

# Inspection report

## Avon Park Care Home Care Home Service

Gallowhill  
Lesmahagow Road  
Strathaven ML10 6BZ

**Inspected by:** Lynn Milligan  
**(Care Commission Officer)**

**Type of inspection:** Unannounced

**Inspection completed on:** 5 December 2007

**Service Number**

CS2007157965

**Service name**

Avon Park Care Home

**Service address**Gallowhill  
Lesmahagow Road  
Strathaven ML10 6BZ**Provider Number**

SP2007009177

**Provider Name**

European Care Scotland (iv) Ltd

**Inspected By**Lynn Milligan  
Care Commission Officer**Inspection Type**

Unannounced

**Inspection Completed**

5 December 2007

**Period since last inspection**Previous inspection was completed 5 months ago,  
on 26 July 2007.**Local Office Address**Suite 3, Sovereign House  
Academy Road, Irvine  
KA12 8RL

## **Introduction**

Avon Park Nursing Home sits on the outskirts of the town of Strathaven. The service was registered with the Care Commission on the 1 April 2002. The current registration certificate notes the service can provide care for a maximum of 58 service users, of which 30 places were for older people within the main unit on the ground floor. In addition, on the upper floor, two separate units each provide care and support for 8 early onset dementia service users. The units are named Sandford View and Sandford Vale. The service operates within the two storey building with lift and disabled access.

The company's aims and objectives statement includes: "Care that is of the highest standard, and is tailored to meet individuals with specific wishes and choices".

## **Basis of Report**

### Before the Inspection

#### The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

#### The Self-Evaluation Form

The service submitted a self-evaluation form as requested by the Care Commission.

#### Views of service users

See comments below

#### Regulation Support Assessment

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA. This assessment resulted in this service receiving a medium RSA score and so a medium intensity inspection was required as a result. The inspection was then based upon the relevant Inspection Focus Areas and associated National Care Standards for the particular service type and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

#### During the inspection process

The report was written following an unannounced inspection, which took place over one day, on the 5 December 2007 between 11.05 and 16.10hrs where the emphasis was on reviewing the providers progress to address the requirements and recommendations made during the previous inspection. The Care Commission Officers spoke with service users, relatives/visitors, the manager, deputy manager, charge nurse, care and ancillary staff.

#### Staff at inspection

The inspection was completed by L Milligan and L Clark, CCO's.

#### Evidence

The service had available a range of corporate policies and procedures with supporting documentation. Time was spent observing the care of the service users and the officers

completed a tour of the premises.

The Care Commission Officers reviewed a range of records including the following:

Policy and procedure manual

Staff training records

Annual training plan/programme

Induction records

Personal plans

Staff off duty

Staff meeting minutes

Certificates of insurance

Care Commission registration certificate

Inspection Focus Areas and associated National Care Standards for 2007/08

The Care Commission Officers took all of the above into account and reported on whether the service had met the requirements and recommendations made following the previous inspection and whether they met the National Care Standards for care homes for older people:

Standard 5: Management and staffing arrangements

Standard 14: Keeping well - healthcare

Standard 19: Support & care in death and dying

Account was taken of the Scottish Statutory Instrument 2002 No.114 The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

Fire Safety Issues

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 responsibilities is available at [www.infoscotland.com/firelaw](http://www.infoscotland.com/firelaw)

### **Action taken on requirements in last Inspection Report**

The service had five requirements made during the previous inspection. The following notes the requirement, the service's actions to address this and whether the requirement had been met.

1. The service will ensure they maintain accurate records of staff attendance at induction/training sessions, including use of restraint and adult protection, which meets the needs of the service users and for statutory requirements. This is in order to comply with: SSI 2002/114 Regulation 9(2)(d) & 13(a) & (c) - a requirement to fitness of employees and staffing. Timescale - 6 months.

Action: The manager confirmed each staff member has their own training file, which they are responsible for completing for the home and for registration with the Scottish Social Services Council (SSSC).

As each floor in the home provides care for a different service user group, separate training programmes were being developed to ensure training was tailored to meet the services user's needs and statutory requirements.

Outcome: This requirement had been met. As this is an ongoing process, compliance will be reviewed as subsequent inspections as the officers expect more emphasis on the staff completing their own training records to provide evidence for the Care Commission and the SSSC.

2. The provider will ensure there are sufficient staff working in the service to meet the needs of the service users taking into account the layout of the building. This is in order to comply with: SSI 2002/114 Regulation 13(a) & (b) - a requirement to staffing. Timescale - on publication of the report.

Action: The provider was actively recruiting new staff for both floors of the service. On the day of inspection, the service was operating with sufficient staff on duty to meet the needs of the service users.

Outcome: This requirement had been met. As the additional service user places are opened, the staffing levels will be reviewed as subsequent inspections.

3. The Sandford unit will ensure their documentation details service users' needs, care and therapeutic interventions in line with the company's policy and procedures. In addition, ensuring all formats are dated and signed. This is in order to comply with: SSI 2002/114 Regulation 4(1)(a) - a requirement to the health and welfare of service users. Timescale - 1 month.

Action: The documentation reviewed by the officers was found to be notable improved regarding each service user and the care provided by the service.

Outcome: This requirement had been met. As this is an ongoing process, compliance will be reviewed as subsequent inspections.

4. The service will ensure six monthly service user's reviews are completed and recorded on an ongoing basis. This is in order to comply with: SSI 2002/114 Regulation 5(2)(b) - a requirement to personal plans. Timescale - 6 months.

Action: The service provided evidence of regular six monthly reviews being completed for all service users.

Outcome: This requirement had been met. As this is an ongoing process, compliance will be reviewed as subsequent inspections.

