

Inspection report

Crosslaw House Care Home Care Home Service

Home Street
Lanark ML11 9AZ

Inspected by: Gillian McPake
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 8 December 2008

Service Number

CS2007146291

Service name

Crosslaw House Care Home

Service addressHome Street
Lanark ML11 9AZ**Provider Number**

SP2003003618

Provider Name

Care Concern Ltd

Inspected ByGillian McPake
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

8 December 2008

Period since last inspection

7 months

Local Office AddressPrinces Gate
60 Castle Street
Hamilton
ML3 6BU

Introduction

Crosslaw House Care Home has been registered with the Care Commission since July 2007 and provides a service for 47 older people and 1 person specific adult with a learning disability.

The Service is situated in a quiet residential area of Lanark with a large grassed area to the front of the property.

The property consists of a two storey building with a single storey extension to the rear.

The aims and objectives were still to be developed for this service under the new provider.

Based on the findings of this inspection the service has been awarded the following grades:

Quality of Care and Support - 3 - Adequate

Quality of Environment - 3 - Adequate

Quality of Staffing - 3 - Adequate

Quality of Management and Leadership - 2 - Weak

This inspection report and grades represent the Care Commission's 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. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

This report was written following an unannounced inspection carried out by Gillian McPake and Alison Iles, Care Commission Officers, and took place on, 8 December between 11.55 and 18.45.

Feedback was given to the Deputy Manager in the absence of the manager.

Before the Inspection

The Annual Return

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

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission prior to the first announced inspection in May 2008.

Regulation Support Assessment

The inspection plan for this service was decided 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.

HIGH

This assessment resulted in this service receiving a high RSA score and so a high intensity

inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

This service will receive a number of inspections over the year 08/09. This inspection was based upon requirements and recommendations made at the last inspection on 6 May 2008.

During the inspection process

Staff at inspection

This inspection was carried out by Gillian McPake and Alison Iles, Care Commission Officers.

Evidence

During inspection evidence was gathered from a number of sources including:

- Discussion with service users, carers and staff
- A review of a range of policies, procedures, records and other documentation, including the following:
 - service user's personal plans
 - restraint records, training and policy and procedures
 - training records and policy and procedures
 - adult protection, training and policy and procedures
 - staff files
 - palliative care training and policy and procedures
- Observations of the home's environment and equipment
- Discussion took place with a range of staff including
 - the deputy manager
 - 1 nurse
 - 2 senior care assistants
 - 2 care assistants

Time was spent observing staff practices and their interaction with service users.

All of the above information was taken into account during the inspection process and reported on.

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09

Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at: <http://www.carecommission.com/>

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 your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection

There were nine requirements made during and since the last inspection. The service supplied an action plan on 22 September 2008, detailing the action to be taken and the timescales for implementation.

All nine requirements were met.

1. Staff must receive appropriate training, assessment and record keeping associated with restraint.

This was met; staff had received appropriate training in restraint.

2 Staff must receive appropriate training in safe techniques of physical restraint.

The deputy manager had recently completed a trainer's course in safe techniques of physical restraint appropriate to the care home setting. Training was to commence for staff once the deputy manager had received his trainers certificate.

3 Individualised Risk Assessments related to restraint should be developed to ensure service users' needs are met.

New appropriate risk assessments had been developed; these were to be introduced to care plans for each service user.

4. All risk assessments and care plans must be reviewed and updated regularly.

This was met and reviews of care plans and risk assessments were taking place.

5. The care service must maintain appropriate records regarding the use of restraint.

The deputy manager advised no service user was being restrained at the time of inspection; however a new recording format for restraint had been developed.

6. The care service will ensure access to appropriate training in adult protection issues and use of associated policy and procedures to all staff with access to service users.

This was met. All staff had received training in adult protection, and the relevant policies and procedures.

7. Personal plans must be available to service users and or their representatives at any time. Information should be made available indicating this.

See quality statement 1.3 for detail.

