Care service inspection report

Clinton House Nursing Home

Care Home Service Adults

Ayr Road
Shawsburn
Larkhall
ML9 3AD

Inspected by: Barbara Montgomery

Type of inspection: Unannounced

Inspection completed on: 28 March 2014

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	3	Adequate
Quality of Staffing	4	Good
Quality of Management and Leadership	3	Adequate

What the service does well

Clinton House had some 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.

Relatives described the home as welcoming and friendly.

The home had a committed and well motivated staff team.

What the service could do better

We have suggested some ways in which surveys and meetings could be further improved.

The home needs to make sure there are enough staff on duty at busy times. When assessing dependency levels and staffing requirements all relevant factors should be taken into account.

The provider should carry out planned work to improve access to the garden.

The main lounge needs to be a lighter, brighter room. The provider needs to update the decor and furnishings in that room as a priority.

The provider needs to improve bath and shower provision in the home.

The provider needs to replace older metal hospital beds and also replace older style hoists and standards with new more up to date equipment.

The home needs to introduce the Standards of Care for Dementia and the Promoting Excellence Framework.

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

What the service has done since the last inspection

Staff had made some further improvements to written care plans.

The home had introduced a discreet chart with key information for care staff in people's rooms.

The home had made some improvements to menus and mealtime arrangements.

The provider had now introduced an annual maintenance programme.

The provider had carried out some repairs and done some redecoration in the parts of the home where this was badly needed.

Conclusion

As noted in past reports, Clinton House was a small care home with a homely atmosphere. Staff impressed as a caring and dedicated team and residents and relatives spoke well of the care. The home had made some progress with previous requirements and recommendations. However, progress with some refurbishments was slow and the report again highlights a number of things about the premises and how it is equipped that require attention. Staffing levels were again a concern. The grades take account of progress made as well as the number of things that still require attention. The home has also had four managers in two years and would benefit from a period of settled leadership.

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. The home which had 24 rooms 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 23 residents.

The Home had a new manager who had been in post since October 2013. The previous manager resigned in August 2013 and the
Managing Director had managed the home for the intervening 3 months.

The company's motto was' Dignified Quality Care' and the aim of the home was to ''deliver care in a professional manner and adopt a holistic approach to care, while affording dignity and respect to each individual resident''.
The companys' literature also spoke of a committment 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 and 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 - Grade 4 - Good
Quality of Management and Leadership - Grade 3 - Adequate

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

This inspection took place over the course of one visit. We joined residents at lunch time, spent some time in the main lounge and spoke to some residents in their rooms. We had a meeting with the manager, spoke to staff on duty, and inspected the premises and grounds. We also looked at a range of records, (Please see Quality Statements for more information about what these were). The main purpose of this visit was to follow up on progress with requirements and recommendations from the last inspection and this report should be read in conjunction with the last one.

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

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.

What the service did to meet the requirement

Please see comments at Quality Statement 2.3

The requirement is: Met - Within Timescales

The requirement

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 garden surface is safe for people to use

What the service did to meet the requirement

Please see comments at Quality Statement 2.3. While neither of these things had been done yet we were satisfied that this was in hand and have made a recommendation rather than repeat the requirement.

The requirement is: Not Met

The requirement

Public Rooms

Lounge: (i)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.

What the service did to meet the requirement

Please see comments at Quality Statement 2.3. We have recorded this as met because the provider had progressed most parts of this requirement. We have made a repeat requirement about the lounge.

The requirement is: Met - Within Timescales

The requirement

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.

What the service did to meet the requirement

Please see comments at Quality Statement 2.3. We have recorded this as met because the provider had progressed most parts of this requirement. We have now made a recommendation about bedroom door name plates.

The requirement is: Met - Within Timescales

The requirement

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.

What the service did to meet the requirement

Please see comments at Quality Statement 2.3.

The requirement is: Not Met

The requirement

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 facilities 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.

What the service did to meet the requirement

Please see comments at Quality Statement 2.3. Most parts of this requirement had yet to be met and we have made a repeat requirement.

The requirement is: Not Met

The requirement

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.

What the service did to meet the requirement

Please see comments at Quality Statement 3.3. One part of this had not been met and we have now made a recommendation about the dementia training.

