

Inspection report

Kingsmead Nursing Home Care Home Service

Kingswood Drive
Kingswells
Aberdeen AB15 8TB

Inspected by: Gail Harrison
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 9 April 2008

Service Number

CS2003010395

Service name

Kingsmead Nursing Home

Service address

Kingswood Drive
Kingswells
Aberdeen AB15 8TB

Provider Number

SP2003002327

Provider Name

Mead Medical Holdings Limited

Inspected By

Gail Harrison
Care Commission Officer

Inspection Type

Unannounced

Inspection Completed

9 April 2008

Period since last inspection

3 Months

Local Office Address

Johnstone House
Rose Street
Aberdeen
AB10 1UD

Introduction

Kingsmead Nursing Home is a modern purpose built home situated in a quiet residential area of Kingswells to the west of Aberdeen.

Accommodation is provided on two floors. The service was registered with the Care Commission on 1 April 2002 to provide a care service to a maximum of 55 older people. In addition the home also provides care and support for a maximum of 10 adults with learning disabilities.

Basis of Report

Before the Inspection

The Annual Return

This was not applicable for this inspection.

The Self-Assessment Form

This was not applicable for this inspection.

Regulatory Support Assessment

'The inspection plan for this service was decided after a Regulatory 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 notification 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'.

Prior to the inspection, the assessment resulted in the service receiving a low RSA score. However during the inspection process the assessment was reviewed and resulted in the service receiving a high RSA score.

During the inspection process

This report was written following a number of inspection visits undertaken over a period of time. The first unannounced visit took place on 9 April 2008 from 10am to 11.30am and 4.30pm till 5pm. A second announced visit took place on 10 April 2008 between 9am and 4pm. Both visits were undertaken by Care Commission Officers Rod Wood and Gail Harrison.

Feedback on the findings of the visits of 9 and 10 April 2008 was given to the Associate Director and Acting Manager at the Care Commission Office on 11 April 2008. Enforcement action was taken in the form of a section 10 Improvement notice and section 13 Conditions notice following the findings of these inspection visits.

The Care Commission Professional Adviser for Infection Control visited Kingsmead Nursing Home on 21 April 2008 along with Gail Harrison and Rod Wood, to assess the prevention and control of infection within the service and monitor the progress against the action plan

submitted by the service in response to the Improvement Notice served by the Care Commission on 14 April 2008.

Announced inspections also took place on 24, 25, and 28 April 2008. Staff interviews took place on 5, 6 and 7 May 2008 at Kingsmead Care Home.

The inspection focused on the section of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulation 2002, Statutory Instrument 114. Elements of the following standards, care homes for older people were also examined.

Standard 4 - Your environment

Standard 5 - Management and staffing arrangements

Standard 6 - Support arrangements

Standard 13 - Eating well

During the visits time was spent in individual discussion with:

- Associate Director
- Temporary Manager
- Deputy Manager
- 28 staff members
- Eight relatives

Service users were spoken with in the passing. Observation of staff practice and interaction with service users formed a significant part of this inspection process.

Records examined during the inspection were:

- Support plans for 12 service users
- Print out record of staff training
- 14 staff personnel files and training records
- Staff off duty
- Nutrition policy
- Nourishing nosh guidelines
- Food supplements folder
- Fluid balance charts
- Accountability sheets
- Sample of medication records
- Weight/dietician folder

Examination of all communal areas was also undertaken on the visit of 9 April 2008.

Examination of all communal areas within Laburnum Unit was undertaken at each visit to the home. Juniper Unit's communal areas were examined at irregular times throughout the inspection process.

The Infection Control Adviser obtained information by:

- Discussion with the management and care staff
- Touring the building with the Associate Director
- Reading and discussing with staff the personal care plans of selected service users (who were reported to have infection)
- Observation of practices and clarification by staff of their understanding of their practices

- Reading the service's infection control documents
- Checking of specific areas within the service e.g. service user's rooms, laundry, treatment room, sluice areas.