8. Personal plans must be reviewed with the service user and or their representative at least once in every six month period, or when there are significant changes to their care needs.

See quality statement 1.3 for detail.

9. All infection control procedures must be adhered to throughout the Home including the appropriate and regular cleaning of equipment. Updated information and best practice guidance in the form of a policy and procedure with detailed information on procedures to be followed by staff should be developed and made available.

See quality statement 2.3 for detail.

Comments on Self Assessment

A self assessment was not required for this unannounced inspection.

View of Service Users

Five of the 35 service users were spoken with and they all were positive about the staff and the service which they received.

All of the service users were happy with their daily life in the home and offered no complaints or issues.

Some service users advised they had taken part in meetings held in the home and found these informative.

View of Carers

Two carers were spoken with during this inspection. They both were happy with the care and support provided by the staff in the service.

One carer was concerned about the decision by the NHS to cease the podiatry service which their relative currently received and planned to raise their concerns with the relevant department.

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 3 - Adequate

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

Overall this service was now performing at an adequate level in this quality statement.

In response to recommendation 1 made at the last inspection the service had developed an appropriate participation strategy. Some service users had been consulted about this strategy in its draft formation and encouraged to provide their views about the content of this document prior to it being implemented.

Recommendations 4 and 5 were acted upon with information available on advocacy and voting services.

A newsletter had been developed as part of the participation strategy.

Areas for Development

Although information was available on advocacy services and displayed on the notice board, this information could not be seen due to other information posted over it.

The service could improve upon this by considering other ways in which service users can be regularly informed of the services available to them.

The service was to consider service user participation with regard to the recently developed newsletter.

Two recommendations remain outstanding from the last inspection as follows:

- The Provider should develop a variety of methods to assist staff to involve service users in the development of the service.
- The Provider should provide staff training in relation to participation and its implications.

Staff spoken with had not been made aware of the contents of the new participation strategy. The deputy manager advised training was planned for the staff on the participation strategy and what the implications of this were for service users and staff. (See repeat recommendations 1 and 2)

To improve this further the service are to consider staff participation in the development of new policies and procedures.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

2

Statement 3: We ensure that service user's health and wellbeing needs are met.

Service Strengths

Overall this service was now performing at an adequate level in this quality statement.

Two requirements and one recommendation were made in relation to this quality statement at the last inspection. This was in relation to personal plans being available to service users and or their representatives and review of them within a 6 month period. There was evidence that the service were addressing this.

One relative spoken with advised they had been involved in the review of their relatives care plan.

The service were developing an information pack containing details about the Care Home which would be made available in service user's rooms.

Areas for Development

One recommendation remains outstanding as follows:

- The policies and procedures should be specific to Crosslaw Care Home and should reflect up to date best practice guidance.

CCO's were confused as to which policies and procedures were being used as there were more than one version of a policy for example the complaints policy had four versions all with different information.

Not all of the policy documents reflected up to date best practice guidance or had they been updated. (see repeat recommendation 3 and recommendation 4)

From the previous inspection it was advised staff were to receive training in person centred planning and all staff were to become involved in the care planning process. This had not taken place.

It was advised only nursing and senior staff were involved in the care plans of service users. (see recommendation 5)

The sample of care plans looked at still contained a lot of pre-printed information and did not reflect a person centred approach. There had not been a lot of development or improvement with the care plans.

However the deputy manager provided a sample of a care plan which he had developed, the information contained in this was more person centred and provided information specific to the individual. This care plan was an improvement to the plan which was currently in use. (see recommendation 6)

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

4

Statement 8: Living with life limiting conditions is viewed as an integral part of life in this care home.

Service Strengths

Overall this service was now performing at an adequate level in this quality statement.

There had been some development in the training of staff in palliative care which staff advised they had enjoyed and felt this was very relevant to their practice.

