Care service inspection report

Clinton House Nursing Home

Care Home Service Adults

Ayr Road
Shawsburn
Larkhall
ML9 3AD
Telephone: 01698 883043

Inspected by: Barbara Montgomery

Type of inspection: Unannounced

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Contents

Service provided by:

Clinton House Strathclyde (Care Homes) Ltd

Service provider number:

SP2003002417

Care service number:

CS2003010566

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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	2	Weak
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

Clinton House had some very good ways of making sure that residents and relatives could participate in the life of the home and comment on the quality of care.

Staff paid very good attention to residents healthcare needs.

The home had a full and varied activities programme.

Everyone who lived here had a single room

The home had a committed and well motivated staff team

What the service could do better

Staff need to make some further improvements to written care plans.

The home needs to make some improvements to menus and mealtime arrangements.

The home needs to review day time staffing levels and increase them if necessary.

The provider must establish a rolling programme of renovation and refurbishment.

The provider must carry out whatever work is necessary to improve access to the garden and resolve access difficulties in bathrooms.

The provider needs to carry out repairs, redecoration and refurbishment in the parts of the home where this was badly needed.

The provider should review the layout and use of space in the home with a view to an upgrade of premises.
The home needs to introduce the Standards of Care for Dementia and the Promoting Excellence Framework.

The home needs to make some improvements to the way in which it does audits.

What the service has done since the last inspection

The home had made further improvements to the care plan layout and content.

The home had plans to introduce a chart with key information for care staff in people's rooms.

The provider had taken steps to improve infection control practices in the homes laundry.

The home now had a new carpet in the main corridor.

The manager was establishing a programme of regular planned one to one supervision meetings for all staff.

The home had been having regular staff meetings.

Conclusion

This was a small home for up to 26 residents which gave it a homely atmosphere. As noted, staff impress as a caring and dedicated team and most residents and relatives we heard from spoke very well of the care here. The home had made good progress with some of the things that we made requirements and recommendations about in the last two reports. However, progress with refurbishments has been slow and the report highlights a number of things about the premises that require immediate attention. The grade for the quality statement about the environment reflects serious concerns about the lack of investment in the premises on the part of the owner as well as aspects of the home's layout and design. Staffing levels were still a concern at times and greater investment in staff training was also needed.

Who did this inspection

Barbara Montgomery

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 in the small village of Shawsburn, near Larkhall. It is registered to provide a care service to 26 older people including up to 8 younger adults with physical disabilities. At the time of the inspection the home had 21 residents.

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 2 - Weak
Quality of Staffing - Grade 4 - Good
Quality of Management and Leadership - Grade 4 - Good

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.careinspectorate.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 medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

The inspection took place over the course of two visits. We sent the home 24 questionnaires for distribution to residents and relatives. We got back 7 completed questionnaires. We spoke to 2 visiting relatives, joined residents at lunch time and spent some time in the main lounge. We spoke to staff on duty, had a meeting with the manager and inspected the premises and grounds. We also looked at some records and literature. (Please see Quality Statements for more information about what these were).

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 requirements we made at our last inspection

The requirement

Housekeeping and Infection Control
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.

What the service did to meet the requirement

While action has been taken to comply this is still an area where the provider could make significant imrpovements. Recorded as met.

The requirement is: Met

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

''We made two recommendations in the last report about care plans and bed rails which were being satisfactorily progressed.
Please see Quality Statement 1.3 for more information''

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.

Complrted in full noting strengths and areas for improvement

Taking the views of people using the care service into account

The three residents who completed or were supported to complete a Care Inspectorate questionnaire agreed that overall they were happy with the quality of care they received in the home. We have talked about people's answers to specific questions in more detail in the Quality Statements.

Taking carers' views into account

The four relatives who completed a Care Inspectorate questionnaire agreed that overall they were happy with the quality of care they received in the home. We have talked about people's answers to specific questions in more detail in the Quality Statements. Comments about the overall service included:

- 'overall I am happy with the the care provided'
- 'the care home is very good at caring for my relative and i am very pleased with it'
- 'my relative is well cared for '
- 'the most important thing is that residents are cared for properly and Clinton House delivers that efficiently across the discipline'
- 'the home is well run'

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

We found that the home's performance remained very good in the areas covered by this statement. We concluded this after we heard from residents and relatives; spoke to the manager and staff; looked at the home's own surveys and a sample of residents personal plans.

