

Inspection report

Windlaw House Care Home Service

340 Arden Craig Road
Castlemilk
Glasgow G45 0QA

Inspected by: Joy Fleming
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 30 October 2008

Service Number

CS2003001042

Service name

Windlaw House

Service address

340 Arden Craig Road
Castlemilk
Glasgow G45 0QA

Provider Number

SP2003003390

Provider Name

Glasgow City Council

Inspected By

Joy Fleming
Care Commission Officer

Inspection Type

Announced

Inspection Completed

30 October 2008

Period since last inspection

6 months

Local Office Address

Central West Region
4th Floor
1 Smithhills Street
Paisley
PA1 1EB
Tel: 0141 843 4230
Fax: 0141 843 4289

Introduction

Windlaw House was registered with the Care Commission in April 2002 and provides care and accommodation for up to 28 older people who are unable to live independently. It is owned and operated by Glasgow City Council.

The service is provided in a two storey building located in a suburban area on the Southside of Glasgow and is close to a range of community facilities including public transport access.

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

Quality of Care and Support - 4 - Good

Quality of Environment - 3 - Adequate

Quality of Staffing - 3 - Adequate

Quality of Management and Leadership - 3 - Adequate

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 announced inspection which was carried out by Joy Fleming, Care Commission Officer (CCO). Visits were made during the dayshift on 27th August 2008 with a return visit on the same date during the nightshift.

A further visit was made to the home on 9th October when discussion was held with the service manager and the external manager in relation to the findings of the inspection visits. Thereafter email correspondence was carried out between the CCO and the external manager which enabled the CCO to complete the collection of all information required.

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.

Views of service users

Overall, service users were happy with the service provided to them.

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 20/02/08.

During the inspection process

Staff at inspection

Joy Fleming, CCO carried out the inspection visit. During the inspection discussion was held with the external manager, service manager, the depute manager and four support staff.

Evidence

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

Discussion took place with service users and one carer

A review of a sample range of the following records:

Service users' personal plans

Accident and incident records

Four week menu

Monthly unit reports

Maintenance, service and repair reports

Health and safety audits

Service User Meetings minutes

Staff Meeting minutes

Newsletter

Staff training records

Complaints log

Discussion took place with

- the manager
- the depute manager
- external manager
- care support staff

Observation of staff practice and service user experience

Observation of the environment

The inspection also took account of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114).

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

The following requirements were noted in the last inspection report:

1. The organisation needs to review the policy entitled 'Residents with dementia who refuse medication' to ensure that it reflects current legislation and best practice guidance.

This is in order to comply with SSI 2002/114 Regulation 4(1) (a) which requires providers to make proper provision for the health and welfare of service users.

Timescale: 3 months

It was not possible to evidence that this had been addressed by the provider and this is repeated within this inspection report.

2. The provider should ensure that consistency is achieved in relation to recording within all personal plans. These should be promptly completed and reflect individual residents' current needs and also detail of care and support in place. Assessments and reviews should be in place as should records of outcomes of external professional input.

This is in order to comply with SSI 2002/114 Regulation 4(1) (a) which requires providers to make proper provision for the health and welfare of service users.

Timescale: 2 months

The external manager advised that senior staff had held meetings with their staff team to ensure they were aware of the importance of recording all relevant information and seniors responsible for auditing care plans and that management undertook random sampling of care plans.

On sampling of personal plans it was noted that there were gaps and inconsistencies across documentation and therefore this requirement is repeated.

3. When an incident or accident occurs all appropriate records including risk assessment(s) and care plan(s) should be promptly completed and/or updated to reflect any changes to care and support needed and also to identify any means of helping to prevent further occurrences.

This is in order to comply with SSI 2002/114 Regulation 4(1) (a) which requires providers to make proper provision for the health and welfare of service users.

Timescale: 2 months

The external manager advised that work had been carried out to ensure that incident forms and risk assessments were implemented as required and that audits were carried out.