Areas for Development

Three repeated recommendations from the previous inspection remain outstanding as follows:

- The service should develop a policy and procedure to guide staff on how to access advice and support from appropriate members of the primary healthcare team or specialist palliative care team within their locality.
- The service should develop a contact list that supports staff to access external agencies for specialist palliative care advice within their local area. They should also implement a pain and symptom management tool.
- All care plans should have clear and detailed information about person's wishes, requests and any arrangements in dying and death.

There was no information in the policy and procedure manual about the procedures for staff in accessing advice and support in palliative care or was there a contact list available. The policy was very basic and provided a summarised view for " people with terminal illness palliative care" in the form of the "homes philosophy of care".

The information relating to a persons wishes and requests in dying and death were not clear in the care plans sampled.

The deputy manager advised the home used the NHS Lanarkshire's Palliative Health care guidance; however this was not referenced in the homes policy and procedure. The policy also did not detail the contact numbers or where staff could access these for specialist support and advice in the local area.

The action plan in response to the last inspection detailed that an "Abbey pain management tool was in place". There was no information available in the policy manual about this tool. (see repeat recommendations 7,8,9 and recommendation 10)

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

4

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the environment within the service.

Service Strengths

Overall this service was now performing at an adequate level in this quality statement.

In response to three of the recommendations made at the last inspection in relation to this quality statement please see quality statement 1.1.

The fourth recommendation relating to service user consultation about the environment was evidenced in the minutes of service user and relative's meetings.

Two relatives spoken with advised relative and service users were now consulted about changes to the environment when attending relative meetings.

Areas for Development

One relative spoken with advised when they raised any issues during the meetings, although acknowledged the issues were not always addressed or followed up with a response.

The service advised this is an area that needs to be improved and are currently addressing this.

The service as an area to improve upon could incorporate previous actions made from the last meeting in new meeting agendas.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 2: We make sure that the environment is safe and service users are protected

Service Strengths

Overall this service was now performing at an adequate level in this quality statement.

The one recommendation made at the last inspection under this quality statement related to the recording format for accidents and incidents. This had been addressed.

There was evidence available that action was now being taken in relation to the follow up action required following an accident or incident with a record available of what this was.

Areas for Development

The previous inspection highlighted the child protection policy and procedure was not wholly appropriate and in keeping with best practice guidance. This policy was still available; however there was another policy and procedure available which was more appropriate. The service as an area to improve upon was to remove the outdated policy and replace it with the new updated one.

Although the information contained in the accident and incident records had improved, there were still some incidences where the information on the forms was not fully completed. The deputy manager advised this would be addressed through the audits of these forms, which the service was developing.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 3: The environment allows service users to have as positive a quality of life as possible.

Service Strengths

Overall this service was now performing at an adequate level in this quality statement.

In response to recommendations 11 and 13 made at the last inspection under this quality statement, relating to service user consultation with regard to the future of the environment and changes to Crosslaw Care Home. There were minutes available of meetings where this had been discussed with service users and relatives and views of service users documented.

Areas for Development

Although views and discussions had taken place with service users concerning the environment no actions had been fed back to service users with the outcomes of these. The service identified this as an area which was still in the process of being developed.

One recommendation remains outstanding under this quality statement this was as follows:

- The garden areas should be maintained and developed to provide an accessible, safe and secure area for service users to utilise and enjoy.
Service users should be fully involved in the development of this area.

There were no changes to the garden area, the service advised due to the time of year and the recent inclement weather conditions no further developments had occurred.

Minutes of meetings were available which highlighted discussions with service users and relatives about the garden environment.

One relative spoken with advised they had taken part in these discussions and had highlighted the danger to service users due to the lack of maintenance of the grounds. This they felt was not responded to and no action taken to resolve or feed back any developments in this area had taken place.

The service was to address this to ensure service users and their representatives were fully informed of any developments in this area and ensure the garden was safely maintained and developed for service users to access. (see repeat recommendation 11)

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 3 - Adequate

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

Overall this service was now performing at an adequate level in this quality statement.

