Dewar House
Care Home Service
3 Woodburn Grove
Hamilton    ML3 6AF

Inspected by: Eleanore Murray
(Care Commission Officer)
Type of inspection: Announced
Inspection completed on: 9 November 2005
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<th>Service Number</th>
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<th>Service address</th>
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<td>3 Woodburn Grove</td>
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<tr>
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<td>SP2003003481</td>
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<tr>
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<th>Inspection Completed</th>
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<td>9 November 2005</td>
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<tr>
<td>Princes Gate</td>
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<tr>
<td>Castle Street</td>
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Introduction
Dewar House is owned by Hanover Housing Association and managed by South Lanarkshire Council. The care home is registered to care for 16 older people with dementia and was full on the day of the visit.

The home's objectives state that the aim of the service is to promote and maintain a high quality of life for older people in a homely and welcoming environment.

Basis of Report
Before the visit:
The home sent a Pre Inspection Return containing information about the service.
The home also sent a Self Evaluation form.
The Care Commission Officer wrote to the home telling them when the visit would take place.

During the visit, which took place on 09 November 2005, the Care Commission Officer spoke with
the Manager
three members of staff
two service users individually
three relatives

The Care Commission Officer looked at range of policies, procedures and records, including the following:
Fire safety records
Accident, Incident and Significant Occurrences records
Health and safety records
Risk assessment policies
Financial records
Medication records
Staff training plans
Minutes of staff meetings
and spent time observing how staff members worked with service users.

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards for care homes for older people:
Standard 1 : Informing and deciding
Standard 5 : Management and staffing
Standard 6 : Support arrangements
Standard 7 : Moving in
Standard 18: Staying in touch

Action taken on requirements in last Inspection Report
There were no Requirements made following the last inspection.

Comments on Self-Evaluation
The self evaluation was completed and returned prior to the visit. Areas for development were identified in four of the five Standards, and provided a framework for the continuous
improvement of the service.

**View of Service Users**
Two service users were spoken with, and the activities of the remainder were observed. Those who were spoken with described the staff in positive terms. Observations of practice showed a warm and respectful relationship between staff and service users.

**View of Carers**
Three relatives were spoken with, all of whom visited the service frequently. They spoke highly of the staff's efforts to provide good care for the service users. Care was described by them as 'pretty good' and the home as 'one of the better ones'. All commented on the increasing dependency levels of service users and the additional pressure they believed this placed on staff.
Regulations / Principles

National Care Standards

National Care Standard Number 1: Care Homes for Older People - Informing and Deciding

Strengths

Home visits by the Manager or staff were undertaken routinely, primarily to determine if the service could appropriately meet the needs of the prospective service user, and also to provide information about the service. A very comprehensive brochure about the service was left with service users. Service users, and their families, were encouraged to visit the service prior to reaching a decision about using it.

A service users' agreement, containing additional information about the service, was issued at the time of the initial review, which took place within six weeks of the service user starting the service. The agreement restated some of the information described in the brochure, together with some of the rights and responsibilities of service users as recipients of the service, and the care planning processes.

Details of charges were usually given to service users by the social worker undertaking the assessment, at an earlier stage in the admissions process.

The local authority could make provision for information to be made available in other languages and formats.

Areas for Development

There were no areas identified for further development.

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

Strengths

The service had a range of policies and procedures appropriate to the safe operation of a care home.

All staff undertook corporate induction training, which occurred periodically. Departmental induction training, specific to staff’s roles and responsibilities, was also provided, as was familiarisation with social work values and the local authority’s Code of Conduct. The practical application of the policies and procedures, and information on new guidance, was provided through staff meetings, ‘briefing’ sessions, Management Bulletins, supervision and ‘shadowing’ more experienced staff in their work. Staff confirmed in writing that they had read the policies and procedures.

All staff had Personal Development Plans, and senior staff were undergoing training to enable them to review and update them. Staff believed that they had good training opportunities. Information on best practice and new developments were issued by external
managers, or were obtained from meetings and the Internet.

The local authority had a sound recruitment procedure, which involved the uptake of two references and a Disclosure (Scotland) check.

There were no volunteers being used in the home at the time of the inspection. Any which have been, were trained and vetted by an approved organisation.

At the time of the inspection, more than sixty one percent of staff had a relevant qualification, with a further two undertaking preliminary study. Internal training, often involving professional colleagues, such as community psychiatric nurses and pharmacist, took place regularly. A staff training record was maintained.

