

Inspection report

Claremont Park Nursing Home Care Home Service

6 Claremont Park
Leith Links
Edinburgh EH6 7PH

Inspected by: Beryl Hogg
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 10 July 2007

Service Number

CS2003010622

Service name

Claremont Park Nursing Home

Service address6 Claremont Park
Leith Links
Edinburgh EH6 7PH**Provider Number**

SP2003002447

Provider Name

Claremont Park Nursing Home

Inspected ByBeryl Hogg
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

10 July 2007

Period since last inspection

5 months

Local Office AddressStuart House
Eskmills Estate
Musselburgh
East Lothian
EH21 7PB
0845 600 8335

Introduction

Claremont Park Nursing Home was registered with the Care Commission on 1st April 2002 to provide 24 hour care to 34 older people. The home provides 24 hour nursing care. The home is owned and managed by Mr W Brodie, Mr A Thain and Mrs A Spence.

The home is situated in private grounds on the main route through Leith, close to local amenities and bus routes. There is a private parking, a garden area to the front of the home and a large landscaped garden and patio area to the rear. Accommodation for residents' use is provided on ground and first floor levels of the main home and on ground floor level in the large extension to the rear of the home overlooking the garden. The upper floor is accessed by stairs or chairlift.

There are 16 single bedrooms, 10 with en-suite facilities and 9 double bedrooms, 2 of which have en-suite facilities. Sitting and dining rooms are situated on the ground floor of the main home and a further sitting/dining room is available in the extension building. Appropriate bathing and toilet facilities are available throughout the home. There are separate kitchen and laundry facilities in the home.

The Homes' philosophy of care is based on the following principles:

To provide a friendly, homely, caring and secure environment for residents.

To promote the independence of residents for as long as possible.

To liaise and give support to relatives and friends of residents.

To consistently provide the best quality of nursing care to enable residents to enjoy the highest possible quality of life.

To accept and respect each resident's social, emotional, religious, cultural and ethnic needs.

To respect the right of each resident to be informed and as far as possible, be enabled to participate in decisions about care plans and treatment, involving relatives and friends if so desired.

To provide occupational therapy, entertainment, outings and other services for residents wishing to participate.

To consistently provide meals of high quality sensitive to the desires of each resident.

To make regular training and updating of knowledge and skills available to staff.

To manage business affairs prudently and efficiently to ensure a stable and secure environment for residents.

To carry out property maintenance timeously and in a manner causing least possible disturbance to residents.

Basis of Report

The visit, which was unannounced, took place on the 10th July 2007. The inspection was carried out by Beryl Hogg and Saartje Drijver, Care Commission Officers, who will be referred to as the Officers in this report.

This inspection was conducted as a continuation of a small number of pilot inspections. The Care Commission is using these pilot inspections to develop and improve the inspection process.

Some pilot inspections may also be reported in a pilot report format. These developments form part of the Care Commission's Regulating for Improvement project and the Care Commission is grateful to this service for volunteering and continuing to take part in a pilot

inspection.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the CCO which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirements.

This service was required to have a LOW level of support and for the purposes of this visit two of the quality themes; Quality of environment and Quality of Staffing were reviewed. These were rated by the home at the previous visit but as yet the home management have not been asked to review their assessment.

The report is based on:

Discussion with the deputy manager

19 service users

7 care staff

The Officers reviewed a range of records, policies and procedures:

Residents care plans

Staff duty rotas

A tour of the home was also carried out.

Account was also taken of the Regulation of Care (Requirements as to Care Services)(Scotland) Regulations 2002 Scottish Statutory instrument 114 (SSI 114)

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

1.It is a requirement that the cost of aprons and gloves for the use of staff is met by the provider.

This is in accordance with SSI 2002/114 Regulation 12 (b) Facilities in care homes - Providers of a care home service shall, having regard to the size of the service, the statement of aims and objectives and the number and needs of service users provide such other equipment for the general use of service users as is suitable and sufficient having regard to their health and personal care needs.

Timescale Immediately.The cost of aprons and gloves is now being met by the provider.

Comments on Self-Evaluation

The self evaluation has been completed and accurately reflects the service provision.

View of Service Users

19 service users were spoken with during the visit; 14 in a group setting and 5 individually.

Their views are incorporated into the body of the report. The Officers explored with the residents aspects of two of the inspection themes; The Environment and Quality of Staffing. The residents continued to assess the home at the previous level which was in keeping with the management's assessment at that time.

View of Carers

One relative was spoken with and their views are incorporated into the body of the report.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 99: Other Issues Related to National Care Standards and Regulations

Strengths

1. Quality of Environment.

Residents felt that the home was fresh and clean.

The home continues to provide prospective and new residents with comprehensive information about the home by means of an information brochure and a welcome pack. Visits were encouraged before decisions were made to move to the home. This was appreciated by residents. Residents stated that they felt that they knew what to expect when they moved in. One resident informed the Officers that they were initially sharing a room with another resident and when a single room which was their preference became available they were offered this and accepted it. The relative spoken with confirmed this. One resident who shared a room felt that although they were sharing, their privacy continued to be maintained.