Participation Strategy

As noted in previous reports Clinton House had a well established participation strategy with some very good ways of making sure that residents and relatives could participate in the life of the home and comment on the quality of care. Most people who sent back a Care Inspectorate questionnaire agreed that residents were encouraged to discuss their concerns or views about the home; agreed that they were asked for feedback and ideas, and were taken seriously by management. Comments included :staff encourage residents to discuss any problems at the monthly meetings

Surveys and Meetings

The provider has been making some revisions and improvements to the survey format. We were told that the format was still in draft and once final, surveys for 2013 will be distributed to service users and relative.We understand that as before the home intends to involve a an independent befriender service to ensure impartiality. We will consider the results at the next inspection. Residents meetings have been taking place regularly.**Communication and Information**

As noted in the last report the home had some effective ways of keeping people well informed including a newsletter to which relatives can contribute; noticeboards in the

reception area with information about independent advocacy services, minutes of meetings surveys information about planned activities and the last inspection report and action plan. The home also provided an email address for carers and families to write to their relatives and friends who lived at Clinton House.

Areas for improvement

Participation in Care Plans and Reviews

Families and residents were involved in care planning and reviews. Since the last inspection the home had carried out a survey to find out residents and family wishes in relation to attending reviews, signing care plans and also in respect of what sections of care plans residents would like copies of. Very few people wanted complete copies. The home had plans to introduce a chart with key information for care staff in people's rooms. The owner was developing this and work was still in progress. We were told that once care plans were all updated information about people's wishes as regards reviews and signed agreement to plan will be placed in people's files. As this work has been going on for some months It needs to be concluded as soon as possible. (see recommendation 1)

Communication and Information

The noticeboard displays were quite full; while the information they contained was of itself good some more attention to layout might make them more eyecatching and easier for residents and visitors to read and follow. The manager had been working to reduce the content.

Complaints Procedure

The four relatives who sent back a Care Inspectorate questionnaire said they knew they could complain to the Care Inspectorate but only three knew about the home's complaints procedures. The three residents who sent back a Care Inspectorate questionnaire said they did not know about either. The home needs to continue to raise awareness of these procedures; routinely reminding people at six monthly reviews is a good way to do this.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. **Participation In Care Planning and Reviews**

(i) Introduce the chart with key information for care staff in people's rooms as soon as possible.

(ii) Ensure that all residents personal files contain information about people's wishes as regards reviews and signed agreement to care plans

(National Care Standards Care Home for Older People Standard 11: Expressing Your Views)

Statement 3

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

Service strengths

We concluded that overall the home's performance was good in the areas covered by this statement. This grade takes account of things the home does well and progress that has been made. We concluded this after we heard from residents and relatives, spoke to the manager and staff on duty; observed lunch; looked at a sample of care plans, the activities planner and staff rota. To retain or improve this grade there needs to be clear evidence of progress with areas for improvement that we have identified

Access to Health Services

Everyone who sent back a Care Inspectorate questionnaire, said they were confident that staff met residents health care needs including arranging to see health care professionals if needed. The home reported continued good links with health care services.

Written care plans and Reviews

In the last report we said that staff had been making progress with getting everyone's care plan into the new format, which was still being worked on. Since then staff had done further work on residents personal files and care plans. All files had indexes and dividers to make it easier to access information quickly; current and most regularly used information was to hand at the front of files and older information was archived.Care Plans for acute conditions had been introduced. Some written plans were very specific about what staff were expected to do. Oral health plans were also very detailed.

Personal Care and Continence Care

Residents we saw appeared well cared for, neat, clean and tidy in their appearance. Please see comments about bathrooms and shower rooms at Quality Statement 2.3

Tissue Viability
Care Plans we looked at indicated that staff took the correct actions to reduce the risk of pressure wounds and treat any that occurred. The home had access to appropriate pressure relieving equipment and involved tissue viability nurses.
Records indicated that staff calculated Waterlow scores, followed wound treatment plans and used turning charts.

