Inspection report

Riverside Healthcare Centre
Care Home Service

Bridge Street
Selkirk  TD7 5BU

Inspected by:  Annwyn Noble
(Care Commission Officer)

Type of inspection:  Unannounced

Inspection completed on:  11 December 2007
Service Number
CS2003010302

Service name
Riverside Healthcare Centre

Service address
Bridge Street
Selkirk  TD7 5BU

Provider Number
SP2003002289

Provider Name
Riverside Care Ltd

Inspected By
Annwyn Noble
Care Commission Officer

Inspection Type
Unannounced

Inspection Completed
11 December 2007

Period since last inspection
6 months

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Introduction
Riverside Healthcare Centre which is situated within the Scottish Borders town of Selkirk is registered to provide 24 hour care for up to 45 older people. The service has been registered with the Care Commission since 1 April 2002. The stated aim of this Care Home being “to provide a warm, friendly, supportive environment – part of the local community – where residents can relax and pursue their own interests, with the security of knowing that we are there to support them and care for their needs”.

Basis of Report

Before the Inspection

The Annual Return
Not applicable at this Inspection as the Annual Return had been considered during the Inspection in June 2007.

The Self-Evaluation Form
Not applicable at this Inspection as the Self-Evaluation had been considered during the Inspection in June 2007.

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 high RSA score and so a high intensity inspection was required as a result.

The inspection on this occasion was based upon follow up of the requirements and recommendations made during the last Inspection dated June 2007 and from complaint activity during September 2007.
The Inspection focus areas and associated National Care Standards for 2007-2008 were reported upon in the Inspection report for June 2007.

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

During the inspection process

Staff at inspection:
11 December 2007, two Care Commission Officers (CCO's) visited the Home with the Professional Advisor for Tissue Viability.
10 January 2008, the CCO's visited the Home with the Professional Advisor for Nutrition.
24 January 2008, the two CCO's. These 3 visits were all carried out on an unannounced basis.
(Here-in the Care Commission staff are referred to as "the officers").

The following Riverside Healthcare Centre staff were consulted with during the Inspection:
The Manager, Nurses, Senior Carers, Carers, Cook, Activity Coordinator, Handyman,
Domestic staff and Housekeeper.

Evidence
In order to evidence progress of the requirements and recommendations the following documentation and systems were viewed:
Policy and procedure manual
Written records on resident dependency levels
Medication records
Resident room allocation list
Residents Care Plans
Duty rota
Staff training plan
Orientation checklist for new staff members
Records held within the kitchen.
The officers observed care practices over the 3 visits.

Action taken on requirements in last Inspection Report
During the last Inspection, 14 Requirements were identified.
Progress made by the Care Home in implementing these requirements have been recorded in this section:
(1) Staff must receive appropriate training on the assessment and record keeping associated with restraint.
(1.1) They must also receive training in safe techniques of physical restraint.
This is in order to comply with SSI 2002/114 Regulation 13, Staffing.
Timescale: within 6 months of receipt of this draft report.
Progress:
(1) The Care Plans viewed recorded where relevant the types of restraint used within the Home, such as lap belts or wheelchairs and bed rails.
Staff spoken with had a general understanding of restraint issues such as lap belts and bed rails. Some staff, but not all, recognised that the key pad system on the door before entering Ettrick Unit was a form of restraint. Staff gave a mixed response as to whether this keypad lock needed to be in situ to ensure the safety of residents.
However, the management team had decided by the time of the officers 3rd visit, that this keypad should be de-activated and therefore planned to do so following consultation with relatives of the residents in Ettrick Unit.
The new training plan recorded that training in restraint would be given to nursing and care staff. The Home’s Manager stated that the General Manager had decided that in-house training would be sufficient to meet the needs of the staff group, this would be done by the staff reading the policy document.
The Manager reported on the 3rd visit that staff had been issued with a written directive that they must read the restraint policy documentation and sign to indicate their understanding of this. There were no signed directives available for the officers to see.
Although the policy document was seen to be detailed in it's content and covered differing forms of restraint it was not known as yet as to whether this would be sufficient enough to meet the training needs of the staff team.
Therefore this requirement has been reviewed to consider progress made and repeated in part to address the outstanding issues.
(See requirement 1)

2. The care service must ensure that all staff have access to training in the mandatory areas of care such as appropriate training in adult abuse issues, first aid and moving and handling. This is in order to comply with SSI 2002/114 Regulation 13(c)(i), Staffing.
Timescale: within 3 months of receipt of this draft report.
Progress:
The training plan indicated that adult abuse issues, first aid and moving and handling training would be given to all staff.
Some staff had now received training in adult abuse issues. A plan was in place for all staff to undertake this training and basic first aid training was on-going.
The Home had it's own trainer in manual handling who was a senior carer within the Home. Staff spoke highly of the abilities of this staff member to train others.
On the 2nd visit the officers observed a new carer, in Riverside unit, using a banned manoeuvre on a resident which was witnessed by 2 experienced carers who did not correct this carer on their practice. This was raised with the Staff Nurse on duty and the Manager. Both stated that this should not have happened as new staff were instructed not to engage in moving and handling practices with residents until they had received the appropriate training.