A further meeting and feedback session took place at the Care Commission office on 1 May 2008. A Director of Mead Medica was present at this meeting as well as the Associate Director and Temporary Manager for Kingsmead Nursing Home.

A final feedback session to the Managing Director, Director and Temporary Manager took place on 19 May 2008 at the Care Commission office, Aberdeen.

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 in last Inspection Report

One requirement was made following the previous inspection and was as follows.

1. Staff must receive training in restraint issues and assessment and record keeping associated with restraint. Training should also cover safe techniques of physical restraint. This is in order to comply with SSI 2002/114 Regulation 13 - requirement that providers will make, having regard for the size and nature of the service, the statement of aims and objectives and the number and needs of the service ensure that persons employed in the provision of the service receive training appropriate to the work they are to perform.

Timescale: 12 weeks from publication of this report.

The Manager submitted an action plan following the previous inspection stating that training would take place within the 12 week timescale. However, examination of staff training records did not evidence that this training had been undertaken. This requirement will therefore remain in place. (see requirement 9 at the end of this report).

Comments on Self-Evaluation

Not applicable for this inspection.

View of Service Users

Due to the limited communication of the client group and the complexity of this inspection, service users were only spoken with in the passing and were not asked specific questions.

View of Carers

One visitor spoken with believed his wife's care had declined over the past two or so years.

They further stated that they had observed many staff leaving their job in the home and morale appeared very low.

Two visitors spoken with stated that they had expressed some concerns to staff regarding the dining area in the wing. They had visited their relative on one occasion at 10.30am and they were still sitting at the dining table with no food or drink; no music or television and no other person there. They believed the dining environment was not at all nice.

One visitor, although in general was satisfied with the level of care and support their relative received had concerns regarding dentures. This problem had not been attended to by staff although they advised that these would be fixed.

One visitor stated that they visited their friend three times per week and advised staff were always very nice.

One visitor expressed concerns regarding her relative's weight loss and lack of exercise. They also advised that they had concerns regarding other service users entering their relative's bedroom.

Three other visitors expressed serious concerns regarding the care and support their relatives were receiving. These concerns are being dealt with and reported on separately.

One Care Commission Officer spoke with a private chiropodist who was attending to a number of service users. The chiropodist was very positive and complimentary towards staff at Kingsmead Nursing Home. They stated that they had been to the home on and off since it opened and always found service users feet to be clean and hygienic. Communication between them and staff was good and they were always given an up-date regarding new service users which included their prescribed medication.

Regulations / Principles

National Care Standards

National Care Standard Number 4: Care Homes for Older People - Your Environment

Strengths

The service had a clear policy on the management responsibility for the prevention and control of infection.

The staff training booklet was viewed and it contained the subjects of infection control, COSHH, laundry, waste and cleanliness.

Examination of the sluice evidenced that posters were displayed with information on COSHH and colour coding related to cleaning which is an example of good practice.

Regular checks/audits were carried out by the Catering Quality Control Manager for the Organisation who advised that they spend some time at each home within the group to ensure continuing high standards. A recent inspection carried out by Environmental Health was reported to be satisfactory.

The treatment room was noted to be clean, tidy with the air temperature checked and recorded daily. Liquid soap and paper towels were readily available. A random selection of sterile supplies were checked for expiry dates, all were in date and appropriate posters were displayed e.g. hand hygiene and other information.

Domestic staff were observed carrying out a deep clean and steam in one area of the home using recognised best practice and wearing appropriate personal protective clothing.

Areas for Development

During the unannounced inspection visit on 9 April 2008, all communal areas including bathrooms and shower rooms were examined. These evidenced a very poor and unacceptable standard of cleanliness. Faeces was observed on 2 shower seats, the inside of one bath, toilet seats in bathrooms, commodes, one shower room floor and the floor in one dining area on the first floor. Yellow bags in bathrooms and shower rooms were full of incontinence garments and had a strong overpowering smell during inspection at around 10am. The same bags were still in place on inspection at 5pm the same day.