The requirement is: Met - Within Timescales

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

We made nine recommendations in the last report. The home had made some progress with most of these. We have made two repeat recommendations. As regards staffing levels, we have now repeated a requirement from an earlier report.

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.

Completed in full noting strengths and some areas for improvement.

Taking the views of people using the care service into account

We did not send out any Care Inspectorate questionnaires on this occasion. We spoke to some residents during the visit who were happy with the care and the service they received. We looked at the home's responses from residents to its own surveys and noted that most were happy overall and said that they would recommend the home to others. We have commented on some of these responses in more detail in the Quality Statements.

Taking carers' views into account

We did not send out any Care Inspectorate questionnaires on this occasion. We looked at the home's responses from relatives to its own surveys and noted that most were happy overall and said that they would recommend the home to others.

Similar comments were made at the home's recent family night when relatives spoke about how friendly and welcoming the home was. We have commented on some of the survey responses in more detail in the Quality Statements.

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 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.

Surveys, Meetings and Communication

The home continued to hold regular residents meetings and food forums and sent out satisfaction surveys. The provider had made some improvements to the survey format; the most recent relatives survey took place in 2013 with the next residents one planned for later in 2014. A successful family night took place recently. While the focus of residents meetings was activities, people were asked if there was anything else they wanted to discussed. As noted in previous reports, the home had some effective ways of keeping people well informed including a website, information booklet, noticeboards in the reception area and copies of survey results.

Participation in Care Plans and Reviews

Families and residents were involved in care planning and reviews. We made a recommendation about this at the last inspection. Since then the home had introduced a chart in people's rooms with key information for care staff. This was discreetly displayed as a 'twist and tilt' chart so that the information could be out of view when it was not needed. These were reported to be working well. Some people did not want one in their room and the manager had ensured that people's wishes

about this were known and respected. The home had also developed a 'personal choices' list for recording things like people's wishes as regards reviews.

Areas for improvement

Participation in Care Plans and Reviews
Some, but not all residents files we looked at now contained one of the new personal choices lists. (see recommendation 1)

Meetings and Surveys
A brief action plan at the end of residents and food forum meetings minutes with follow up as the first item on the agenda at the next meeting, would help to keep track of suggestions and plans. While people were asked if there was anything else they wanted to discuss it might be an idea to routinely add some other things to the agenda each time such as food, house keeping, laundry, staffing levels; nurse call system, etc. Also, taking time to get the views and suggestions of residents who do not attend and noting these in the minutes would give them a voice and help to get a mores representative view overall. (see recommendation 2)

While the last residents survey did ask if there were 'enough trained and skilled staff on each shift', relatives surveys did not include a question specifically about staffing levels. (see recommendation 2)

We noted that the 2012 residents satisfaction survey results were not published until February 2014 which was an unacceptably long time to wait. (see recommendation 2)

Only three out of 18 relatives completed and returned one of the homes satisfaction surveys in 2013. To encourage more people to participate, the provider was considering introducing shorter topic specific surveys and also sending them out ahead of six monthly reviews. (see recommendation 2)

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 2

Recommendations

1. **Participation In Care Planning and Reviews**
   Ensure that all residents personal files contain one of the new personal choices lists with 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)
2. **Meetings and Surveys**

(i) To keep track of suggestions and plans, include a brief action plan at the end of residents and food forum meetings minutes.

(ii) Routinely add some other topics to residents meeting agendas such as food, house keeping, laundry, staffing, etc.

(iii) Explore ways to obtain the views and suggestions of residents who prefer not to attend meetings or are unable to and include these in the agenda and minutes.
(iv) Relatives and residents surveys should include a question specifically about staffing levels.

(v) Ensure that satisfaction survey results are published as soon after surveys as possible.
(vi) Progress plans to introduce shorter topic specific surveys.

(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 adequate in the areas covered by this statement. We decided this after we spoke to the manager, staff from the catering company, staff on duty; sat with residents at lunch time; looked at a sample of care plans, records related to menu planning, staff meeting minutes and survey results.