The specifics of this requirement were seen to be met.
However, due to resident manual handling observed, a new requirement has been made to ensure that authorised moving and handling manoeuvres are used at all times and until such time as new staff receive they must not engage in handling procedures with residents.
(See requirement 2)

3. The provider shall ensure that all staff, including the cook and menu planners, undertake training and have a demonstrable understanding of the appropriate management of the food, fluid and nutritional care of service users.
SSI 222/114 Regulation 4 (1)(a) Welfare of users and Regulation 13 (c)(i), Staffing.
Timescale: 12 weeks.
Progress:
Seven members of staff had received instruction from a Dietician in August 2007 on how to complete the self learning unit named 'Nutrition for Elderly People, Partnership in Active Continuous Education (PACE)', Queen Margaret University. The pack was designed for carers and the subjects covered in the pack were titled: understanding basic nutrition, factors affecting food choice, common health problems related to food intake and what can we do to help. The producers of the unit estimated that it should take approximately three hours to complete.
Only 2 out of the 7 had completed the unit and past their completed unit back to the manager for checking. One of these was the current cook.
The current cook who had revised the menus had extensive experience as a cook but apart from completing the self learning unit; Nutrition in Elderly people, had not had training in menu planning for older people or catering for therapeutic diets.
Nursing staff had received training and had now implemented the Malnutrition Universal Screening Tool (MUST) which assessed residents for under nutrition. Where a resident was at risk of under nutrition, the dietary implementation from the food supplied by the home to boost the resident's energy intake was not understood.
Through discussion with staff it was noted that there was some improvement in staff's knowledge about resident's fluid requirements since the Inspection of June 2007.
Staff knowledge in some areas of resident's food, fluid and nutritional care still required
further development such as food textured diets, dietary manage of insulin dependent diabetes, dietary management of weigh loss, best practice for assistance to eat and drink, menu planning for care homes for older people.

The manager had not clarified the learning needs of different category of staff for food, fluid and nutritional care and there was no training needs analysis or overall plan for food, fluid and nutritional care for induction and ongoing development. The services Resident Care Manual should form part of the bases for staff training and this document still required development to reflect best practice.

Therefore, although some progress had been made, this requirement is repeated. (See requirement 3)

4. The provider shall ensure that service users identified fluid needs are known to staff and practices are in place to meet service users fluid needs.

SSI 220/114 Regulation 4(1)(a), Welfare of Users.

Timescale: Immediate

Progress:

A new fluid balance chart had been introduced. This chart showed how to calculate the resident's minimum fluid requirement from body weight. The chart also had a section for preferred drinks.

This was in place for residents whereby concerns existed and was not in place for all residents.

Fluid monitoring charts were being used to monitor a number of resident's fluid intake. The quality of this record keeping was variable; sometime it was good while in other it was not consistently totalled. Some residents were not meeting their minimum fluid needs but there was no clear plan on how to address this.

During lunch time in Ettrick it was observed that 2 residents requested a drink with their main course which they then received half an hour later. The reason for this being that these 2 residents were known to mix drinks with their main course and as there was no carer available to supervise this did not happen, the drinks were given later.

On the 3rd visit to the Home the officer's observed a resident who, whilst eating their lunch in their bedroom, was not offered a drink at anytime during the lunch time meal. The resident was able, despite their difficulties to indicate to the officers that they were thirsty.

Therefore insufficient progress has been made resulting in a repeat of this requirement. (See requirement 4)

5. The provider shall develop and implement a policy which promotes a ‘food first approach’ from food supplied from the Home.

The provider shall review its dietary intervention for the management of resident's weight loss to ensure that appropriate interventions are specified, understood by staff and implemented for service users.

SSI 222/114 Regulation 4(1)(a), Welfare of Users.

Timescale: 2 weeks

Progress:

There was a decline in the number of residents who were progressively losing weight since admission but there were still some who were still unintentionally losing weight. The menu they were eating may not contain sufficient calories or be the most appropriate choices for these residents and there was no Food First Approach dietary intervention in place to prevent them losing further weight and moving from the healthy weight category to the underweight category.

