scottish commission for the regulation of care

Inspection report

Clinton House Nursing Home
Care Home Service

Ayr Road
Shawsburn
Larkhall ML9 3AD

Inspected by: Jim Brannigan
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 26 January 2006

Improving care in Scotland

Service Number

CS2003010566

Service name

Clinton House Nursing Home

Service address

Ayr Road
Shawsburn
Larkhall ML9 3AD

Provider Number

SP2003002417

Provider Name

Clinton House Nursing Home

Inspected By

Jim Brannigan
Care Commission Officer

Inspection Type

Unannounced

Inspection Completed

26 January 2006

Period since last inspection

2 Months.

Local Office Address

Princes Gate
60 Castle Street
Hamilton
ML3 6BU
01698 208150

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

Basis of Report

The report follows an unannounced inspection by one Care Commission Officer and one Professional Adviser, Nutrition, who had a specific remit to examine and report on Standard 13 Eating well.

During the visit which took place on 26th January 2006 from 9.55 a.m. to 5.30 p.m. the Care Commission Officers spoke with, the Owner ,the Manager, Depute Manager, two members of staff, three Service Users and the Cook.
The Care Commission Officers also looked at a range of policies, procedures and records including the following:

Care Plans.
Menus.
Meal times.

· and spent time observing how staff worked with the Service Users.

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

Standard 1: Informing and deciding.
Standard 5: Managing and staffing arrangements.
Standard 6: Support Arrangements.
Standard 7: Moving In.
Standard 13: Eating well.
Standard 18: Staying in Touch.

Action taken on requirements in last Inspection Report

The following requirement was still outstanding from the inspection of 29-11-05 :

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

The following recommendations were still outstanding from the inspection of 29-11-05 :

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

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

An appropriate Action Plan was in place with suitable time scales to meet the above requirement and recommendations.

Please refer to the main body of the report.

Comments on Self-Evaluation

Not applicable.

View of Service Users

The views of service users were not sought during the inspection.

View of Carers

The views of carers were not sought during the inspection.

Regulations / Principles

National Care Standards

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

Strengths

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

A contingency plan was being developed and would be added to the Information Pack on completion.

An appropriate Action Plan was in place with suitable time scales to meet the above recommendation.

Areas for Development

There were no further recommendations resulting from this inspection.

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

Strengths

2. Staff should receive appropriate training on the use of restraint.

The Manager plans to develop training from the Community Pyschiatric Nurse and by issuing handouts to staff until the training is rolled out.

An appropriate Action Plan was in place with suitable time scales to meet the above recommendation.

Areas for Development

There were no further recommendations resulting from this inspection.

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

Strengths

There were no outstanding recommendations.

Areas for Development

None.

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

Strengths

There were no outstanding recommendations.

Areas for Development

None.

National Care Standard Number 13: Care Homes for Older People - Eating well

Strengths

The Care Home had some policies on food and nutrition e.g. meal times, meal settings and second helpings.

The Cook had an elementary knowledge of food and nutrition and was qualified to City and Guilds level III in Catering. She also attended courses in menu planning and special dietary needs although this was some time ago.

The Care Home assess Service Users risk of under nutrition and this includes weight and the calculation of Body Mass Index which is a recognised indicator of under nutrition.

Service Users records show that their risk of under nutrition is reassessed monthly.

The Care Home used three different Nutritional Screening Tools to evaluate Service Users risk of under nutrition .

Service Users care plans show that their food and fluid preference were recorded on admission using a detailed system developed by the home .This record is updated as required. A copy of these food and fluid preferences were passed to the Kitchen where they were held on record.

The Cook said that she offered Service Users alternatives if they did not like the Menu. The examples given were cold meats, sandwiches, cheese, or sausage and egg.

A cooked breakfast was available for Service Users who wished one.

Service Users were asked to select their food preferences from the menu the day before and this was passed to kitchen staff.

The dining environment was pleasant and the tables were attractively set. The majority of dishes were fresh home cooked food. Food was attractive, well cooked and presented . The kitchen was well organised.

The Cook said that Service Users can come to kitchen and ask for a snack.
At tea break time the tea trolley had chopped up fruit, scones, biscuits, and yoghurts

available.

Staff interacted well with Service Users whilst assisting them to eat their food. Service Users were using adapted cutlery and adapted cups to assist them in eating.