Written care plans and reviews

In the last report, we made a detailed recommendation about written care plans. We said plans should always detail specific actions expected of staff and those for personal care should be expanded to include things like, eg., wearing lipstick, aftershave or jewellery. Some of the plans we looked at were better in this respect. The layout of some was easier to follow with, for example, oral health plans filed next to those for personal care and Information about personal choices and preferences next to the activity of daily life to which they applied.

Eating and Drinking & Mealtimes

In the last report, we made a recommendation about various aspects of eating and drinking and mealtimes. We said that menus should be planned using best practice guidance. Following some discussion with catering staff during this visit and sight of their very person centred records and training material, we were satisfied that this was happening. As noted in the last report, catering staff and care staff clearly

knew people's tastes and preferences very well. A pictorial menu was available as were menu cards for anyone who found it easier to make their choice using these.

Mobility and falls

In the last report, we noted that the home was using mattresses on the floor rather than investing in crash mats. We said that the Home should be asking residents and/or their representative what their preference is as regards a crash mat or a mattress. We were advised at this visit that only one resident required a crash mat which was purchased and put in place immediately after the last inspection; the manager told us that if another resident was risk assessed as requiring a crash mat then this would be purchased.

Areas for improvement

Written care plans and reviews

In the last report, we said that the home needed to ensure that 'review history' paperwork was kept up to date and these were in some, but not in all files we looked at, because of this, it was not possible to know whether reviews were happening within required timescales. While the home had made some progress, the overall presentation of files could be much better and it may be that nursing staff need more time to dedicate to these. We will continue to look at this at future inspections. (see recommendation 1)

Eating and Drinking & Mealtimes

In the last report, we noted that plates were put directly on to the glass table tops and suggested that some good size non slip wipeable tablemats might be an idea. So far, the home had been unable to obtain any suitable mats. We are still of the opinion that these glass top tables are not really suitable for a care home. While they were being cleaned thoroughly and regularly this was very time consuming for already busy staff. We have asked the manager to consider going back to using table cloths in keeping with the decor in the room. (see recommendation 2)

After the last inspection, we signposted the home to best practice guidance and assessment tools on the Care Inspectorate website. At the visit, we suggested to the manager and catering staff that working through the nutrition assessment tool together would be a helpful quality assurance exercise.(see recommendation 2)

Staffing Levels

Staffing levels have been an area for improvement and the subject of requirements and recommendations in the last four inspection reports, as well as the subject of an upheld complaint in 2012. This home's staffing agreement with the Care Inspectorate (11 December 2012) states that when full (ie., with 26 residents) there should be at least one nurse and five carers until 3pm, then reducing to four carers until 10pm.

At the last inspection, when the home had 21 residents and five vacancies we thought that the provider had correspondingly reduced staffing too much and made a

recommendation about increasing the number of staff on the rota to one nurse and four carers between 9am and 3pm. This was to give the home some leeway and ensure in the event of absence at short notice and problems getting agency or bank staff that it did not have to rely on the manager to make up the numbers in or drop to one nurse and two carers as had happened.

At the time of this visit, the home had 22 residents and staffing levels were unchanged. Most days the home had one nurse and three carers, sometimes four carers and on occasion due to absence at short notice the number of carers can drop to two. As noted in the last report, care staff now started 15 minutes earlier each morning and a carer also worked 8pm-10pm each evening. However some staff said that they were still overstretched first thing in the morning when assisting very dependent residents to get up, washed and dressed.

There had also been comments in both residents and relatives satisfaction surveys about the home being understaffed and delays with personal care.

Also during this visit and the last one there were times when no staff were present in the lounge. We noted that a relative who had voiced a concern about this in a survey had been told that the lounge ''should be supervised at all times''.

The providers response to both the Care Inspectorate and to residents and relatives has been to say that based on calculations using recognised dependency tools, the home exceeds the required numbers of staff members and that deployment and time management of staff were the problem. In 2012 when we made a requirement about staffing levels we said ''when assessing dependency levels and calculating staffing requirements managers and nursing staff need to make sure that they are taking, not only basic care needs, but all other relevant factors into account as well as listening to the views of staff, residents and relatives.'' Other relevant factors the provider needs to take account of include constant staff presence in the lounge and also the limitations of these dependency tools when calculating staffing for people who for example may need a lot of help first thing in the morning then minimal support for the rest of the day. It was very concerning to note the provider persists in allowing the home no more than the minimum number of staff these tools calculates that it needs. As noted in the last report, this rigid adherence to these calculations gives the home no room for manoeuvre. The manager had been able to appoint some more bank staff that the home could call on in an emergency.