The MUST screening tool had been introduced to assess resident's risk of under nutrition but the dietary management of residents who were under weight and at risk of under nutrition
remained principally prescribed dietary supplements. The service had no consistent practice in place to enhance individual resident's energy intake, in a food first approach from food supplied from the home. Some of these residents were still losing weight even although they were taking prescribed dietary supplements. No added sugar squash was still being used for all residents.

Further progress was seen to be required, therefore this requirement is repeated.
(See requirement 5)

6. The provider shall review service users eating and drinking care plans to ensure that all service users’ needs are identified; the required dietary intervention specified and updated and the evaluation is comprehensive.
Timescale: 8 weeks
Progress:
All residents had an eating and drinking care plan and most had been updated. A considerable amount of work had been undertaken to make them comprehensive but further development was still required. For example, the exact details from the speech and language therapist swallowing assessment were not transferred to care plan, no updated to state that a resident wished to loose weigh, residents who were on medication for constipation did not have this reflected in the eating and drinking care plan and diet and fluid may be a contributing factor to their constipation, there was insufficient information on the dietary intervention for an insulin dependent diabetic. In addition those residents who had been identified as at risk of under nutrition had no documentation on what intervention would be taken to boost their energy intake from food in the home, and when a resident was on prescribed dietary supplements it was not always document in their care plan actions. The evaluation of the eating and drinking care plan was not part of the documentation of that plan but was held separately and did not have the detail that would allow any assessment of issues or progress with the care plan.

Although progress had been made, further progress is required, therefore this requirement is repeated.
(See requirement 6)

7. The provider shall review the menus to ensure that service users receive a balanced and nutritious diet which is appropriate to their individual needs.
Timescale: 12 weeks
In making this requirement the following National Care Standard has been taken into account: National Care Standard 13.4
Progress:
The new cook had reviewed the menus and had consulted the manager at the development stage but not the residents or other staff. The new menus commenced in August 2007. A number of residents gave good feedback about the cooking.

One relative spoken with stated that the menu was “too fancy” for their mother and the resident themself stated that they sometimes did not know what it was they were eating. Although a lot of consideration goes into the planning of the menu but it was not planned to meet the core needs of older people in a care home setting. An example is that it had not been checked for the five food groups, there was not a soft easily chewed choice at each course or at all snacks. There were insufficient energy dense foods to help prevent weight loss for those residents with small appetites. There was insufficient fruit and vegetable on the menu (see progress report on the recommendation about fruit and vegetable).

The catering for therapeutic diets such as food textured, enhancing energy intake and insulin dependent diabetic diet still needs further development.
There were still a high percentage of residents on medication for constipation which may indicate there was insufficient fibre in their diets. Therefore, although progress had been made, this requirement was repeated as further progress was required. (See requirement 7)

8. The service provider must ensure that the content of the care plans for pressure ulcer prevention and wound management fully reflects the individual clinical needs and nursing interventions for individual service users. These care plans require to have clear review dates and written evaluations about the service users progress. This is in order to comply with: SSI 114 Regulation 4(1), Welfare of Users. Timescale: within 1 week of receipt of this draft report.

Progress:
6 residents personal plans were examined who had wounds or pressure ulcers or were at risk of developing pressure ulcers. As found during the Inspection in June 2007 there was still an inconsistent approach to care planning for residents between the two units in the home as different paperwork and methods were in place. Risk assessments were being carried out for residents monthly. Care for pressure ulcer prevention/wound care was documented but could have been more explicit in some instances. Examples of this were that skin care and pressure ulcer prevention were care planned for under elimination or nutrition which are influencing factors in skin breakdown. Wound assessment documentation was evidenced as being used to re assess wounds. In one plan for wound care, no wound cleansing method was included as part of the wound management plan, another did not outline how frequently dressings were to be changed and no review dates were recorded. The care plans relating to skin care stated that residents required ‘regular repositioning’ or apply ‘prescribed’ creams. Repositioning timescales and specific skin care products need to be outlined in the care plans. One care plan for elimination was not updated when the resident had been catheterised.

Evaluations of the care plans were not recorded with the relevant section in the care plan but within the daily progress notes. This made it difficult to follow any amendments or changes in the individual’s condition. Although some progress had been made, sufficient progress had not been achieved, therefore this requirement is repeated. (See requirement 8)

9. The Provider is required to review the provision of standard and specialist pressure reducing equipment, and, to reassess the needs of service users in relation to this equipment. Appropriate equipment must be obtained in sufficient numbers to meet the needs of service users. All equipment must be maintained in accordance with manufacturer’s instructions. The provider is required to ensure that all staff undertake training and have a demonstrable understanding of the use and application of this equipment. This is in order to comply with: SSI 114 Regulation 4(1) Welfare of Users, SSI 114 Regulation 12 (b) Facilities in Care Homes and SSI 114 Regulation 13(c) (i) Staffing. Timescale: within 1 week of receipt of this draft report.