Eating and Drinking & Mealtimes

As noted in the last report the home paid good attention to nutrition and making sure people got the support they needed to eat safely and well. Care plans, weight charts and food and fluid intake charts were started for anyone whose intake staff were concerned about. We noted that fluid intake charts seen did not always record daily totals. On the day we visited, some residents were going out to a club immediately after lunch; the meal was now in two sittings and activities staff were also present which meant there were enough staff to support residents in a relaxed and unhurried way. As it was a hot day, we noted that staff were encouraging residents to take extra fluids and offering things like ice lollies. Most residents we heard from agreed that the home provided the type of food they liked, catered for special diets and said they got help to eat if they needed it. Most relatives we heard from agreed that meals were nutritious and took account of any special dietary needs; that people were able to eat and enjoy their food, getting help from staff where required and that there were always snacks and hot drinks available.

Mobility and falls

The home has been phasing out the use of divan beds and older style bedrails altogether and replacing them with profiling bed and highlow beds. Six residents now had profiling beds with integral bedrails and four still had a divan bed fitted with older style bedrails. Staff carried out falls risk assessments and assessments of the risk attached to use of bedrails. We will continue to look at progress with this at future inspections.

Legal Arrangements

Files seen had a place to record legal arrangements such as appointee arrangements, Power of Attorney or Guardianship and DNR orders and the home was using the Mental Welfare Commission (MWC) Guardianship checklist for these.

Activities

As noted in previous reports the home ran a full and varied activities programme. It was well publicised and included seasonal events and entertainments as well as a programme of daily activities including some community based, such as a local club.

The home had an activities worker and care staff participated in the programme as well and were expected to make sure that the days planned activity took place. Daily visits to those who preferred to stay in their rooms were a built-in part of the programme. Most people who completed a Care Inspectorate questionnaire agreed that frequent social events, entertainments and activities were organised that residents can join in if they want to. Comments included : ''there are plenty of activities for the residents''

Areas for improvement

Written care plans and Reviews

While some written plans were very detailed, others were not specific enough about what staff were expected to do. For instance phrases like ''encourage to feel less isolated; encourage to communicate with others; continue with one to one activities; assist at meal times; encourage to participate in choice of food; ensure adequate fluid intake or carry out regular checks to ensure someone was clean dry'' were too general. These plans needed more detail about what specific actions were expected of staff and at what intervals.

Personal care plans could also be expanded to specifically mention things like eg wearing lipstick; aftershave or jewellery. Oral health plans would be better filed with personal care plans.

Files still had a page that covers 'personal choices' in all areas of life; we still think it is better if this information is next to the activity of daily life to which it applies, as is the case with the food preferences sheet.

The home had introduced a review history at the front of the section for review paperwork.with the date of all previous reviews and the planned date for the next review. These were present in some but not all files sampled. (see recommendation 1)

Eating and Drinking & Mealtimes

On the day we visited the weather was very hot. We thought that the menus for the day were not the most suitable for such a hot day with hot food served including soup, chips and sausage, beans or a hot pasty. The evening meal was similar with two hot meat based options braised steak and meat balls. The cook could and had made adjustments to the menu because of the heat but not on this particular day.

There were alternatives such as sandwiches, toasted cheese, baked potatoes and salad and staff clearly knew people's tastes and could tell me who preferred these alternatives. However, on the day we visited staff in the dining room did not routinely ask everyone if they would like one of the alternatives. The pictorial menu for the day showed only the soup with other information pinned up on paper that was not easy

to see. However, staff were working on producing some menu cards to use instead of the menu board.

Table were set with condiments but for hygiene reasons no cutlery as there had been problems with some residents removing the cutlery. Plates were put directly on to the glass table tops and we wondered if some good size non slip wipeable tablemats might be an idea.

The menu did not seem particularly well balanced and we asked if the home's menus had been nutritionally assessed. The manager advised that she had approached the local dietician service about doing this but was advised it was not part of their remit. We have signposted the home to best practice guidance and assessment tools on the Care Inspectorate website. (see recommendation 2)

Mobility and falls

We noted that the home was using mattresses on the floor rather than investing in crash mats. see recommendation 3)

Staffing Levels

As noted in the last report, the new manager has carried out a review of staffing levels, staff shift times, remits and deployment and had made some changes for the better. These had included a slightly earlier start time in the morning and one handover meeting for everyone; new staff had been recruited to cover the period from 8pm to 10pm which was reported to be working well.