At the moment, if the home were to have just three more admissions there would have to be at least five care staff on duty to comply with the current staffing agreement and conditions of registration. If the provider disagrees with this agreement then they need to apply to the national registration team for a variation to the homes conditions of registration.

We have repeated the requirement we made in 2012. We are also asking the home to provide the Care Inspectorate with copies of staff rotas for the next six weeks to include planned rotas and actual numbers as well as the total number of residents. The manager has advised that since the visit the home has started to use a different ''augmented'' dependency tool which was specifically designed for care homes. (see requirement 1)

Please also see comments at Quality Statement 1.1 about routinely having a specific question about staffing levels in residents and relatives surveys and at their meetings; also comments at Quality Statement 3.3 about staff morale, staff meeting agendas and minutes.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 2

Requirements

1. **Staffing Levels**
   (i) When assessing dependency levels and calculating staffing requirements, the provider needs to make sure that they are taking, not only basic care needs, but all other relevant factors into account as well as listening to the views of staff, residents and relatives.

   (ii) The provider should ensure that there are enough carers on duty to allow the home to provide a constant staff presence in the lounge and to assist residents first thing in the morning.

   (ii) Furnish the Care Inspectorate with copies of staff rotas for the next six weeks to include planned rotas and actual numbers on duty as well as the total number of residents.
   This is to comply with SSI 2011/210 Regulation 15(a) 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:-

   (a) ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.
   Timescale: Immediate.

Recommendations

1. **Written Care Plans and Reviews**
   Ensure that review history paperwork in residents files is kept up to date.

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

2.

Eating and Drinking & Mealtimes

(i) The home should consider replacing glass top tables with more traditional table cloths at meal times in keeping with the decor in the room. This decision should be taken following consultation with all staff, residents and any interested relatives.

(ii) The manager and catering staff should consider working through the nutrition assessment tool together as a helpful quality assurance exercise.

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

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 3 - Adequate

Statement 3

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

Service strengths

The grade of weak in the last report took account of serious concerns about the lack of investment in the premises on the part of the owner, as well as certain features of the home's layout and design. We made six requirements in the last report and the home had actioned or progressed four of these. We found that the home's performance was now adequate in the areas covered by this statement. We concluded this after we spoke to the manager and staff including the homes handyman; saw round the home and its grounds; and looked at the home's maintainance programme, survey results and minutes of meetings.

Renovation and Refurbishment Programme

In two recent inspection reports (November 2012 and July 2013) we made it a requirement that the home must have a rolling programme of renovation and refurbishment so that once a good standard was achieved it could be maintained. The owner had now introduced a comprehensive annual maintainance programme/ action plan with timescales and progress log. Relatives had been told the handyman will also do a full walk round every month to see what work was needed. We will check on progress with this at future inspections.

Dining Room

In the last report, we said that the provider must ensure that the chairs in the dining room were kept in a good state of repair. Problems with the glue and the beading on dining chairs coming loose appear to have been resolved. New curtains were going to be purchased and woodwork re: painted as part of an overall upgrade.

Hallways

In the last report, we said that the provider must ensure that paintwork and decoration in hallways was to a good standard and well maintained. The provider did not mention the hallways in their inspection action plan, however we noted that all wooden facings, skirtings, handrails, coving and ceilings had been repainted and the hall ceiling had also been replastered.

Bedrooms

In the last report, we said that the provider must ensure that paintwork and decoration in bedrooms was to a good standard and well maintained and also ensure that badly worn and broken furniture in bedrooms was repaired or replaced. Bedroom redecorating has been completed in several rooms and was being rolled out to the remaining bedrooms where some flooring has been replaced. On this visit we saw no evidence of any marks on walls or of broken furniture.