Progress:
The service have a range of static and active specialist equipment (beds, mattresses and seat cushions) for residents with pressure ulcer prevention and management needs. The mattress replacement programme was ongoing. The manager stated that 10 new pressure reducing foam mattresses had been purchased.
An inventory of this specialist equipment including profiling beds had been developed and was evidenced on the day of the inspection. This required to be more resident centred and the manager agreed to develop this further and submit to the Care Commission for review. The manager reported that there were no longer any kylie bed pads in use, all residents had been re assessed and those with night time incontinence were now issued with night incontinence aids.

Fibre filled overlays were still in use in the service despite these being discussed previously as having no pressure reducing properties.

The maintenance records were not available for inspection. These are to be forwarded to the Care Commission when available for inspection.

Subject to the required documentation being submitted progress was sufficient to meet this requirement.

10. The application of dressings must be managed in a manner that protects the health and well-being of service users. In order to achieve this, the Manager must:
- maintain a complete and accurate record of all prescribed dressings entering, administered and leaving the home.

This is in order to comply with:

Timescale: within 24 hours of receipt of this draft report.

Progress:
The manager stated that following discussion with the local GP practice, this would be starting from January 2008 where all medication and wound management/skin care products would be included on a MAR chart and signed when administered by registered nurses.

During the 1st visit to the Home one of the senior carer’s spent time explaining to the officers how the current system worked and the downfalls of this system. This senior carer, who had been trained to administer medication, came across as competent and knowledgeable about the system used within Ettrick Unit.

During the 3rd visit to the Home the manager reported to the officers that the new medication system had arrived and was being changed over on that day.

The Manager and staff spoken with were confident that the change over to a simpler medication recording system would make the audit trail easier.

Due to the change over to a new system it was therefore not possible for the officers to evidence that this requirement had been met sufficiently, therefore this requirement must be subject to follow up, but is not repeated at this time.

11. It is a requirement that the provider having regard to the size and nature of the service and needs of the service users must ensure at all times that staffing numbers and their deployment is sufficient to meet the health and welfare needs of the residents. To take account of this the manager must recalculate the number of care hours required to meet the needs of the residents to ensure that it includes the domestic component of the care staff role.

The following should also be included:
(1.1) Assessment of need must include the ratio of staff to residents required to offer assistance or supervision during mealtimes and deliver support. These measures must be taken to ensure resident safety in the communal areas especially during mealtimes.

(1.2) Ensure sufficient time is made available for staff to provide activities for and enhance the social and emotional needs of the residents with dementia. Information with regards to this must be recorded in personal plans and daily recording sheets.

The layout of the building and cover for staff breaks should also be taken into account.

This is in order to comply with SSI 2002/114 Reg 4(a) Welfare of Users and Regulation 13 (a) Staffing
Timescale for implementation: within 72 hours from the date of issuing of this report.

Progress:
(1) Monthly assessments of care hours needed to support the residents were being calculated by the manager using the Barthel Scoring Tool. Records of scoring had been kept up to date every month since the last Inspection of June 2007.

The scoring took into consideration the healthcare and personal care needs of residents with an amount of staff hours required being calculated for each day to meet these needs of the resident group.

This tool did not calculate an allowance the staff's time interacting socially with residents, staff dealing with difficult behaviours, for example, or tasks such as time spent serving meals, bed making, room tidying or the putting away of residents laundry.

However in order to cater for these resident needs and staff tasks an allowance of 10 hours each day had been added into the rota.

This part of the requirement was therefore met.

(1.1) The officer's found that in the unit named Ettrick there were now usually 3 staff on duty on a early shift, where as at the time of the last Inspection the rota allowed for 2 staff.

The staff reported the benefits of having 3 on duty especially in the early part of the day when residents were getting up from bed, having breakfast and requiring medication.

However, there was not always 3 staff over lunch time.

On day 2 of the officer's visit, it was observed that 2 carers were fully occupied serving lunch and providing assistance to residents who had been identified as requiring full assistance. A number of other residents did not receive the level of assistance they required and as a result their main course was left uneaten and 2 residents who requested a drink did not receive one until half an hour later.

Through discussion of the meal time routine on a late shift the officers were informed that there were 2 staff on duty for the 14 residents currently living in Ettrick Unit. A system was in place whereby another staff member should come through from Riverside therefore increasing the staff group to 3 over resident's meal times. This however was not consistently happening.