The home has not been full for several months and had five vacancies at the time of the visit. Staffing levels were correspondingly below those required when operating at full occupancy and based on the calculations of homes current dependency levels(when full there should be one nurse and five carers dropping to four carers after 3pm). Rotas indicated that most days the home had one nurse and three carers and we were advised that the activities worker and a trainee assisted at breakfast most mornings. There had been a few occasions when due to absence at short notice and problems getting agency or bank staff to cover the numbers had dropped to one nurse and two carers. However on these occasions the manager had been 'hands on' and housekeeping staff were also asked to step in and assist eg at meal times.

The three residents and three out of four relatives who sent back a Care Inspectorate questionnaire agreed that there were enough trained and skilled staff on duty at any point. One relative who disagreed felt that ''three workers and a nurse on duty was not enough when taking account of the high level of dependency of most of the residents and described time when only two care workers and a nurse were on duty and delays in attending to personal care ''. The home has had one complaint

about delays in attending to a resident which was also about how staff communicated with relatives.

On the day of the inspection visit the home appeared to be adequately staffed for most of the time that we were there and, as noted, was well staffed at lunch time which was now in two sittings. We observed that one resident in the lounge was displaying some unusual behaviours which needed monitored. The nurse on duty who was clearly keeping an eye on the situation advised that while it was not routine practice to have a worker present in the main sitting room at all times staff could be deployed in that way if the need arose. Staff we talked to said that needs tended to fluctuate and although the home only had 21 residents at the moment dependency levels were such that there were times when they were stretched.

From discussions with the manager we were satisfied that the home was being responsive to residents needs; that she could and did authorise overtime or request agency staff whenever the home needed them; that she would have no hesitation in increasing the numbers on the rota if necessary and that while the number of care staff on the rota had on occasion dropped to two there were always other workers available. The manager was also trying to establish more bank staff that the home could call on in an emergency.

Nonetheless the reduction to three carers may be too much. Even though staffing levels were based on calculations of the home's current dependency levels the fact that the home was routinely using activities staff and a trainee is an indication that they were needed. The home needs to consider increasing the number of staff on the rota to one nurse and four carers as a minimum between 7.30 and 3.00 pm. This will give the home some leeway and mean that it does not have to rely on other workers or on the manager to make up the numbers in an emergency. (see recommendation 5)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 4

Recommendations

1. **Written Care Plans**

   (i) Written plans should always detail specific actions expected of staff.

   (ii) Personal care plans should be expanded to include things like, eg wearing lipstick, aftershave or jewellery.

   (iii) Oral health plans would be better filed next to personal care plans.

(iv) Written Information about personal choices and preferences should be next to the activity of daily life to which it applies.
(v) Ensure that review history paperwork is kept up to date.

(National Care Standards Care Homes for Older People Standard 6 Support Arrangements)

2. **Eating and Drinking**

(i) Menus should be planned using best practice guidance.

(ii) Staff in the dining room should routinely ask everyone if they would like one of the alternatives to the meals on the menu.

(iii) Consider using good size non-slip wipeable tablemats at mealtimes.

(National Care Standards Care Homes for Older People Standard 13 Eating Well)

3. **Falls**

The Home should be asking residents and/or their representative what their preference is as regards a crash mat or a mattress. The Provider should invest in crash mats for use with highlow beds.
(National Care Standards Care Homes for Older People Standard 9 Feeling Safe and Secure)

4. **Staffing**

Increase the number of staff on the rota to one nurse and four carers as a minimum between 9am and 3pm

(National Care Standards Care Homes for Older People Standard 5 management and Staffing)

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 2 - Weak

Statement 1

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

Service strengths

Please see Quality Statement 1.1

Areas for improvement

Please see Quality Statement 1.1.