On examination of records however it was noted that there were gaps and inconsistencies in records and that further work was required with regard to staff awareness and focus on this area of care.

This requirement is therefore repeated in this report.

4. Notifications need to be forwarded to the Care Commission and this needs to be reflected in the appropriate corporate policy.

This is in order to comply with SSI 2002/114 Regulation 21 (2) (b) and (c) - requires providers to give notice to the Care Commission with regard to serious injury or accident to service users within care homes.

Timescale: One month

It is acknowledged that some notifications had been received by the Care Commission. However there were gaps in relation to some accidents and incidents which had occurred since the last inspection and it was also not possible to evidence that the appropriate corporate policy had been amended.

This requirement was therefore partially met and remaining elements need to be addressed. This will be noted in Recommendation 6 in this report.

Comments on Self Assessment

A fully completed self assessment document was submitted by the service. This was completed to a satisfactory standard and gave relevant information for each of the Quality Themes and Statements.

View of Service Users

Care Commission questionnaires were returned by four service users

Overall all agreed that they were happy with the quality of care they received at the home. 'they are all very good to us in here'.

One service user noted the following:

'would like tea or coffee at all times and not juice'

View of Carers

Discussion was held with one carer during the inspection visits and Care Commission questionnaires were returned by seven relatives.

Overall all agreed that they were happy with the quality of care they received at the home.

'I can only comment on how I find things at times of my visits. I trust the good service, care and conduct is on-going out with these times'

'from day one I couldn't have asked for a better place than Windlaw, I thank them for everything they do for my relative, plus cleaners and cooking staff'

'staff at the home are good with my relative'

'they do things in the home but getting out more would be nice'

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 4 - Good

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

The provider had produced a participation policy which aimed to promote 'the rights of service users and carers to be heard, valued and respected'.

The Occupancy Agreement noted that the provider would consult with residents at least four times a year at residents meetings held by the home and that residents would receive a copy of the minutes in an appropriate format.

A service brochure was in place and contained a comprehensive range of information. The manager expressed a positive commitment to ensuring the participation of service users and carers and promoting the view that 'this is their home'.

There was a positive atmosphere within the home and it was observed that there was ongoing communication between staff and service users throughout the day and that there was an open door policy in relation to the staff and manager's office.

Regular resident meetings were held with minutes available.

The home had celebrated its 50th anniversary recently and it was evident that service users and carers had been involved in the planning for this. There had been a series of celebratory events over a period of a week and photographs on display indicated that these had been enjoyed by all present.

The manager advised that 3 monthly newsletters were produced and were given out personally to residents and carers and if this was not possible then they were mailed out to ensure that all residents and carers got a copy.

A confidential questionnaire had been produced and it was noted that this was in a very clear and detailed format.

One resident had had an advocacy worker allocated to them with information on this contained within their personal plan.

A group of residents had been involved in discussions about the format of the printed menus including the colours and style of lettering. The format had been changed accordingly to black lettering on yellow paper.

At the time of this visit work was underway to introduce a Family and Friends group. Letters and questionnaires had been sent out to request feedback on the best time to meet. The first meeting had been arranged as a cheese and wine social event.

A range of information was on display in the front entrance hall including leaflets on advocacy, minutes of meetings and information on the Care Commission including the last inspection report which had been photocopied onto yellow paper. There was also a suggestion box located in the hall.

The newsletter had been produced in written and compact disc formats. The first edition in February / March 2008 had a section asking for service user and carer input.

There were records of entertainment and activity co-ordinators seeking resident representation at meetings with records that 2 residents had been involved. It was evident that discussions were ongoing in relation to service user wishes in relation to entertainment

and activity.

Eight residents had recently been supported to go on a trip to the theatre.

A large screen television had been purchased.

Areas for Development

In the self assessment the manager identified that the staff team were exploring other methods of sharing information and news.

It was planned to produce the minutes of meetings in compact disc format.

It was not possible to evidence the outcomes of all discussions about resident wishes particularly in relation to requests for outings.