Layout and Use of Space

In the last report, we made a recommendation about reviewing the layout and use of space in the home with a view to providing more public rooms and creating a cafe style room for visitors. In response to this, the owner said the dining room was always accessible to residents and relatives for a cup of tea and will try expanding this to a cafe style room. As regards the quiet room, we were told that this had been returned to the use of families and relatives for quiet times.

Areas for improvement

While the grade takes account of progress that has been made since the last inspection, the home still had requirements and recommendations that it needed to fully comply with and we have repeated these.

Lounge

In the last report we said that 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. The provider did not mention the lounge in their inspection action plan. While the home's new maintainance programme did include the lounge, with paintwork to be freshened up each year there was no plan for a review of decor or any major refurbishment until 2015-16. We think that is not soon enough because decor and furnishings in the main lounge in particular were very drab and dated and much in need of renovation to create a lighter and brighter room for residents to spend their time in. Relatives surveys included comments about the home being in need of refurbishment in particular the lounge. And visiting professionals also mentioned the limited natural light and the need for brighter decor in public areas. (see requirement 1)

The manager had been considering rearranging the seating. We were surprised to see that several broken glass light shades pointed out at the last inspection and mentioned in the last report had still not been replaced. We drew this to the attention of the new manager and to the handy man who had not been aware of this either and also to the activities manager for the company. Since the visit we have been told that new shades had now been purchased.

Dining Room

In the last report we said that the provider must ensure that the tables in the dining room were fit for purpose in a good state of repair and hygienic. Please see

comments at Quality Statement 1.3 about the suitability of the dining tables and a recommendation.

Bedrooms

In the last report we said that the provider must replace old name plate holders on bedroom doors. We were told fhat residents were encouraged to create their own name plates during arts and crafts within the home. The manager agreed that laminating these would give them a more finished appearance. Residents who did not want to make their own name plate should be given a new one as standard. Every room should be fitted with a new one as standard with the option of people creating their own. (see recommendation 2)

Bathrooms and disabled access

In the last report we said that the provider must find a solution to the problem of accessibility in the downstairs bathroom; that all residents whose rooms were on the first floor should have access to shower facilities on that floor; that the ground floor bathroom should be a pleasant and inviting room in which to bathe and also replace a badly chipped wash hand basin in the upstairs bathroom. The provider advised that the ground floor bathroom and wet room walls will be redecorated and a cracked wash hand basin had been replaced. The provider had reviewed the use of hospital curtains in the hallway during one resident's bath time and the solution had been to stop using the room altogether and use only the wet rooms. The owner was now considering having the assisted bath from upstairs moved downstairs and converting the upstairs bathroom into a wetroom. (see requirement 2)

The Garden/Access and Freedom of Movement

In the last report we said that the provider must carry out whatever work was necessary to allow residents to be able to use the conservatory style door to the garden safely and independently and must ensure that the surface garden is safe for people to use. In their action plan the provider said they were sourcing an appropriate ramp for the patio door to allow easy access to wheelchairs into the patio area and said that patio slabs will be relaid to ensure safety. While neither of these things had been done yet we were satisfied that they were in hand and will be done once the weather improves. (see recommendation 2) A discreet method of disposing of discarded staff cigarette ends had been introduced.

Layout and Use of Space

In the last report we made a recommendation about reviewing the layout and use of space in the home with a view to the following : being able to offer more space in ground floor rooms for wheelchair users by eg provision of combined bedroom and sitting room accommodation and identifying an alternative ground floor place for residents who smoke. We also said that the provider should seek advice about the adequacy of infection control measures in the laundry.

In response to these recommendations the provider said that the smokers room complied with fire regulations and there were no plans to change this. As regards the laundry the owner told us that it complied with legislation when built 22 years ago

and complied with current guidance as regards keeping soiled and clean laundry separate. Nonetheless, we were still of the opinion that having a laundry so near the reception area and lounges was far from ideal when it involved transporting all soiled linen through this very public part of the home. The owner offered no comment in the action plan about being able to offer more space in ground floor bedrooms for wheelchair users.