As part of the planned refurbishment of public rooms the provider should involve residents in choices about decor, colour schemes, furnishings and fabric with the use of things like eg., mood boards and colour fabric samples.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. As part of the planned refurbishment of public rooms the provider should find ways to involve residents in choices about decor, colour schemes, furnishings and fabric with the use of things like eg., mood boards and colour fabric samples. (National Care Standards Care Homes for Older People Standard 4 Environment)

Statement 3

The environment allows service users to have as positive a quality of life as possible.

Service strengths

We found that this service's performance was weak in the areas covered by this statement. We concluded this after we heard from relatives and residents; spoke to the manager and staff; saw round the home and its grounds; joined residents in the dining room at lunch time and looked at staff meeting minutes, audit reports and environmental health report

Location and Garden

The home was situated in the village of Shawsburn in Lanarkshire a short distance by car from Larkhall. A lot of the work was done last year by staff and residents' families to give the garden a much needed makeover and it was now an attractive area with some planting and outdoor seating and tables where residents could sit in the good weather.

Public rooms

The home had one good size main sitting room and one main dining room. It also had a smaller quiet room/ visitors room. We noted that since the last inspection the carpet in the main corridor, lounge and dining room had been replaced.

Bedrooms

All bedrooms were for single occupancy. Some former double rooms upstairs were big enough to accommodate a couple who wished to share and were used as bedsitting rooms by some residents. All relatives and residents who sent back a Care Inspectorate survey agreed that their relative could have their own personal belongings and items of furniture in their rooms if they wanted to and had a choice of a single room if they want one

Bathrooms and Toilets

All downstairs bedrooms and some, but not all, upstairs bedrooms had en-suite toilet and washhand basins. Some, but not all, of the rooms upstairs also had an en-suite shower. The home had an assisted bath on the upper floor with a bathroom and shower room for general use downstairs. We could see that staff and the home's handyman had put a lot of thought and effort into improving the look of some of the bathrooms so that they were pleasant, more inviting rooms in which a resident might enjoy a bath or shower.

Housekeeping

All relatives and residents who sent back a Care Inspectorate survey agreed that the home was clean hygienic and free from smells and we were not aware of any odours in public areas on the day we visited. The home now employed some housekeeping staff in the evenings.

Areas for improvement

The grade for this statement reflects serious concerns about the lack of investment in the premises on the part of the owner as well as aspects of the home's layout and design.

Renovation and Refurbishment

In the inspection report (November 2012) we made it a requirement that the home should have a rolling programme of renovation and refurbishment so that once a good standard was achieved in public areas it could be maintained. In the last report we said the owner and the manager needed to agree a budget and a programme with timescales for future decoration and refurbishment. This programme had still not been introduced and we have now repeated the original requirement. Many of the things we have commented in this section would be solved by having such a programme. It was highly concerning to note that the owner had not responded to or had taken an unacceptably long time to respond to concerns about the premises raised in 'room audits ' carried out in February 2013 including requests for basic items and some potential hazards. (see requirements 1-6)

Decor and General Upkeep

Decor and furnishings in the main lounge in particular were very much in need of renovation and updating; this room would benefit from complete redecoration and replacement of curtains. Three lightshades in the main lounge were also broken or had panels missing. Some furniture in the dining room that had been renewed was already showing signs of wear and tear; piping on some recently upholstered dining room chairs was hanging off (we were advised that this had now been repaired), visible adhesive on the edges of table tops appeared unfinished and unhygienic as did the glass covers. Paint on handrails in the corridors was coming off. (see requirement 3)

Paintwork on bedroom walls we saw was badly marked and needed freshened up. The home's own audit noted badly worn and broken furniture in bedrooms; and breaks, tears and marks on wallpaper. A bedroom carpet that had to be lifted because it was beyond the stage when it could be effectively cleaned had not been replaced (we were advised that this had now been done). Name plates on bedroom doors were shabby and could be improved on. (see requirement 4)

There was nothing about the downstairs bathroom which made it a homely and inviting place in which to bathe. Also there was there was no shower room upstairs. Anyone whose bedroom was upstairs but did not have an en-suite shower would need to come downstairs to shower. The wash hand basin in one of the upstairs bathroom was noticeably chipped. (see requirement 6)

Some relatives we heard from commented on the need for a refurbishment programme because the public areas were beginning to show their age and also commented on the state of wallpaper in bedrooms.