The participation policy indicated that the responsibility for service user and carer engagement lies with the unit manager however it did not clarify the resources available within the care home to progress this.

It was evident that the policy had identified a range of developmental work including the development of a toolkit to assist with engagement of service users and carers.

Please see Recommendation 1.

The information available about contacting the Care Commission needed to be reworded to ensure that it was clear that service users can come to the Care Commission at any time.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

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

Service Strengths

There was a range of guidance and documentation available within the home to guide staff practice in a range of areas.

Individual records entitled 'Personal Activity List' had been introduced to note when a service user had been involved in an activity and this also included a note of how the service user had responded to an activity session. There were regular Quality Days arranged to enable key workers to spend time on an individual basis with service users. Contact had been made with a local church regarding a monthly service.

The Scottish Social Services Council code of conduct was available for all staff. Contact had been established with the local community Falls team. Seated scales had been purchased to ensure accurate weights could be recorded.

A number of thank you cards had been sent by relatives expressing their appreciation for the care and support given by staff. There was a range of positive feedback from relatives about

the care and support given by staff at the home.

Records within personal plans indicated that staff were proactive in supporting service users to access a range of external professional supports including GP, District Nurse, psychiatry services, dietician, Occupational therapy, dentist, physiotherapy and podiatry. It was noted that some care plans were signed by key workers and the service user. It was also evident that service users were supported to attend appointments out with the home as necessary. It was also noted that when accidents occurred that urgent medical help was sought.

It was noted that there were two dedicated rooms for respite care and that there was a Respite Information Pack available.

Areas for Development

Via discussion it was noted that some service users had been asked to pay for continence aids. It was not possible to evidence why this had been necessary.
Please see Recommendation 2.

It was noted that there was inconsistent practice in relation to the completion of accident and incident forms and that these were not routinely in place as appropriate.
Risk assessments were not always promptly developed or reviewed following an accident or incident.

It was noted that there were some inconsistencies across records in personal plans. Care plans were not consistently in place in relation to all identified healthcare needs. There were gaps and inconsistencies in relation to records in place relating to nutrition.
Further to this it was not always possible to evidence that reviews were taking place after changes in need were identified. It was not always possible to evidence outcomes for service users where a healthcare need had been identified.

Records within personal plans indicated that there were limited opportunities for service users to go out. Feedback from some relatives indicated that they did not feel that their key worker had enough time to spend with their relative due to other key duties.

The Respite Information Pack needed to be updated and it was noted that there was no specific policy in relation to Respite Care as such.

A requirement was made in the last inspection report in relation to reviewing the policy entitled 'Residents with dementia who refuse medication'. It was not possible to evidence that this had been addressed.
Please see Requirement 2.

CCO Grading

3 - Adequate

Number of Requirements

2

Number of Recommendations

Statement 4: We use a range of communication methods to ensure we meet the needs of service users.

Service Strengths

The participation policy identified that communication support was to be developed for service users and noted a commitment to providing communication support workers and interpreters when required.

The Occupancy Agreement noted that minutes of resident meetings would be made available in different formats according to individual service users' needs.

It was evident that communication was promoted within the care home between staff, service users and relatives. There was a relaxed and comfortable atmosphere throughout the visits. Relatives and service users gave positive feedback about staff.

It was evident that there was an open door policy in relation to the managers and staff.

The manager advised that positive working links had been made with the Visual Impairment Team.

There was a copy of the dementia toolkit and the manager advised that the staff team had discussed how this could be used.

Areas for Development

In the self assessment the manager identified that work was ongoing to provide other aids and methods of communication according to service users needs.

The manager also advised that there were plans to develop photographic pictures of meals to support residents to choose their meal.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

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

The manager displayed a very positive approach to the inclusion of service users in the development of the environment.

She advised that brochures and samples had been shared with service users to gather their views and that service users had also been included in choosing the crockery.

A service brochure had been produced which was comprehensive with pictorial content.

Personalised rooms.

Relatives gave positive feedback about communal areas.