5. The provider must ensure the notification policy and procedure includes all details as noted in the Regulations. This is in order to comply with: SSI 2002/114 Regulation 19(3)(i) - a requirement to records. Timescale - 1 month.

Action: A new compliance officer had been appointed within the company and they plan to review the current policies and procedures. As yet, the notification policy had not been reviewed to include the necessary details of the Regulation. Although in discussion, the staff were fully aware of the need to inform the Care Commission.

Outcome: This requirement has not been met. (See requirement 1)

### **Comments on Self-Evaluation**

A fully completed self evaluation document was submitted. This was completed to a satisfactory standard and gave relevant information for each of the Standards associated with the inspection focus areas. The service identified their strengths and some areas for future development, which would enhance the care provision for service users.

**View of Service Users**

During the inspection, seven service users agreed to chat to the officers, all were happy with the care they received from the service. Comments included "I'm happy", "good food", "good variety in the menu", "very settled here" and "no complaints about the service".

**View of Carers**

During the inspection, one visitor was available and agreed to speak with the officers. They were happy with the care their relative received and felt this was as good a care home as any in the area. Relative confirmed they had recently been involved in a review meeting of their relative's care.

## **Regulations / Principles**

**Regulation :**

**Strengths**

**Areas for Development**

## **National Care Standards**

### **National Care Standard Number 14: Care Homes for Older People - Lifestyle - Keeping Well - Healthcare**

**Strengths**

This report only includes comments on element 14.8 of this Standard, as this was applicable for this year's Inspection Focus Areas.

The charge nurse discussed the service's approach to identifying and referring symptoms related to end of life/palliative care to the GP.

The charge nurse stated information would be disseminated at the hand-over report between staff shift changes. The registered nurses would share their skills and knowledge with the carers. The same carers would be involved in providing care for the service user and the registered nurses would be involved in care episodes, this would allow any issues or concerns, which arose, to be reported to the doctor in primary care or the specialist palliative care team. The service had a copy of the local NHS's end of life protocol, which was used, when required.

**Areas for Development**

The service confirmed they strive to maintain high standards of end of life/palliative care.

### **National Care Standard Number 19: Care Homes for Older People - Support and Care in Dying and Death**

**Strengths**

To inspect against this year's Inspection Focus Areas, only the overarching principle of the standard was inspected.

The local Hospice do offer access to training sessions for the care home staff. A small number of staff have attended sessions and enhancing communication was a component of the training. Skills were disseminated to the care staff by the nurses, who lead by example. The service have information available on the requirements of different religious beliefs and cultures. In addition, links have been made with local synagogues, mosques and Roman Catholic priests to advice and support the service users, if required.

The service have developed a positive working relationship with the local GP practices, who attend for regular, twice weekly consultations. The service also has direct access to the doctors on call via NHS 24.

## **Areas for Development**

The service confirm they strive to provide high standards in end of life/palliative care.

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

### **Strengths**

The service had three recommendations made during the previous inspection. The following notes the recommendation, the service's actions to address this and whether the recommendation had been met.

1. A child protection policy for children visiting the service should be developed and implemented by the company. National Care Standards Care Homes for Older People, Standard 5.1, 5.2 and 5.4 – Management and staffing.

Action: The provider had developed and distributed a child protection policy. In the service, copies were noted at the reception area, in the lifts and on the staff notice boards. In addition, visitors were being asked to note when children accompanied them into the home.  
Outcome: This recommendation had been met.

2. The service will ensure all new staff complete a comprehensive induction program and that this is appropriately recorded. National Care Standards Care Homes for Older People, Standard 5.1, 5.2 and 5.3 - Management and staffing.

Action: The service had implemented a new induction program which covers more information to support, inform and guide new staff members, with completion within a specified timeframe. The programs reviewed by the officers were being completed within the designated timeframes.

Outcome: This recommendation had been met. Although continued compliance will be reviewed at subsequent inspections.

## **Areas for Development**

The service should ensure the new policy and procedures are fully implemented by all staff in both the units, in particular the use of restraint/challenging behaviour. National Care Standards Care Homes for Older People, Standard 5.1, 5.2, 5.4 and 5.11 – Management and staffing.

Action: The provider had appointed a new compliance officer, who has commenced a full review of the current corporate policies and procedures. Current proposals suggest there will continue to be corporate policies and procedures. In addition, specific policies and procedures tailored to the individual care homes are to be produced.

Outcome: This recommendation had not been fully met. Therefore, the providers actions to address this recommendation will be followed up. (See recommendation 1)

## **Enforcement**

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

## **Other Information**

During a review of the documentation inconsistencies were noted in the recording of current service users care and treatment orders under Mental Health legislation. (See requirement 2)

On observation, the staff displayed an open, caring and friendly approach to the service users and relatives visiting the service.

The service had three student nurses completing a placement in the home. The officers noted the students being supported by care staff and involved in a tutorial with the charge nurse in the afternoon.

The officer discussed the forthcoming changes to the regulation processes, the grading system and advised the manager to access the Care Commission's public website for more information.

## **Requirements**

1. The provider must ensure the notification policy and procedure includes all details as noted in the Regulations. This is in order to comply with: SSI 2002/114 Regulation 19(3)(i) - a requirement to records. Timescale - 1 month.
2. The provider should ensure all relevant information on any care and treatment orders is obtained, recorded, implemented and regularly reviewed. This is in order to comply with: SSI 2002/114 Regulation 4(1)(a) - a requirement to the welfare of users. Timescale - 1 week.

## **Recommendations**

1. The service should ensure the new policy and procedures are fully implemented by all staff in both the units, in particular the use of restraint/challenging behaviour. National Care Standards Care Homes for Older People, Standard 5.1, 5.2, 5.4 and 5.11 – Management and staffing.

**Lynn Milligan**  
**Care Commission Officer**