The needs of the residents were such that 3 residents required full assistance to eat their meal (2 of whom chose to eat their evening meal in their bedroom) and 3 other residents, one of whom was reported to choke at times required close supervision. Staff reported that it was difficult to supervise all the residents when there was only 2 staff available.

A visitor spoken with raised concerns that their relative who lived within Ettrick, in their opinion, did not receive enough supervision during meal times. This resident's care plan stated that the resident did require supervision.

The needs of this resident group were therefore not being safely met on the days when there were only 2 staff over meal times.

This part of the requirement had not been met, therefore the requirement has been reviewed and repeated in part to address the outstanding issue.
(See requirement 9)

(1.2) Staff and relatives stated that the Activities Organiser had made a difference to the social activities on offer within the Home, however this was part-time post therefore reliance on the carers providing social stimulation and recreational activities to residents was still required.

Staff gave a mixed response to how much available time that they had to spend with residents on social activities. During the visits the officers observed quieter times within the Home where by it was possible for staff to sit with residents to engage on a social level. It was observed, that some staff used this time appropriately and did engage with residents,
however this practice was not always consistent. Some Care Plans contained information on social activities offered to residents. There was a need for more consistency of reporting and written evidence on how the social/recreational time of residents was being filled. Although progress had, it was not sufficient to evidence that this part of the requirement had been met, therefore the requirement, as above, has been reviewed and repeated in part. (as above see requirement 9)

12. (1) The manager of the Home must put in place a procedure which evidences informed choice on the part of both occupants of the GP room with regards to sharing. The documentation should take account of the changing physical, mental and social needs of the permanent resident and how this may be influenced by sharing.

(1.1) A record of discussions with occupants and their representatives, review of their care needs and the outcome of the consultation must be kept. Should the outcome be that the permanent resident does not wish to share, the provider should look at alternatives rather taking the action proposed in their new procedure of offering to accommodate the permanent resident in another bedroom.

This in order to comply with SSI 2002/114 Regulation 4(1)(b), Welfare of Users.

Timescale within 1 month of receipt of the draft report.

Progress:
(1) The manager reported that as the GP rooms were now no longer shared rooms, but single occupancy, this part of the requirement had not been actioned as it was no longer applicable.

(1.1) A written format had been devised to record agreement by a new resident and/or their next of kin to the resident moving into a shared room, even if this was a temporary arrangement until a single room was available. This format had not been used to date. There were therefore no new records of consultations carried out with residents and/or their representatives moving into the Home for the Officers to view.

The manager reported that the social worker making the referral would discuss the issue of moving into a shared room with the resident and relatives, but this evidence was not available within the Home.

Therefore this requirement has been reviewed to consider progress made and repeated in part to address the outstanding issues.

(See requirement 10)

13. (1) It is a requirement that adequate standards of cleanliness are maintained in all areas of the care home.

(1.1) That adequate levels of domestic staff are maintained and that domestic staff are given the necessary induction and training to enable them to carry out their role effectively.

This is to comply with SSI 2002/114 Regulation 4 (1)(a)(b) Welfare of Users and Regulation 13(a) Staffing.

Timescale for implementation: with immediate effect

Progress:
(1) The officers judged that the Home was acceptably clean and tidy during the 3 day visit by the Officers.

One relative spoken did raise concerns over cleanliness issues within their mother’s room at times. These issues as they arose the relative felt able to raise with the staff on duty. These issues not only related to the domestic staff but to the care staff too. The specifics of which were feed back to the manager at Inspection feed back.

(1.1) Since the last Inspection the vacancies within the domestic staff group had been filled. The newly appointed domestic spoken with confirmed that the housekeeper had spent time inducting her into her role and a written record of induction training had been completed.
Staff spoken with commented on the general appearance of the Home being cleaner and tidier now that vacancies had been filled. Although the officers judged that the Home was acceptably clean and tidy during their visits it was concluded however that there would be a benefit to the Home in the housekeeper having some supernumerary time built into their rota. This would allow her to supervise closer the work of the domestic staff. Currently whilst on duty the housekeeper was engaged in the same cleaning duties as the other domestic staff. (See recommendation 5)
This requirement had been met.

14. (1) The provider must carry out an audit to identify staff’s training needs. A planned training programme informed by this process should be developed to ensure that all staff have the knowledge and skills to support the residents.
(1.1) The provider shall ensure that all staff undertake training on nutritional needs and have a demonstrable understanding of the appropriate management of the nutritional and fluid requirements of service users. The manager should develop systems to monitor that all staff should operate to methods that reflect up-to-date knowledge and best practice.
This is in order to comply with SSI 2002/114 Regulation (4)(1)(a) - Welfare of Service Users and SSI 114 Regulation 13 (a),(c)(i) - Staffing.
Timescale within 1 month of receipt of the draft report.