It was evident that work had been carried out in one of the communal lounges to make it more homely. The manager advised that this had been done following feedback from service users.

The provider had produced a participation policy which identified the right of service users to exercise control over their environment.

The Occupancy agreement notes that the provider will consult with residents regarding the services and facilities provided within the home including consultation about the redecoration of individual and communal areas.

There was a social activities record sheet within personal plans.

Areas for Development

In the self assessment the manager identified that environmental issues would be addressed at the newly introduced Carers Meetings.

The manager advised that work was ongoing to develop ways in ensure the participation of service users and carers.

Please see Recommendation 1.

The provider has acknowledged that environmentally the care homes including Windlaw need to be updated and that as a result plans to build new homes have been publicised.

CCO Grading

4 - Good

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

The care home was observed to be clean and tidy throughout. Relatives commented that the common areas were very clean and comfortable.

There were a range of policies in place in relation to health and safety.

Records indicated that there were ongoing discussions between the manager and the external manager in relation to ensuring that a range of necessary work was carried out in relation to fire safety standards for example obtaining new furniture which would meet with fire safety standards.

The manager advised that food handling and Moving and Assisting training was mandatory for all care staff.

The provider had a comprehensive policy to ensure that safe recruitment was carried out.

A range of monthly audits and action plans were in place including those relating to accident and incident reports.

There was evidence that a range of supports were in place where risk of falls had been identified for example the Falls Prevention Team and Occupational Therapy services had been consulted and it was evident that their advice for example in relation to purchasing a grab rail had been followed.

There was a range of documentation in place including accident and incident records and a number of risk assessments were in place.

Occupancy agreements were in place for individual service users.

The manager advised that a new fire alarm system had been fitted. Records indicated that the locks on the lifts were recently repaired.

The manager advised that there was adequate support available from the maintenance person who shared their time between this and another nearby care home.

Areas for Development

There was no specific written policy relating to the management of falls available at the home. It was not possible to evidence that there was a consistent approach in place.

Concern was raised that a number of service users were experiencing recurrent falls and it was not possible to evidence what action had been taken as a result. It was also not possible to evidence that an adequate range of resources including aids and equipment was available to staff promptly to help prevent further falls. Further to this it was also noted that there were a number of unwitnessed accidents and incidents occurring in communal areas.

Please see Requirement 3.

This guidance should contain information on a range of actions which should be considered when either a risk of fall has been identified or a fall has occurred and should include specific guidance on moving and assisting practice and the appropriate use of aids and equipment.

It is acknowledged that there were a number of care plans and risk assessments in place in relation to accidents and incidents however concern was raised that these were not always timeously completed or reviewed when there had been an accident or incident. For example processes should be put in place to ensure that key worker absence does not preclude this taking place.

A requirement was noted in the last report and shall be repeated as Requirement 4 in this report.

It was noted that there had been recurrent incident reports of the lift breaking down. Concern

was raised that the safety and independence of service users was compromised when the lift was not operational. It was noted in an incident investigation report that the manually operated doors were not ideal for use by elderly people and that there were plans to refurbish the lift however it was not possible to evidence what action had been taken in relation to this.

Further to this, on one inspection visit the CCO observed that a service user was unable to open the lift door and then attempted to use the stairs independently when it was evident that it was unsafe for them to do so. Records indicated that this was a recurrent risk for this service user.

Please see Requirement 5.

There was no service specific infection control policy available at the time of this inspection. Please see Recommendation 3.

The restraint policy was in draft form at the time of this inspection.

CCO Grading

3 - Adequate

Number of Requirements

3

Number of Recommendations

1

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

Service Strengths

There was a Participation Policy in place and it was evident that a range of work had been carried out to develop ways of engaging with service users and carers to elicit their views on the environment.

Records indicated that a range of checks were carried out in relation to health and safety matters in the home.

A number of residents were supported to go out regularly including shopping trips and a number of residents attended a local Pensioners' Group.

There was no restriction on visiting and it was evident that visitors were welcome in the home.