There was a strong smell of urine when entering the unit on the first floor and also in one service user's bedroom. Communal chairs and carpets were noted to be badly stained. A soiled incontinence garment was noted to be lying on top of one radiator next to a dining table. Two staff were in the process of setting dining tables for the next meal in this particular area and were asked by the Care Commission Officers to remove the pad and attend to the floor.

During the announced inspection on 10 April 2008, examination of the communal areas evidenced some improvement regarding cleanliness. However shower seats, commodes, baths and bathroom toilets/tiles still had some traces of faecal matter.

These observations were fed back to the Associate Director and Deputy Manager during a

meeting on 11 April 2008 and a section 10 improvement notice was issued by the Care Commission.

On the inspection visit of 21 April 2008, it was evidenced that deep cleaning of the home had commenced. The top floor had been completed the previous day and the ground floor was in the process of being done.

One shower seat in George Street wing on Juniper Unit shower room was noted to have traces of faeces when examined around 1.30pm. At 2pm the domestic went in to the shower room and cleaned this seat.

The document "Infection Control in Adult Care Homes: Final Standards, 2005" was known to the management but the service had yet to carry out a self assessment against this document.

It was noted that although there were key policies and procedures in relation to prevention and control of infection many were out of date, did not reflect current Scottish information or evidence based practice, or relate to the appropriate NHS system in Scotland. The personal protective equipment policy made reference to the use of latex gloves which did not reflect best practice observed within the home which used non-latex gloves. A requirement has been made in respect of this. (see requirement 1).

Four staff had commenced the Cleanliness Champions course some time ago. One of these staff members had moved to another home and the other 3 had given up the course without completing. A recommendation has been made regarding the completion of this course. (see recommendation 1).

It was noted that the layout of the laundry was not consistent with best practice. The service had already identified the need to upgrade and building/upgrading work is already out to tender. This will be closely monitored and followed up during future inspections.

It was noted that sluice areas were in need of upgrading at some point as manual washing of equipment was carried out in facilities which should be phased out. Storage of the linen trolley used by the external contractor limited the available working space within this area and there was no designated hand wash sink for staff hand washing. Personal protective equipment was not available within this area.

Examination of a treatment room evidenced that the drug fridge temperature was taken daily and recorded. However there was no written indication of what the temperature should be and no recording of what action was taken when the temperature is unsatisfactory. Many recordings were noted to be outwith the required limit. Oral hygiene swabs were noted on a shelf but the service was unaware of the recent warning notice regarding this item. Sharps disposal bins did not have the date of assembly or signature of the assembler recorded and the hand operated bin needs to be replaced. On the whole these items were individual and were not necessarily reflected throughout the service but they do need to be addressed as soon as possible.

Hand washing facilities were not available to staff in bedrooms viewed. A recommendation has been made in respect of this area of practice. (see recommendation 2).

Care staff, were observed assisting service users with nutrition wearing the appropriate colour coded apron. However at a later time of day they were seen wearing the same colour

of apron for carrying out personal care. This was questioned by the Associate Director who established that appropriate coloured aprons were available but just not being used.

A carer was seen working in the servery wearing the appropriate colour coded apron but did not wash their hands before handling items in the servery area or on leaving the area.

On 25 April 2008, a

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

Strengths

Areas for Development

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

Strengths

Areas for Development

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

Strengths

Areas for Development

Enforcement

A section 10 improvement notice was issued on 14 April 2008 and included 5 elements. An extended timescale section 10 improvement notice was issued on 6 May 2008 and is due to be complied with by 23 May and 9 July 2008. The improvement notice related to management issues, hydration, service user access to fluids and cleanliness. One of the elements in the section 10 improvement notice has been met.

A section 13 condition notice was also issued on 14 April 2008.

Other Information

During the inspection process, the Associate Director implemented a number of changes and was very proactive when informed of issues identified during the nine days of inspection. The service also submitted to the Care Commission a weekly progress report. These indicated that action to address some of the requirements was in progress. However the Care Commission will inspect these during future inspection not only to ensure compliance but also to ensure the Organisation sustain any improvements made.

Requirements**Recommendations**

Gail Harrison
Care Commission Officer