Equipment
In the last report we said that the provider must ensure that the home has adequate supplies of towels and bed linen suitable for the style of beds in use and replace these as necessary. The provider stated in their action plan that stocks of bed linen and towels were maintained and when depleted this information was relayed to head office for ordering. The provider also said that adequate stocks were kept in linen cupboards and that new inventory will be set up to keep accurate figures of linen in the new stock cupboard. During this visit we noted that while nursing and care staff had access to supplies of spare bed linen and towels already in use, new unused stock was kept in a locked cupboard. The manager told us that replacements for damaged or old stock were issued by the housekeeper when required. Also, linen we saw was very thin and when laid on a waterproof mattress cover could not have been comfortable to lie on. (see requirement 3)

In the last report we said that 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. Regardless of whose decision it was to buy the cutlery in use at the present time staff we spoke to confirmed that it is unsuitable as it is too large and heavy and not appropriate to meet the needs of very frail residents. (see requirement 3).
The manager told us that all hoists were fully maintained, serviced and tested regularly to ensure health and safety standards were maintained. However we noted that the home's hoists and stand aids were mostly second-hand and not of the most modern design with one of the hoists being a time consuming pump up model.

Also beds were a mixture of old second-hand metal hospital beds, some profiling ones with integrated bedrails and some divan beds with older style less safe bedrails still being used. We have drawn the provider's attention to the action they planned in response to a recommendation about bedrails in the inspection report (February 2013). The owner said then that ''new high low beds were being purchased to replace those with bed rails and we expect to replace all within the next year''. (see requirement 3)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 3

Number of recommendations: 2

Requirements

1. **Public Rooms**
   Bring forward the timescales for updating the decor and furnishings in the main sitting room and ensure that in future any repairs are carried out without delay.

   (Timescale for decoration and refurbishment: within 6 months of receipt of this report Timescale for repairs: Immediate)

   This is 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.
2. **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 facilities on that floor.
   (iii) The ground floor bathroom should be a pleasant and inviting room in which to bathe.(Timescale: Within 3 months of receipt of this report)
3. **Equipment, Furniture and Furnishings**
   (ii) Furniture, furnishings and equipment such as eg., cutlery must be suitable for the needs of frail, older people.
   (iv) Purchase high low beds to replace all old style metal hospital bed and any divans fitted with bedrails.

   (v) Commence a programme to replace older hoists and stand aid with new more up to date equipment.

   (Timescale for basic supplies: immediate, Timescale for beds, hoists and stand aids: within 12 months)

   Requirements 2 and 3 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.
(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.

Recommendations

1. **Bedrooms**
   Replace old name plate holders on all bedroom doors.

   (National Care Standards, Care Homes for Older People, Standard 4: Your Environment)
2. **Garden and Access**
   (i) Carry out the planned work to allow residents to be able to use the conservatory style door to the garden safely and independently.
   (ii) Ensure that the garden surface is safe for people to use.
   (National Care Standards, Care Homes for Older People, Standard 4: Your Environment)

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

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. While there were some areas for improvement, as in previous reports the grade recognises the calibre of staff who work here. We concluded this after we spoke to the manager and staff on duty; looked at the home's training records, staff meeting minutes and survey results.

Training and Development

In the last report we said that 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. In their action plan the provider said that training plans were discussed at monthly meetings with managers present from both homes and attended by the managing director with decisions made and implemented by the manager. The provider also said that they were presently setting up schedule to ensure the above requirement was adhered to. During this visit we saw the home's training plan for 2013 and March 2014 which included a good range of courses for nurses and care staff and both in house and NHS trainers. The new manager was not aware of any ssues regarding the budget or trainers. We will look at this at a future inspection.

Staff support, supervision and appraisal Minuted meetings of staff at all grades took place including managers, nurses, carers and activities workers. These meetings were a good forum to reinforce good consistent practice as regards things like continence care, recording including written care plans, nutrition and weight loss/ gain, pressure care and activities.

Conduct

The home had a team of dedicated nursing and care staff who delivered a consistently high standard of care. Relatives who had completed one of the home's satisfaction surveys agreed that staff were professional and helpful; agreed that their relative was well cared for and treated with dignity and respect. Visiting professionals

were also positive about the staff and comments included "a genuine kindness and interest in the residents welbeing.''