As evidence for this quality statement a service user had volunteered to take part in the recruitment of new staff and would be part of the interview panel during the recruitment process.

The service advised this was still in the development stages and planned to incorporate this into the recruitment policy and procedure.

Areas for Development

Although a service user was to be part of the recruitment panel, this meeting had been informal and no record was available of this consultation with service users. The service is to improve this process with a more formal process which involves all service users.

In response to four of the recommendations made at the last inspection in relation to this quality statement please see quality statement 1.1. and quality statement 2.2.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 2: We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

Overall this service continued to perform at an adequate level in this quality statement.

Staff spoken with advised they had all been provided with a copy of the National Care Standards (NCS) and a copy of the Scottish Social Services Council (SSSC) Codes of Practice.

Information was available identifying the staff who had received copies of the NCS's and

SSSC Codes of Practice.

Areas for Development

Although the NCS and SSSC Codes of Conduct had been provided to the service no training had taken place.

It was advised by the deputy manager this was to be incorporated into meetings held with staff and would be used in the induction training for new staff.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Statement 3: We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Service Strengths

Overall this service was now performing at an adequate level in this quality statement.

In response to the three recommendations relating to training, the service had carried out a staff survey and developed an analysis of training for staff.

The deputy manager had taken on the responsibility for the development of training of staff and had become a qualified trainer in for example "Non Crisis Intervention" restraint training. The training packages he had developed were very detailed and would benefit the service and staff in developing skills and knowledge and the monitoring of this.

Staff had advised training had improved and there was an increased opportunity for staff to attend training relevant to the care they provided and the needs of the service users.

Areas for Development

Although an appropriate and detailed training analysis had been developed and reflected the needs of service users and staff, there was no action plan available to describe how this was to be implemented and when. The service has recognised this as an area they have still to develop.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 2 - Weak

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

Overall this service continued to perform at a weak level in this quality statement.

Areas for Development

There had been no further improvement under this quality statement and the following recommendation made at the last inspection under this quality statement remains outstanding as follows:

- The service should devise a system to involve service users in assessing the quality of management and leadership of the service.

There was no evidence to indicate service user participation in the quality of management and leadership. (see repeat recommendation 12)

Please refer to quality statement 1.1 for the other two outstanding recommendations.

CCO Grading

2 - Weak

Number of Requirements

0

Number of Recommendations

1

Statement 3: To encourage good quality care, we promote leadership values throughout the workforce.

Service Strengths

Overall this service continued to perform at a weak level in this quality statement.

The service in response to the recommendation relating to staff supervision had commenced supervision for all staff, with a list available of who had received supervision and when the next date was planned.

Staff spoken with advised they had received supervision and that this was planned for every three months, with an annual appraisal.

Areas for Development

Two policies were available to reflect staff supervision, these both had different timescales of how often this was to take place. As an area for improvement the service are to incorporate the time frame for each supervision session into one policy document.

The following recommendation made at the last inspection relating to this quality statement remains outstanding:

- The service should devise a system whereby staff have increased participation in the management and leadership of the service. Recognising and supporting staff in their achievements to improve and develop their leadership skills.

No action had been taken to address this; staff were not encouraged to participate in any of the management and leadership responsibilities of the service or were they encouraged to develop their skills in this area. (see repeat recommendation 13)

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Staff spoken with all spoke very highly of the deputy manager and the help, support and encouragement he provided to them in developing their skills and knowledge. Commenting he was always "there for staff, especially if they had any questions or queries".

CCO Grading

2 - Weak

Number of Requirements

0

Number of Recommendations

1

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

Overall this service continued to perform at a weak level in this quality statement.

Areas for Development

Two recommendations were made at the last inspection relating to this quality statement and remain outstanding these were as follows:

- The recruitment policy and procedure for the service should refer to the SSSC and the codes of practice.

- The service should develop an appropriate quality assurance tool, and review this on a regular basis. Appropriate action should be taken in response to the feedback received from the service's questionnaires and this should be communicated to service users, their representatives and staff.