Staff spoken with were aware of the local authority's policies on equal opportunities, anti discriminatory practices and whistleblowing.

All instances where restraint, such as the use of bedrails, was required were risk assessed and written consents obtained from relatives. In all such situations, alternatives were considered and the least possible level of intervention was practised. Chemical restraint, in the form of medication, was given only as a result of a clinical decision.

The local authority had a sound medication policy. Key staff were trained internally in the policy and practices to be followed, and training was also provided by pharmacists from the company which supplied the medication system. Appropriate facilities were available for the safe storage of medication.

The service operates under the local authority's well established financial procedures. Signatures were required for any financial transactions undertaken on behalf of service users, and records kept.

The employment of staff from the same ethnic, cultural or religious backgrounds as service users had not arisen for the service, but the Manager was of the opinion that this would be attempted, should the need arise.

**Areas for Development**

Staff's practice when giving medication was to confirm on the Medication Administration Record Sheet that it had been given at the designated time, then to use an arrow to indicate that, for some reason, such as a service user being asleep, the medication was actually given at a later time. This was unnecessarily confusing and did not provide an accurate record of when medication was given. (See Recommendation 1)

Regular fire safety checks are recorded in a way that is confusing and difficult to verify. (See Recommendation 2)

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

**Strengths**

Personal plans, five of which were examined during the inspection, were available for each
service user. All were well completed, and provided relevant information about the care needs and preferences of service users, including their communication and health needs and risk assessments.

The Manager said that personal plans were offered to relatives.

The personal plans examined contained some evidence of regular review.

The local authority was in the process of introducing a new personal planning format, which, if fully completed, would provide clear and relevant information about service users.

**Areas for Development**

In all of the personal plans examined, there were some areas where information was missing. Specifically, there was no information about the people who should be involved in reviews, or the circumstances under which relatives should be contacted. There was no evidence of personal plans being made available to service users or their representatives. Although identified as areas for development, these issues do not form part of a Recommendation, in view of the fact that the service is in the process of introducing a new personal planning format, which will provide the opportunity to address them.

In two of the personal plans examined, reviews had not taken place within legislative timescales. (See Requirement 1)

**National Care Standard Number 7: Care Homes for Older People - Moving In**

**Strengths**

Service users were allocated a key worker at the point of entering the service. The key worker’s role was to assist the service user to settle into the service and to draw up the personal plan prior to the initial review.

The Manager said that key workers were encouraged to spend individual time with service users. Part time staff had recently been brought into the service to enhance staffing levels. At the time of the inspection, the staffing schedule was complied with.

At the time of the inspection, observations of practice showed that staff, including individual key workers and more senior staff, were readily available to discuss any concerns service users may have, and to provide assistance and support about making choices.

**Areas for Development**

Two staff and three relatives spoken with said that, despite the provision of some additional staff hours each day, the increasing frailty of service users usually meant that there was little opportunity for staff to spend individual time with service users. They also expressed concern about the fact that, when a service user required the assistance of two staff, other service users were left unattended. (See Recommendation 2)

**National Care Standard Number 18: Care Homes for Older People - Staying in Touch**
Strengths

Personal plans examined prompted staff to identify the communication needs of service users and the manner in which they would be met. Staff spoken with were well informed about the different ways in which they could communicate with service users. Where necessary, professional assessments of service users’ communication needs were obtained.

Staff said that specialist communication equipment would be provided, if required.

Staff said that family members, or other relevant people, were encouraged to provide assistance where service users had any communication difficulties.

Staff described assistance which could be given to service users to prepare for significant events. They demonstrated an awareness of the fact that preparation of this nature for some people who have dementia may unsettle them, and would be inappropriate. Where the communication needs were such that the services of an interpreter, or signer, were necessary, these would be obtained.

Areas for Development

There were no areas identified for further development.
Enforcement
No enforcement action has been taken since the last inspection.

Other Information
One Recommendation was made following the last inspection, which has been fully met.

Requirements
1. The provider must review the personal plans at least once in every six month period, in compliance with Scottish Statutory Instrument 2002/114 Regulation 5(2)(b)(ii).

Recommendations
1. A more accurate method of recording the times when medication is given should be developed. (Standard 5)
2. Fire safety checks should be recorded in a way which is verifiable. (Standard 5)
3. The deployment of all staff, including those who work in the home for short periods each day, should be reviewed to ensure that the needs of service users can be fully met. (Standard 7)

Eleanore Murray
Care Commission Officer