The manager ensured that relatives were informed of developments within the home by displaying information on a notice board. The Care Commission's latest inspection visit report was available.

The home was in good decorative order throughout.

The home was generally clean and well maintained throughout. There were systems in place for the control of infection, in line with relevant regulation.

Contractual agreements for all essential equipment were in place and the home could affect other repairs quickly.

The gardens were well maintained with a secure area where residents could walk or sit. Residents spoke of particularly appreciating the gardens and of how well they were maintained.

Residents commented that they felt safe and appropriate risk assessments were in place to facilitate this. They were aware of fire drills taking place and felt confident that staff would ensure their safety. Residents also appreciated having a call system and confirmed that calls

were answered timeously.

2. Quality of Staffing.

The staff were noted to be committed to the welfare of the residents and this was supported by comments from residents. They commented that they felt that staff were " on the ball " and when they were unwell felt that good care was given.

There was a comprehensive policy and procedure manual which included relevant policies and procedures. There was a system in place to ensure all staff had read and understood them.

There was a comprehensive induction programme in place for all staff. There was also an induction in place for agency staff.

There continued to be a low turnover of staff with many of the staff having worked in the home for many years. Residents felt that it was reassuring to see the same faces and spoke of staff as people they knew and who cared for them.

Residents described the staff as being excellent and residents felt staff promoted the Care Commission values which were described to them.

Residents spoke of being treated with respect and seeing others treated in the same way. This was confirmed by the relative spoken with. They felt that staff were aware of their individual needs and felt staff took time to sit and talk with them.

Staff spoke positively about working in the home and the training offered. The opportunity to access Scottish Vocational Training was available.

There was sufficient staff being provided to meet the assessed needs of the residents.

There was a policy in place regarding equal opportunities and staff were trained in and practised anti-discriminatory and anti-harassment policies and procedures.

There was a quality assurance policy in place and the service were considering how to implement it.

There was a system in place for recording restraint. The policy reflected good understanding of issues of restraint and how to promote freedom of movement in a safe manner.

Staff were observed to be confident in their role. Residents spoke highly of the support and assistance they were given.

The system of the purchase and recording of individual toiletries has been reviewed and individualised as recommended in the previous inspection visit report.

Throughout the inspection the deputy manager was welcoming and there was open discussion on issues raised.

Areas for Development

1. Quality of Environment.

At the previous visit it was noted that in the extension there was an area adjacent to the radiator at the end of the corridor where the pipes were exposed and noted to be hot to the touch. This could be a potential safety hazard for residents who may have problems with mobility.

and a recommendation was made. The Officers were informed that the pipes were to be insulated but the deputy manager was unaware of the timescales. Details of the timescales for the completion of this work should be included in the action plan.

The Officers observed commode pots being steeped in the bath in a resident's ensuite facility which was not being used. It is advised that this is not acceptable practise both in terms of residents dignity and infection control. In addition it was noted that a number of the commode chairs in the main building were dirty and would benefit from deep cleaning. See Recommendation 1.

Whilst it is acknowledged that the home was generally clean it was observed that the carpeting in the lounge areas and carpet in the corridor of the extension were stained and would benefit from deep cleaning. See Recommendation.2.

It was noted that in the lounge adjacent to the front door the seating arrangements appeared cramped. One chair was unsuitable and taking up space and a number of zimmer frames and small tables were also stored in the room. In addition it was noted that a number of the chairs were either worn or stained which detracted from the ambience of the room and is detrimental to residents dignity. See Recommendation 3.

2. Quality of Staffing.

Whilst it was acknowledged that annual staff appraisals and informal supervision was carried out it was again noted that there was no formal supervision being offered to staff. See Recommendation 4.

Whilst it was acknowledged that all staff had received moving and handling training. At the visit on one occasion poor practice was observed. This was discussed and the deputy manager agreed to address this on the day of the visit.

Whilst it is acknowledged that it is the home's policy that staff knock when entering residents rooms two residents informed the Officers that this was not always the case. This was discussed with the Deputy manager and it was agreed that all staff would be spoken with regarding ensuring that residents privacy and dignity was respected.

Enforcement

There has been no enforcement action taken against this service since the last inspection.

Other Information

Care plans were audited and found to be consistently maintained.

Requirements

There are no requirements in this report.

Recommendations

1. It is recommended that the cleaning regimes of the commode pots and commodes is reviewed and improved. National Care Standards - Care Homes for Older People, Standard 4:2 Your Environment.

2. It is recommended that the cleaning regimes of the carpets are reviewed and improved in the lounges and corridor in the extension area
National Care Standards - Care Homes for Older People, Standard 4:3 Your Environment.

3. It is recommended that the seating provision in the lounge area adjacent to the front door is reviewed and improved. National Care Standards - Care Homes for Older People, Standard 4:8 Your Environment

4. It is recommended that formal supervision is implemented. National Care Standards - Care Homes for Older People, Standard 5:4 Management and Staffing Arrangements.

Beryl Hogg

Care Commission Officer