The Garden : Access and Freedom of Movement

While noone who sent back a Care Inspectorate survey expressed concerns about this, the garden was not easily accessible. As noted in the last report, access was from the

dining room through a conservatory style door. While there was a ramp there was also a step which meant that most residents could not get out to the garden on their own and needed supervision. Also, not all wheelchair users could get out this way and some had to go out of the front door and go right round the building. On the day we visited the weather was very hot and the door to the garden was shut with a sign that said 'to be kept locked at all times when not in use'. We were also told that some of the paving slabs were loose and potentially a hazard. Overall this meant that the garden was not a place where residents and their visitors could come and go as they pleased. (see requirement 2) Unsightly, discarded staff cigarette ends also detracted from its appearance as well.

Disabled Access

The home was registered to provide a service to a maximum of eight people with physical disabilities but in many respects was not well equipped to accommodate them. As noted, the garden was not easily accessible. The downstairs shared bathroom was too small to accommodate a wheelchair and a hoist at the same time which meant that to respect a residents dignity and privacy when using this room staff had to position curtains in the hallway**.** The provider needs to find a solution to this. (see requirement 6)

The home had some larger rooms on the first floor but all ground floor bedrooms were 'single occupancy' size. For residents with specialist equipment such as wheelchairs and personalised seats, accommodation in ground floor bedrooms was very cramped with, in one instance, an electric wheelchair being stored in the resident's en-suite which meant moving it every time the toilet was used. On the day we visited it was very hot and being immobile in such a confined space must have been extremely uncomfortable. Since demand is for ground floor rooms the provider should consider finding a way to provide more space in ground floor rooms such as offering combined bedroom and small sitting room accommodation.
(see recommendation 1)

Equipment

While new cutlery had been purchased staff had not been consulted about what was most appropriate to meet the needs of very frail older and the new cutlery was too large and unsuitable. We were told that more suitable bedlinen was needed for profiling beds (we have since been advised this has now been purchased). (see requirement 5)

Layout

Some features of the home's original layout appear not to have been very well thought through. Toilets for the use of residents faced onto the main front hallway which was not very private and posed an odour problem. As noted in the last report the laundry room was poorly located just off the busy main public hallway near the

front door. While steps had been taken to improve infection control this location was not ideal when transporting soiled items and the laundry would be better situated in a less public area. The provider should seek the advice of the EAS (Employers Medical Advisory Service) section of the HSE (Health and Safety Executive) about the laundry. (see recommendation 1 and 2)

Public rooms

While there was a smaller lounge downstairs this meant that if a visitor was using it a resident could not or vice versa. The home would benefit from a cafe style room where visitors could sit with their relatives and have cup of tea. The dining room could be utilised in this way and could be a pleasant place for people to sit or enjoy the garden. (see recommendation 1)

Smoke room

The home had a room on the upper floor for those who smoke which was functional but unattractive. This is something that many homes have phased out. The manager should ask the fire department for their view on this and look to providing something on the ground floor or in the garden. (see recommendation 1)

Grade awarded for this statement: 2 - Weak

Number of requirements: 6

Number of recommendations: 2

Requirements

1. **Upkeep of Premises**

   The provider must establish a rolling programme of renovation and refurbishment so that once a good standard of accommodation is achieved it can be maintained.

2. **Garden and Access**

   (i) The provider must carry out whatever work is necessary to allow residents to be able to use the conservatory style door to the garden safely and independently.

   (ii) The provider must ensure that the surface garden is safe for people to use

3. **Public Rooms**

   Lounge**:** The provider must update the decor and furnishing in the main sitting room and ensure that in future any repairs are carried out without delay.

   Dining Room:
   (i) The provider must ensure that the chairs in the dining room are kept in a good state of repair.

(ii) The provider must ensure that the tables in the dining room are fit for purpose in a good state of repair and hygienic.

Hallways: The provider must ensure that paintwork and decoration in hallways is to a good standard and well maintained.

4. **Bedrooms**
(i) The provider must ensure that paintwork and decoration in bedrooms is to a good standard and well maintained.
ii) The provider must ensure that badly worn and broken furniture in bedrooms is repaired or replaced
(iii) Replace old name plate holders on bedroom doors.