There was a "quality audit" form available, it was difficult to establish from this tool what the

service were trying to audit and the relevance this had to the service.
Although this form was available no action had been taken to utilise this.
(See repeat recommendations 14 and 15).

CCO Grading

2 - Weak

Number of Requirements

0

Number of Recommendations

2

Regulations / Principles

National Care Standards

Enforcement

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

Other Information

The action plan forwarded to the Care Commission in response to the recommendations and requirements from the last inspection by the service detailed actions and timescales for implementation.

The information returned to the Care Commission detailed the majority of the actions had been completed.

A number of these had not been actioned and the response form was not a true reflection of the timescales for implementation.

The service are to consider this when completing future action plan response forms and consider the actual achievable timescale for implementation.

Requirements

Recommendations

1. The Provider should develop a variety of methods to assist staff to involve service users in the development of the service.

National Care Standards Care Homes for Older People Standard 5 Management and Staffing

2. The Provider should provide staff training in relation to participation and its implications.

National Care Standards Care Homes for Older People Standard 5 Management and Staffing

3. The policies and procedures should be specific to Crosslaw Care Home and should reflect up to date best practice guidance. All of the policy and procedures should be reviewed on a regular basis.

National Care Standards Care Homes for Older People Standard 5: Staffing and Management Arrangements.

4. The service should decide what policies and procedure are to be used for Crosslaw Care Home and remove any other policies not required from the manual.

National Care Standards Care Homes for Older People Standard 5: Staffing and Management Arrangements.

5. All levels of care staff should have the opportunity to become involved in the care planning for service users, following appropriate training.

National Care Standards Care Homes for Older People Standard 5: Staffing and Management Arrangements.

6. The service should implement a new care plan which reflects a person centred approach to planning.

National Care Standards Care Homes for Older People Standard 5: Staffing and Management Arrangements.

7. The service should develop a policy and procedure to guide staff on how to access advice and support from appropriate members of the primary healthcare team or specialist palliative care team within their locality.

National Care Standards Care Homes For Older People, Standard 5: Management and

Staffing Arrangements.

8 The service should develop a contact list that supports staff to access external agencies for specialist palliative care advice within their local area. They should also implement a pain and symptom management tool.

National Care Standards Care Homes For Older People, Standard 14: Keeping Well - Helathcare.

9. All care plans should have clear and detailed information about person's wishes, requests and any arrangements in dying and death.

National Care Standards Care Homes For Older People, Standard 19: Support and Care in Dying and Death.

10. Detailed information in the form of a policy and procedure should be provided to staff in the use of a pain scoring tool. Staff should all be suitably trained in the specific pain tools used.

National Care Standards Care Homes For Older People, Standard 5: Management and Staffing Arrangements.

11. The garden areas should be maintained and developed to provide an accessible, safe and secure area for service users to utilise and enjoy.

Service users should be fully involved in the development of this area.

National Care Standards Care Homes For Older People, Standard 4: Your Environment.

12. The service should devise a system to involve service users in assessing the quality of management and leadership of the service.

National Care Standards Care Homes for Older People: Standard 5: Management and Staffing Arrangements.

13. The service should devise a system whereby staff have increased participation in the management and leadership of the service. Recognising and supporting staff in their achievements to improve and develop their leadership skills.

National Care Standards Care Homes for Older People: Standard 5: Management and Staffing Arrangements.

14. The recruitment policy and procedure for the service should refer to the SSSC and the codes of practice.

National Care Standards Care Homes for Older People: Standard 5: Management and Staffing Arrangements.

15 The service should develop an appropriate quality assurance tool, and review this on a regular basis. Appropriate action should be taken in response to the feedback received from the service's questionnaires and this should be communicated to service users, their representatives and staff.

National Care Standards Care Homes for Older People: Standard 5: Management and Staffing Arrangements.

Gillian McPake
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