There was a very positive atmosphere throughout the home with service users observed to be relaxed and comfortable and free to use all internal areas of the home.

There was a range of signage throughout the home to promote orientation and independence of service users.

Areas for Development

It was noted that the external area to the front of the care home was not enclosed and

therefore that area was not safe and secure for all service users to freely access. It was also noted that the external areas to the back of the building would benefit from development. Relatives advised that there was no minibus driver available currently and that they would like their relative to have more opportunities to go out.

The Officer was advised by staff that the home was reliant on local volunteer drivers to drive the minibus. The manager advised that one member of staff was completing MIDAS training. Please see Recommendation 4.

There were no maintenance records available for the minibus available at the care home. The manager advised that regular checks were carried out in service user bedrooms however there were no records of this.

Please see Recommendation 5.

There was some feedback from relatives that there was a frequent smell of urine on upper level and that their relative's room was quite unpleasant at times. The manager advised that new carpets had been ordered. Progress on this will be inspected at future visits.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

2

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

A range of work had been carried out to enable service users and carers to participate in assessing the quality of staffing.

There was a very positive atmosphere in the care home and it was evident that positive relationships had been developed between staff and service users and that communication was promoted within the home.

The staff and manager had an open door policy.

It was evident that carers were welcome at the home at any time and this was verified in feedback given.

Areas for Development

The manager advised that there were plans to include service users in the recruitment process.

CCO Grading

4 - Good

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

In the self assessment the manager noted that the provider had a robust recruitment policy. A Care Commission Audit which had been carried out previously verified this.

Records indicated that there was a comprehensive induction process in place within the care home and the manager advised that there was also a corporate induction training event.

It was noted that agency workers were also supported via an induction programme within the care home.

Areas for Development

It was noted that not all induction checklists were fully completed.

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

It was evident that there was a stable staff team at the home and that some staff members had worked there for a significant period of time. This stability was appreciated by service users and carers.

When agency staff were employed this was on a defined term basis to enhance continuity of care.

The manager advised that over 50% staff had achieved SVQ.

There were a range of policies in place to guide staff practice.

The manager was developing a training pack including best practice guidance such as 'Making Good Care Better'.

The manager was a member of the Palliative care focus group and was engaged in developing a palliative care policy.

There were records of the manager's request for staff to attend a range of training including palliative care, communication skills training, end of life, and introduction to ethics.

Staff had taken part in a range of in house training including nutritional issues workshops, a discussion session on the Mental Welfare Commission best practice guidance 'Rights, Risks and Limits to Freedom' and 'Safe to wander' and medication training 8 staff.

The local Community Psychiatric Nurse had taken a workshop on mental health needs focused on current staff training needs.

A comprehensive Induction checklist had been developed.

There was a system in place to ensure that moving and assisting training and refresher courses were available to staff.

There were records available to indicate that staff places were allocated on a range of courses including a continence care study day.

Palliative Care workshops were planned.

Areas for Development

Via discussion and observation of records it was noted that there was no separate provision for night staff to attend training events out with day time events. The manager advised that night shift staff were welcome to attend during the day and that ongoing consideration was being given to support nightshift to attend training.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 3 - Adequate

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

The provider had produced a Participation Policy.

There were a range of ways in which service user participation was supported including regular meetings. Work was underway to introduce a Carer's group.

There was a suggestion box and a range of information available including how to complain and how to contact the Care Commission.

Communication between staff and service users was promoted and the manager had an open door policy.

Areas for Development

The manager displayed a very positive commitment to developing this area of work and it was evident that there was a range of planning underway within the staff group to support this.

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We involve our workforce in determining the direction and future objectives of the service.

Service Strengths

In the self assessment the manager advised that there was a yearly staff survey carried out by an independent facilitator and that staff conferences were also held yearly.

It was evident that there was a very stable staff group and that communication was promoted across the staff team. There were minutes available of staff meetings.

It was also evident that the external manager carried out regular visits to the care home and was involved in ongoing developments with the manager and team.