Requirements 1 - 4 are to comply with SSI 2011/210 Regulation 10.

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.

5. **Equipment, Furniture and Furnishings**

(i) The provider must ensure that the home has adequate supplies of towels and bedlinen suitable for the style of beds in uses and replace these as necessary.

(ii) Furniture, furnishings and equipment such as eg cutlery must be suitable for the needs of frail older people and the provider should consult with nursing staff about suitability before purchase.

Requirement 6

Bathrooms
(i) The provider must find a solution to the problem of accessibility in the downstairs bathroom.

(ii) All residents whose rooms are on the first floor should have access to shower facitleis on that floor.

(iii) Replace the badly chipped wash hand basin in the upstairs bathroom.

(iv) The ground floor bathroom should be a pleasant and inviting room in which to bathe.

Requirements 5 and 6 are to comply with SSI 2011/210 Regulation 14.
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-

(a) provide sufficient and suitable kitchen equipment, crockery, cutlery and utensils, and adequate facilities for the preparation and storage of food; .
(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
(d) ensure that there are provided at appropriate places in the premises from which the service is provided sufficient numbers of lavatories, and of wash-basins, baths and showers fitted with a hot and cold water supply.

Recommendations

1. The provider should review the layout and use of space in the home with a view to a planned upgrade of the premises. This should be with the aim of:-

    - identifying a better location for the laundry
    - providing more public rooms
    - making the location of the ground floor residents toilets less public
    - creating a cafe style room for visitors
    - being able to offer more space in ground floor rooms for wheelchair users by eg provision of combined bedroom and sitting room accommodation
    - identifying an alternative ground floor place for residents who smoke

    (National Care Standards Care Homes for Older People Standard 4 Your Environment)

2. The provider should seek the advice of the EAS (Employers Medical Advisory Service) section of the HSE (Health and Safety Executive) about the adequacy of infection control measures in the laundry.

(National Care Standards Care Homes for Older People Standard 4 Your Environment and Standard 3 Your Legal Rights)

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 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

Please see Quality Statement 1.1.

Areas for improvement

Please see Quality Statement 1.1.

Grade awarded for this statement: 5 - Very 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

We concluded that overall the home's performance was good in the areas covered by this statement. The grade reflects the calibre of staff and progress with previous recommendations. To retain or improve this grade there need to be clear evidence of progress with areas for improvement that we have identified. We concluded this after we heard from residents and relatives; observed staff practice; spoke to staff on duty and to the manager; looked at the homes training records, staff meeting minutes and complaints register.

Staff Training and Development

The home had offered some good training to its staff on both mandatory and other relevant topics. So far this year this had included moving and handling, activities, palliative care, end of life care, anticipatory care and medication. Training was either in house or sourced through local hospital sand the care home liason nurses. We noted from staff meeting minutes that the manager had asked senior staff to ensure that induction training for new staff was more thorough and less rushed. When the

home last completed a self assessment most care staff were reported to be qualified to the SVQ 2/3 level required for registration with the SSSC (Scottish Social Services Council). Residents and relatives who sent back a Care Inspectorate questionnaire agreed that staff had the knowledge and training to care for their relative.

Conduct

Everyone who returned a Care Inspectorate questionnaire agreed that staff treated residents politely at all times; respected their privacy and were sensitive and supportive. Comments included : ''most of the staff are excellent ''and ''staff are friendly and talk regularly to residents'' . Our observations of staff confirmed this. Clinton House staff impressed as a caring and dedicated team, knowledgeable about the need of residents and enthusiastic about what they do.

Keyworkers /Care Staff

The home had been reviewing the role and responsibilties of keyworkers, particularly their involvement in recording. This has historically been quite separate from daily notes of nursing staff. The manager reocgnised that what care staff have to contribute complements the more clinical input from nurses. There was a planned move towards a better and more holistic approach to recording. As part of that, the home had been assessing the recording skills of care staff to gauge what training and support might be needed

Staff Support,Supervision and Appraisal

The home had been holding regular minuted staff meetings. Minutes indicated that that these were constructive and staff views encouraged. The manager had started work on a formal programme of staff supervision with the aim of regular planned one to one meetings with all staff throughout the year.This had been started with nursing staff. The provider had developed an employee survey.