Progress:
(1) The manager evidenced that a robust written training plan had been developed since the last Inspection. This detailed the statutory training courses that staff must attend to equip them to carry out their respective roles.
This now gave the manager a clear audit trail for each staff member.
In addition, staff, irrespective of their length of service were being asked to go through the Home’s Policies and Procedures again.
This part of the requirement had therefore been met.
(1.2) The manager reported that training in meeting the nutritional and fluid requirements of elderly people had been identified, however it had not been possible to date to train all staff in this area.
This part of the requirement has not been met and is repeated as part of requirement 3.
(See requirement 3)

Information about complaints that have been upheld or partially upheld can be found on the Care Commission website.

Comments on Self-Evaluation
Not applicable at this Inspection.

View of Service Users
Comments made by residents indicated that on the whole, staff were caring and pleasant. It was difficult to ascertain to the views of most of the residents whom the officers spent time with due to the nature of their difficulties or dementia.
It was observed by the officers that some residents had formed close relationships with some of the staff. This was evident in their body language and gestures where speech was absent or difficult to understand.

View of Carers
The officers spoke with 4 relatives over the Inspection period. Comments made by relatives have been used with their permission in the progress report of the requirements and recommendations. Comments made by staff have been incorporated also into the follow up progress.
Regulations / Principles

National Care Standards

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

Strengths

Areas for Development

The progress made on the recommendations identified during the last Inspection report and other regulatory activity of September 2007 have been reported on in this section.

1. A review of the following policies and procedures should take place. A child protection policy for children visiting the service should be developed and implemented. The policy for adult protection would benefit from being amended to take account of the most recent Area Inter-Agency Adult Protection Procedures.

NCS Care Homes for Older People. Standard 5.1 & 5.2: Management and Staffing Arrangements.

Progress:
The policies had been updated to take account of the recommendation. Therefore this had been implemented.

2. The Provider should undertake a review of their nutrition policy to ensure that all aspect of eating, drinking, food and nutritional care is supported by clear management arrangements based on best practice and that the policy supports the National Care Standards Care Homes for Older People.

National Care Standards-Care Homes for Older People: Standard 5

Progress:
The service’s Residential Care Manual, June 2007, set out policy and protocol for nutrition. The only section that had been updated was the MUST screening tool for under nutrition but in some aspects it was not consistent with what was observed in practice. The other policy and procedures were appropriate in several aspects but did not reflect current best practice in others. Some sections did not provide sufficient information to guide staff such as in therapeutic diet provision.

Therefore, although progress had been made, this recommendation is carried forward.
(See recommendation 1)

3. The service is advised to review how they ascertain service users’ food and drink preferences and note these in the individual personal plans. Kitchen and care staff should be made aware of these preferences and the daily menus devised to reflect these preferences.

National Care Standards-Care Homes for Older People: Standard 13:1

Progress:
In service users' personal plan there was the Personal Preference Questionnaire which contained a small section about food. The amount of detail was still insufficient to help facilitate meeting service user dietary needs.

The service users were not consulted at the development stage of the new menu and the vegetarian dish as the second main choice was not many residents known preference.

There was insufficient documented information for service user and staff on what food was
available if the service user did not like the dish on the menu. Therefore although progress had been made this recommendation is carried forward. (See recommendation 2)

4. Service user should have a choice of cooked breakfast daily.
National Care Standards-Care Homes for Older People: Standard 13:3
Progress:
Cooked breakfast was now listed daily on the new menu. Routinely it was still cooked for everyone on a Sunday and available as a request on the other days. The kitchen list for breakfast did not promote cooked breakfast as a choice, However this should be updated to ensure that this recommendation is implemented.

5. The service should ensure that service users have a choice of fresh fruit and vegetables each day. Provision should take account of those service users who have difficulty in eating whole fruit.
National Care Standards-Care Homes for Older People: Standard 13:2
Progress:
There was little improvement in provision since June 2007. Fruit and vegetables were on the menu but it was not in sufficient frequency or promoted sufficiently and it is not always in a form that meet the need of service users. For example, there was no fresh fruit juice, no added sugar squash was being used. Although fruit was planned to be available at snack time, it was not observed to be offered to service users on the day of inspection. There was only one choice of vegetables at lunch. This recommendation is carried forward. (See recommendation 3)

6. Consideration should be given to reducing distractions at mealtimes and ensuring a relaxed and pleasant environment for eating.
National Care standards –care homes for older people: standard 13
Progress:
Neither the television nor radio was playing during lunch. There was still noise from carpet cleaning. Consideration should be given to reducing household noise. As sufficient progress had been made, this recommendation had been implemented.

