', environmental health, fire safety, managing risk, proper record keeping of incidents and complaints, and visits made to the home.

Staff received regular training and were aware of their roles and responsibilities in relation to the Services policies and procedures. Any updated policies were discussed at staff meetings.

Staff received an annual appraisal and had an individual development plan which informed training requirements.

Staff received training to keep them up to date with best practice, for example, infection control and first aid training.

Appropriate fit person checks were in place to ensure that staff and volunteers were vetted prior to placement.

An appropriate training programme was in place to ensure that 50% of the staff receive appropriate training in Care to at least Scottish Vocational Qualification Level II.
The Service had an effective Staff Development Strategy and yearly Training Plan in place.

Staff were aware of their roles and responsibilities in relation to equal opportunities, anti discrimination and anti-harassment.

Staff were aware of their roles and responsibilities in relation to the appropriate use of restraint. Any incidents of restraint were appropriately documented and discussed.

Procedures were in place to assess Service Users ability to self -medicate and an appropriate policy was in place.

Staff were aware of their roles and responsibilities for the safe storage and administration of medication. An appropriate medication policy was in place.
Medication was only administered by qualified nurses.

Individual financial records and receipts were in place for each Service User.

Areas for Development

Staff did not receive training on the appropriate use of restraint. (See Recommendation 2).

National Care Standard Number 6: Care Homes for Older People - Support Arrangements

Strengths

The Care Home had Personal Plans in place which included all of the information recommended , what Service Users preferred to be called ,some information on food preferences, , leisure interests, spiritual preferences, communication needs, medication, health needs, the name of an independent advocacy person to speak to if they had a concern, and any measures of restraint used for the safety of Service Users. i.e. bed rails.

Care Plans were reviewed at least every six months.

Service Users were asked if they wished to receive a copy of their personal plan and a copy was kept in Service Users rooms.

Areas for Development

Areas for development:

None identified at this inspection.

National Care Standard Number 7: Care Homes for Older People - Moving In

Strengths

The Service had a Key Worker system in place which included a named key worker and a named Nurse.

Some Service Users spoken with said they were aware of there named key worker.

Staff were aware of their responsibilities in relation to Key Working and informal discussions took place with Service Users on a regular basis and issues were recorded.

Staff were able to give examples of Service Users and there representatives being taken on a tour of the home and having a chat with the Manager to help them decide if they were making the right decision.

Areas for Development

None identified at this inspection.

National Care Standard Number 18: Care Homes for Older People - Staying in Touch

Strengths

Staff were aware of their responsibilities in terms of accessing specialised expertise and equipment for Service Users with communication difficulties and were able to give examples of how this had been done on behalf of Service Users.

Staff supported Service Users by arranging appropriate appointments with specialists i.e. audiology clinic, and accompanying them where necessary.

Service Users had the opportunity to discuss important appointments with staff and this was recorded.

Areas for Development

None identified at this inspection.

Enforcement

There has been no enforcement action since the last inspection.

Other Information

Staff and Service Users raised serious concerns in relation to how the Care Home was managing all aspects of 'eating well' on behalf of Service Users.
This was discussed with the provider and it was agreed that The Care Commission Nutrition Advisor would visit in January 2006 to inspect Standard 13 'Eating well' and advise the Care Home of current best practice in the provision of Nutrition in Care Homes. This will be reported on following the inspection in January 2006.

The following points were discussed and agreed with the provider at a meeting held on 31-8-2005 to meet the requirements made at the inspection of 21-3-2005.

1. Appropriate financial records must be kept for each service users in line with Adults with Incapacity Part 4 Code of Practice. Records require to be in a format which can be examined by the Care Commission. SSI 114/2002 Regulation19.(3)(h)(i)(ii)

The provider has agreed that the 17 Service Users will all have signed the 'Sundry Charge' agreement.
All Service Users will have a 'pocket money' sheet detailing their finances, contain receipts for purchases and have a running total and balance.
Key workers would purchase, obtain receipt and record sundry items bought on Service Users behalf i.e. toothpaste, shampoo etc.
All Service Users will have an interest paying bank account in their own name.

2. The Care Home must ensure that adequate transport is available at all times to meet the health and welfare of service users. SSI/114 Regulation 4.(1)(a)(2)

The provider has agreed that transport will be provided seven days per week and will be available as circumstances allow.

The Ford Fiesta is available at Larkhall for Service Users to attend hospital appointments.

If the mini bus or car is unavailable Service Users they can order a taxi which Service Users will pay for.

If Service Users are unable to use either form of transport due to medical reasons then an ambulance would be called.

3. The provider must ensure that at all times suitably qualified and competent persons are working in such numbers to ensure the Care Home is free from smells. SSI/114 Regulation13.(a)

The Care Home was free from smells.

4. Plans require to be developed as to how the Care Home aims to provide single rooms for Service Users who choose so by 2007. The issue of multiple- occupancy rooms requires to be addressed. A provider shall not use premises for the provision of a care service unless they are fit to be so used. SSI/114 Regulation 10.(1)

The provider has agreed to reduce the number of registered places form 31 to 30.
This will be processed by the Care Commission and a new certificate of registration issued.

The provider has agreed that the six multiple rooms (i.e. double rooms) will be used as single rooms from 2007 if Service Users choose a single room.

Requirements

1. To provide adequate facilities for Service Users to prepare their own food and ensure that such facilities are fit for use by Service Users. SSI 2002/114 Regulation 12(c).

Recommendations

1. The Information Pack did not contain information on the arrangements that would be put in place if the Care Home closes or there was a new owner.
Standard 1-1:Informing and Deciding.

2. Staff should receive appropriate training on the use of restraint. Standard 5-11:Management and Staffing Arrangements.

Jim Brannigan
Care Commission Officer