Areas for improvement

Training and Development

The provider did not give the home an annual training budget and so the home could not plan ahead for the year. Some staff we spoke to said that they would welcome training on specific conditions such as Parkinson's. Staff we spoke to were not aware of the Promoting Excellence Framework and recommended dementia training. We have signposted the home to the relevant information and drawn the managers attention to the expectation that all care homes and staff in every capacity do this training. (www.knowledge.scot.nhs.uk/dementia)
(see requirement 1)

Staff Support,Supervision and Appraisal

Some nurses were still waiting for training in supervison so it had not been possible to roll this progamme out to all grades of staff yet. Also staff had not yet been given the opportunity to complete an employee survey.

Grade awarded for this statement: 4 - Good

Number of requirements: 1

Number of recommendations: 0

Requirements

1. Training
   (i) The owner must invest in training and give the home a training budget to allow it to undertake staff training in a more planned way.as well as access training from a wider choice of providers.

   (ii) All employees in the home must be given the opportunity to undertake the dementia training recommended in the Promoting Excellence Framework

   This is to comply with SSI 2011/210 Regulation 15

   Staffing
   15. A provider must, having regard to the size and nature of the care service, the statement of aims and objectives and the number and needs of service users-

   (b) ensure that persons employed in the provision of the care service receive- .
   (i) training appropriate to the work they are to perform; and .
   (ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

Please see Quality Statement 1.1.

Areas for improvement

Please see Quality Statement 1.1.

Grade awarded for this statement: 5 - Very 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

We found that the home's performance was adequate in the areas covered by this statement. We concluded this after we looked at in-house audits and complaints log and spoke to the manager.

The home had a number of ways of checking that it was offering a quality service. These included:

- consultation with relatives, residents via surveys, meetings and reviews.
- a range of regular checks and audits of eg written care plans, wound care; accidents, weights, premises and equipment, dining experience etc. There was a clear audit trail and the system encouraged accountability. All audits were followed up with a memo to individual staff recording action required and a space to record date completed and sign.
- a monthly overview of all of these audits which gave the provider information about critical care needs such as the incidence of infections; pressure wounds,

significant weight loss and accidents.The manager was also expected to keep the owner informed of any significant concerns.

- a complaints register.

Areas for improvement

In the inspection report dated November 2012 we asked the home to reintroduce its satisfaction surveys for relatives and stakeholders such as visiting Health, Social Work and other professionals. The format for these had been revised but they had not been issued yet. This recommendation has been repeated. (see recommendation 1)

We made a recommendation about having a format to record findings from night time spot check visits to the home and any action required by staff but this had not been done yet. (see recommendation 2)

We found the audit system quite confusing and some of the formats needed reviewed and made more robust. We noted that the manager had already made some improvements to the care plan audit. They also need to distinguish between what is purely statistical information and what is qualitative as this was getting mixed up.

The home needs to ensure that it is not doing audits just for the sake of them but that they are helping the home to identify and address gaps or areas for improvement. As noted in strengths the audit system demanded accountability from all grades of staff as regards action required and taken but this accountability did not appear to extend to the provider which undermines the quality of management and leadership of the home. (see recommendation 3)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 3

Recommendations

1. Quality Assurance
   Make sure that satisfaction surveys for relatives and stakeholder get reintroduced analysed and reported on.
   (National Care Standards Care homes for Older People Standard 5 Management and Staffing Arrangements)

2. Quality Assurance
   Record findings from night time spot check visits and any action required by staff(National Care Standards Care homes for Older People Standard 5 Management and Staffing Arrangements)
3. Quality Assurance

Where action by the provider is identified as a result of an audit then the same accountability system should be applied.
(National Care Standards Care homes for Older People Standard 5 Management and Staffing Arrangements)

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Environment - 2 - Weak	
Statement 1	4 - Good
Statement 3	2 - Weak
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	5 - Very Good
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings	
20 Feb 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
27 Nov 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
30 Mar 2012	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 3 - Adequate Not Assessed Not Assessed

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 Staffing Management and Leadership	4 - Good Not Assessed 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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ی ہ اشاعت گزارش پر دیگر شکلوں اور دیگر زبانوں میں دستیاب ہے۔

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