Areas for improvement

Training and Development

In the last report we said that all employees in the home must be given the opportunity to undertake the dementia training recommended in the Promoting Excellence framework. Staff we spoke to during the last visit and during this visit were not aware of Promoting Excellence or the dementia training. We noticed that some of the training material was lying in a cupboard in the manager's office. We have again 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. We have made a recommendation about this. (see recommendation 1) We also noted that staff now got paid to attend mandatory training only.

Staff Support,Supervision and Appraisal

Progress with rolling out the progamme Supervision and Appraisal to all grades of staff had been slow. The new manager had so far had one to one meetings with some of the nurses who were in turn still to be trained so that they could supervise and appraise care staff. We will look at progress with this at the next inspection. (see recommendation 2)

Following a meeting in October 2013 there had been no further nurses and carers meeting until March 2014. While these were, as noted, a good forum to reinforce good practice, there appeared to be little opportunity for discussion, with no record of anything being said by any nurse or care worker in the October meeting. It would be helpful if future meetings had a set agenda which always included matters like staffing levels, staff deployment and training. The March meeting with the new manager had touched on these. (see recommendation 2)

Staff morale in the home may be adversely affected by the times when there are not enough staff; the need for more time to do essential paperwork, having to use old second hand equipment and beds and something as basic as not having access to the linen cupboard. Investing in more up to date equipment would have a positive impact on staff morale. We noted that at the time of the last visit and at this one the company was still developing an employee survey which will be circulated this summer. (see recommendation 2)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. **Training and Development**

All employees in the home must be given the opportunity to undertake the dementia training recommended in the Promoting Excellence Framework. (National Care Standards, Care homes for Older People, Standard 5: Management and Staffing Arrangements)

2. **Staff Support,Supervision and Appraisal**
   (i) Roll out the programme of supervision and appraisal to all grades of staff as soon as possible.

   (ii) Ensure that the employee survey is rolled out as planned this summer.

   (iii) Staff meetings should have a set agenda which always includes matters like staffing levels, staff deployment and training with staff encouraged to contribute to the agenda and to the meeting.

   (National Care Standards, Care homes for Older People, Standard 5: Management and Staffing Arrangements)

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

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 remained adequate in the areas covered by this statement. We concluded this after we spoke to the manager, looked at professional visitor survey results, some in-house audits and the home's complaints log.

Surveys

In the inspection reports dated November 2012 and July 2013 we asked the home to reintroduce its satisfaction surveys for partner agencies such as visiting Health, Social Work and other professionals. The format for these had been revised and the surveys had now been issued with some returns.

Night time spot check visits

In the last inspection report we made a recommendation about recording findings from night time spot check visits to the home and any action required by staff. This had now been done with one unannounced visit by management since the last inspection.

Areas for improvement

Audits

At the time of the last inspection we found the homes audit systems confusing and said some of the formats needed reviewed and made more robust. The previous manager had started to make some improvements to the care plan audit. This was to ensure that audits were purposeful and helped the home to identify and address gaps or areas for improvement. In particular, the home needed to distinguish between what was purely statistical information and what was qualitative as this was getting mixed up. The new manager was still familiarising himself with the home's systems and so we will look at this at the next inspection.

The new manager was a very experienced Mental Health Nurse who had been a member of a senior management team in a registered homecare service for adults. However, he had no previous experience of working in a care home for older people or

as a care home manager. So that he has the kind of breadth of knowledge he needs to be able to assess whether a quality service is provided at Clinton House an extended period of induction or a short secondment to other care homes for older people both might be beneficial. (see recommendation 1)

Grade awarded for this statement: 3 - Adequate

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. So that the manager has the kind of breadth of knowledge he needs to be able to assess whether a quality service is provided at Clinton House the provider should offer him an extended period of induction or a short secondment to some other care homes for older people.
   (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	3 - Adequate
Quality of Environment - 3 - Adequate	
Statement 3	3 - Adequate
Quality of Staffing - 4 - Good	
Statement 3	4 - Good
Quality of Management and Leadership - 3 - Adequate	
Statement 4	3 - Adequate

6 Inspection and grading history

Date	Type	Gradings	
31 Jul 2013	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 2 - Weak 4 - Good 4 - Good
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	4 - Good 3 - Adequate Not Assessed

		Management and Leadership	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

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

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