Areas for Development

The external manager advised that they were developing a range of questionnaires for staff, service users, carers and care managers to gain their feedback on service development.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

0

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

The manager advised that they were aware of the need to notify all relevant external organisations in relation to any issues of staff misconduct.

There were a range of quality assurance processes in place including service user meetings within the care home. Records indicated that there were regular audits carried out with action plans produced accordingly.

Information was available on complaints processes which service users could access and on advocacy services.

There were a range of external visitors who regularly visited the care home including care managers and the review process gave further opportunity to provide feedback for all involved.

The organisation had a range of corporate processes in place to enable service users to give their views including an email link to the Director of Social Work.

Areas for Development

A requirement was made in the last report in relation to notifications. Whilst it is acknowledged that this was partially met the remaining work needs to be addressed. Please see Recommendation 6.

CCO Grading

3 - Adequate

Number of Requirements

0

Number of Recommendations

1

Regulations / Principles

National Care Standards

Enforcement

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

Other Information

At the time of this inspection the Officer was advised that the service manager was having a planned absence of six months. The provider has been requested to advise the Care Commission of plans to ensure adequate management cover is in place.

Requirements

1. The provider should ensure that consistency is achieved in relation to recording within all personal plans. These should be promptly completed and reflect individual resident's current needs and also detail of care and support in place. Assessments and reviews should be in place as should records of outcomes of external professional input.

This is in order to comply with SSI 2002/114 Regulation 4(1) (a) which requires providers to make proper provision for the health and welfare of service users.

Timescale: 2 months

2. The organisation needs to review the policy entitled 'Residents with dementia who refuse medication' to ensure that it reflects current legislation and best practice guidance.

This is in order to comply with SSI 2002/114 Regulation 4(1) (a) which requires providers to make proper provision for the health and welfare of service users.

Timescale: 3 months

3. The provider needs to ensure that there are clear and robust procedures in place including a written policy in relation to falls prevention and the management of falls This should include clear guidance on the provision and use of aids and equipment within the home to prevent falls and best practice guidance on moving and assisting following a fall. The audit process needs to be further developed to ensure that all contributory factors can be considered and appropriate action taken following a fall.

This is in order to comply with SSI 2002 114 Regulation 4(1) (a) requires the provider to make proper provision for the health and welfare of service users and SSI 2002/ 114 Section 12 (b) 12(b) requires providers of a care home to provide such other equipment for the general use of service users as is suitable and sufficient having regard to their health and personal care needs.

4. When an incident or accident occurs all appropriate records including risk assessment(s) and care plan(s) should be promptly completed and/or updated to reflect any changes to care and support needed and also to identify any means of helping to prevent further occurrences.

This is in order to comply with SSI 2002/114 Regulation 4(1)(a) which requires providers to make proper provision for the health and welfare of service users.

Timescale: 2 months

5. The provider should carry out a risk assessment of the lift including the structure of the lift doors to assess whether it is fit for purpose in relation to the specific needs of service users who live upstairs in the care home.

This is in order to comply with SSI 2002 114 Regulation 4(1) (a) which requires providers to make proper provision for the health and welfare of service users.

Timescale: 2 months

Recommendations

1. It is recommended that the provider continues to develop ways of participating with service users and carers and also to record the outcomes in relation to all suggestions and concerns raised by participants in the process.
2. It is recommended that the provider ensures that where necessary, service users should receive an individualised assessment in relation to continence care and all appropriate resources including continence aids should be provided accordingly.
3. It is recommended that staff have access to a service specific infection control policy.
4. It is recommended that the provider develops ways in which service users can have regular outings including ensuring that trained staff are available to drive the minibus and escort service users as appropriate.
5. It is recommended that adequate records are kept of all checks carried out within the home including those carried out in service users' bedrooms and on the minibus and that these are available for inspection.
6. It is recommended that the appropriate policy is updated to ensure that notifications are forwarded to the Care Commission in line with current guidance available.

Joy Fleming
Care Commission Officer