7. The service provider must review the training needs of staff working in the service with regards to pressure ulcer prevention and wound management.
NCS Care Homes for Older People: Standard 14 - Keeping Well-Healthcare
Progress:
The manager stated that an orientation programme for all staff included relevant policies such as pressure ulcer prevention and wound management. 12 week courses were available for staff on tissue viability, nutrition etc from an external trainer. Identified link nurses also attend courses and cascade information to other staff. Examples of this training were Wounds UK conference October 2007 and the Leg Ulcer Forum September 2007. This had been implemented.

8. The service provider must devise and implement a protocol to manage minor trauma injuries.
NCS Care Homes for Older People: Standard 14 - Keeping Well-Healthcare
The service provider must review the storage and disposal of wound management / skin care products within the service.
NCS Care Homes for Older People: Standard 14 - Keeping Well-Healthcare
Progress:
This protocol was discussed with the manager and a copy was given for reference. On examination this was the policy for wound management which did not contain any relevant information about managing minor trauma injuries.
This recommendation is repeated.
(See recommendation 4)

9. The Service should develop a policy and procedures guide for staff on how to access advice and support from appropriate members of the primary healthcare team or specialist palliative care team within their locality.
NCS care Homes for Older People: Standard 5.4: Management & Staffing Arrangements and Standard 14.8: Keeping Well- Healthcare.
Progress:
The trained nursing staff had received input from the local palliative care specialist to assist them to develop a relevant policy. This was available within the duty room in Riverside unit. This recommendation had been implemented.

10. The service should explore the need for staff training in relation to enhancing staff communication skills around the issue of death and dying that will assist staff to meet the more sensitive personal issues at this difficult time.
NCS Care Homes for Older People: Standard 19: Support & Care in Death and Dying and Standard 5.4 Management and Staffing Arrangements.
Progress:
As recommendation 9 above, the trained staff had received input from the community palliative care specialist.
This recommendation had been implemented.

11. Training in basic management skills which includes assertiveness and delegation skills should be considered for shift leaders.
This takes account of the National Care Standards, Care Homes for Older People: Standard 5 - Management and Staffing.
Progress:
The shift leaders had received training input from the General Manager on shift planning and delegation skills. A written tool had also been introduced to aid the shift leaders with regard to delegation of duties.
This recommendation had been implemented.

12. An assessment of residents who are currently spending their day in wheelchairs should be carried out to ensure that sufficient and appropriate seating arrangements are in place. The outcome of this assessment should be recorded in the care plans.
This takes account of the National Care Standards, Care Homes for Older People: Standard 4 - Your Environment. and Standard 6.1 - Your Support Arrangements.
Progress:
The care plans evidenced that for those residents who chose to spend their day in their wheelchair that this was documented and for what reason.
This recommendation had been implemented.

13. The amended aims and objectives for Ettrick Unit should be communicated to and clarified with existing relatives. This information should also be shared with Health and Social Care Professionals.
This takes account of the National Care Standards, Care Homes for Older People: Standard 5 - Management and Staffing Arrangements.
Progress:
Staff and relatives were aware that historically the Care Home was known to have 2 units, however the written aims and objectives stated that the Home was one Care Home. Work had been carried out on informing relatives and that the Home was run as one. The aims of the Home clearly stated that the no distinct units existed. This recommendation had been implemented.

14. The induction of new staff should be reviewed to ensure that all new recruits have the basic best practice knowledge to provide for the care needs of residents. This should include an awareness of health and safety and the importance of good communication and social interaction.
National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements.
Progress:
As part of the upgrading of the training plan the manager had introduced a more robust induction system for staff. The written induction of the new domestic was viewed. This was seen to be detailed, thus equipping this staff member to carry out their job efficiently. This recommendation had been implemented.
**Enforcement**
There has been no enforcement action against this service since the last inspection.

**Other Information**
There were no other issues identified at this inspection

**Requirements**
1. Staff must receive appropriate training in safe techniques of physical restraint and training into the differing forms of service user restraint.

   This is in order to comply with SSI 2002/114 Regulation 13 (c)- a requirement that the provider shall having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of service users, ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.
   Timescale: within 2 months of receipt of this draft report.

2. The care service must ensure that staff current authorised moving and handling manoeuvres are used at all times and until such time as new staff receive training in moving and handling they must not engage in handling procedures with residents.

   This is in order to comply with SSI 2002/114 Regulation 13(a) ensure that at all times suitably qualified and competent persons are working in the care service and 13(c)(i) ensure that persons employed in the provision of the care service receive training appropriate to the work they are to perform.
   Timescale: within 1 months of receipt of this draft report.