Areas for Development

The Care Home did not have policies and procedures which clearly specified how the Care Home was going to meet the National Care Standards and food and nutrition best practice statements.
(see Recommendation 3)

The Cook did not demonstrate sufficient knowledge of the nutrition and dietary needs of the Service Users in her care.
(see Recommendation 4)

The Care Home used three different Nutritional Screening Tools to evaluate Service Users risk of under nutrition .This was confusing as it gave different scores and action required.
(see Recommendation 5)

The interventions in relation to diet were not clear and specific and were not adequately communicated to kitchen staff.The Care Home records of Service Users food and fluid intakes were not fully updated and completed by staff.

(see recommendation 6)

The record of Service Users food preferences was not influencing menu planning. Menus did not include the five key food groups and menus had not been evaluated since July 2005.

(see Recommendation 7)

The range of alternatives on offer if Service Users did not like the Menu was not clear. There was no independent, confidential questionnaire in place to evaluate Service Users, Carers and Relatives views on all aspects of the eating experience.

(see recommendation 8)

Menus were not designed by the cook.There was no clarity from the Cook or The Care Home's Policies that Service Users dietary needs were understood for the purpose of menu planning. The menus did not always have five fresh fruit and vegetables offered each day.There was no clear instructions given to the Cook for individual Service Users who were on therapeutic, high calorie or food textured diets.

(see Recommendation 9)

The range and availability of snacks and hot and cold drinks was not clear .

(see Recommendation 10)

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

Strengths

There were no outstanding recommendations.

Areas for Development

None.

Enforcement

There has been no enforcement action since the last inspection.

Other Information
The following requirement was still outstanding from the inspection of 29-11-05 :

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

The Care Home plans to carry out a risk assessment to establish which Service Users would be capable of preparing their own food and will develop appropriate facilities when this is completed.

An appropriate Action Plan was in place with suitable time scales to meet the above requirement .

This inspection focussed on most elements of Standard 13:Eating well, however, elements 13.3 and 13.10 of Standard 13: Eating well, were not evaluated .

There were no further requirements resulting from this inspection.

The Care Home was issued with a list of where to access documents which would help them in the practical application of meeting the National Care Standards, Care Homes for Older People, Standard 13: Eating Well.

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

Recommendations

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

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

3.The Care Home should develop policies and procedures to meet the National Care Standards and best practice statements, which clearly specify guidance on nutritional assessment care planning , implementation of the diet in the kitchen, menu planning, monitoring food and fluid intake and access to snacks and drinks.Staff should receive appropriate training on the new procedures when they are developed to ensure they are fully aware of eating, drinking, food and nutrition issues. (Standard 13:Eating well.)

4. The Cook should attend appropriate training courses e.g. menu planning , therapeutic, textured and high calorie diets to enable her to demonstrate sufficient knowledge of the nutrition and dietary needs of the Service Users in her care. (Standard 13:Eating well.)

5. The Care Home should use one Nutritional Screening Tools to evaluate Service Users risk of under nutrition (Standard 13:Eating well.)

6. The interventions, particularly for Service Users with weight loss, and who have had input from the dietician in relation to diet, should be clearly specified and should be communicated to kitchen staff. Service Users Body mass index and weight should be taken according to best practice where they are losing weight and food and fluid intake charts should be completed according to best practice. The Care Home should clarify who is responsible for the completion of food and fluid charts.(Standard 13-1,6:Eating well.)

7. Records of Service Users food preferences should be further developed to include their preferences within the five key food groups and should influence menu planning. Menus should be developed to include Service Users preferences in the five key food groups and menus should be evaluated and changed at least every six months to take Service Users food preferences into account. (Standard 13-1,2:Eating well.)

8. The range of alternatives on offer if Service Users did not like the Menu should be made clear on a daily basis. i.e. Options should be clearly written onto the Daily Menu and/or a call off menu should be developed.
An independent, confidential questionnaire should be developed to evaluate Service Users, Carers and Relatives views on all aspects of the eating experience. (Standard 13-2:Eating well.)

9. Menus should be developed to include the five key food groups to ensure meals are nutritionally balanced to meet Service Users dietary needs and should always offer a choice of fresh fruit and vegetables.Clear instructions should be given to the Cook for individual Service Users who are on therapeutic, high calorie or food textured diets. (Standard 13-4:Eating well.)

10. The Care Home should develop a policy which clearly describes the range of snacks and hot and cold drinks which will be available at all times of the day and night, how Service Users will access snacks and hot and cold drinks and to ensure staff are fully aware of who is responsible for the provision of snacks and hot and cold drinks during the day and at night. (Standard 13-5:Eating well.)

Jim Brannigan
Care Commission Officer