3. The provider shall ensure that all staff, including the cook and menu planners, undertake training and have a demonstrable understanding of the appropriate management of the food, fluid and nutritional care of service users.

   This is in order to comply with SSI 2002/114 Regulation 13(c)(i)- a requirement that the persons employed in the provision of the care service receive training appropriate to the work they are to perform.
   Timescale: within 3 months of receipt of this draft report.

4. The provider shall ensure that service users identified fluid needs are known to staff and practices are in place to meet service users fluid needs.

   This is in order to comply with SSI 2002/114 Regulation 4(1)(a) Welfare of users- a requirement to make proper provision for the health and welfare of service users.
   Timescale: Immediate

5. The provider shall develop and implement a policy which promotes a ‘food first approach’ from food supplied within the Home.

   The provider shall review its dietary intervention for the management of residents’ weight loss to ensure that appropriate interventions are specified, understood by staff and implemented for residents.

   This is in order to comply with SSI 2002/114 Regulation 4(1)(a) Welfare of users - a requirement to make proper provision for the health and welfare of service users.
   Timescale: within one month of receipt of this draft report.
6. The provider shall review service users’ eating and drinking care plans to ensure that all service users’ needs are identified; the required dietary intervention specified and updated and the evaluation is comprehensive.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) Welfare of users - a requirement to make proper provision for the health and welfare of service users.
Timescale: within one month of receipt of this draft report.

7. The provider shall review the menus to ensure that service users receive a balanced and nutritious diet which is appropriate to their individual needs.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) Welfare of users - a requirement to make proper provision for the health and welfare of service users.
Timescale: within one month of receipt of this draft report.

8. The service provider must ensure that the content of the care plans for pressure ulcer prevention and wound management fully reflects the individual clinical needs and nursing interventions for individual service users. These care plans require to have clear review dates and written evaluations about the service users progress.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) Welfare of users - a requirement to make proper provision for the health and welfare of service users and SSI 114 Regulation 12(b) Facilities in care homes – a requirement to provide such other equipment for general use of service users as is suitable and sufficient having regard to their health and personal care needs.
Timescale: within 1 week of receipt of this draft report.

9. It is a requirement that the provider having regard to the size and nature of the service and needs of the service users must ensure at all times that staffing numbers and their deployment is sufficient to meet the needs of residents over their meal times.
In addition the deployment of staff must be suitable to ensure that sufficient time is made available for staff to engage in social interaction and activities with residents.
Recordings of social interaction time must be recorded in personal plans and daily recording sheets.

This is in order to comply with SSI 220/114 Regulation 13(a) Staffing- a requirement that at all times suitably competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users and 4(1)(a) Welfare of users - a requirement to make proper provision for the health and welfare of service users.
Timescale: within 2 weeks of receipt of this draft report.

10. The Care Home must have in place a procedure which evidences informed choice on the part of residents who share bedrooms.
The documentation should take account of the changing physical, mental and social needs of residents and how this may be influenced by sharing.

This in order to comply with SSI 2002/114 Regulation 4(1)(b) Welfare of users- a requirement that a provider shall provide services in a manner which respects the privacy and dignity of service users and SSI 114 Regulation 2 Principles- a provider shall provide the service in a manner which promotes and respects the independence of service users, and, so far as it is practicable to do so, affords them choice in the way in which the service is provided to them.
Timescale within 2 weeks of receipt of the draft report.
**Recommendations**

1. The Provider should undertake a review of their nutrition policy to ensure that all aspect of eating, drinking, food and nutritional care is supported by clear management arrangements based on best practice and that the policy supports the National Care Standards Care Homes for Older People.  
   This is in order to consider National Care Standards-Care Homes for older people Standard 5.4 Management and Staffing.

2. The service is advised to review how they ascertain service users' food and drink preferences and note these in the individual personal plans. Kitchen and care staff should be made aware of these preferences and the daily menus devised to reflect these preferences.  
   This is in order to consider National Care Standards-Care Homes for Older People: Standard 13:1

3. The service should ensure that service users have a choice of fresh fruit and vegetables each day. Provision should take account of those service users who have difficulty in eating whole fruit.  
   This is in order to consider National Care Standards-Care Homes This is in order to consider National Care Standards-Care Homes for Older People: Standard 13:2

4. The service provider must devise and implement a protocol to manage minor trauma injuries.  
   This is in order to consider National Care Standard Care Homes for Older People: Standard 14-, Keeping Well-healthcare

5. Consideration should be given to the housekeeper having supernumerary time allocated to her working week to enable her to carry out her supervisory role more effectively.  
   This is in order to consider National Care Standards- Care Homes for Older People 5.4 Management and Staffing.

**Annwyn Noble**  
**Care Commission Officer**