SCSWIS
social care
and social work
improvement scotland

# Care service inspection report

## Florence House

### Care Home Service Adults

70 Nimmo Drive
Govan
Glasgow
G51 3SG
Telephone: 0141 445 0422

Inspected by: Sarah Gill

Type of inspection: Unannounced

Inspection completed on: 25 January 2012

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## Service provided by:

Lambhill Court Ltd

## Service provider number:

SP2003002359

## Care service number:

CS2003010458

## Contact details for the inspector who inspected this service:

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# Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

## We gave the service these grades

| | | |
|---|---|---|
| Quality of Care and Support | | N/A |
| Quality of Environment | 4 | Good |
| Quality of Staffing | | N/A |
| Quality of Management and Leadership | | N/A |

## What the service does well

The service had created a very positive atmosphere for service users who are able to take part and join in with activities. Many service users enjoy the "banter" and buzz associated with the "plaza".

We heard very positive feedback from relatives who felt involved with the service and had high levels of satisfaction.

## What the service could do better

We found that some risk assessments could be improved and that the use of bed-rails may be possible to be reduced if alternatives were made available.

We looked at the service's "Policy Statement on the use of Restraint" dated February 2008 and found that this was not up to date.

We also thought that some service users may benefit from a more goal orientated care plan and support to help maintain their independence. We discussed the possibility of some service users being enabled to use the baths in their en-suite bathrooms as opposed to using communal bathrooms. It was hoped that the use of some bath aids may make this possible in some cases.

We thought that the service user participation strategy could be improved and developed further to link with quality assurance systems.

## What the service has done since the last inspection

The service had continued to involve service users and relatives. We could see that progress was being made by the chances for service users and relatives to lead and get involved in more groups. There was a board with "You asked for - What we did." These were examples of very good practice in terms of service user involvement.

## Conclusion

This service had a variety of ways of involving service users and relatives which was well established. The service was operating to a good level with many areas of strength. There were some areas for improvement identified but this didn't call into question the overall positive feedback on the service.

## Who did this inspection

Sarah Gill

# 1 About the service we inspected

Florence House is a Care Home situated in a large converted school building within the Govan area of Glasgow. The Care Home service is provided by Lambhill Court Ltd.

Before 1 April 2011 this service was registered with the Care Commission. On this date the new scrutiny body, Social Care and Social Work Improvement Scotland (SCSWIS), took over the work of the Care Commission, including the registration of care services. This means that from 1 April 2011 this service continued its registration under the new body, SCSWIS.

Florence House care home has 58 places and provides care with nursing and without nursing care, to a mixed client group of older people and adults with physical and sensory impairment.

The accommodation is provided over three floors with 23 bedrooms on the top floor, 23 bedrooms on the middle floor and 12 bedrooms of the ground floor. The upper floors are accessed by a lift or stairs.

There are 52 single bedrooms with en-suite, 49 had en-suite bath/showers. In addition there were three flat-lets with kitchen and bathroom facilities. These flats could be used as shared units for couples and could be used as two bedrooms or one bedroom with one sitting room.

Each floor had a sitting room and communal bathrooms. The ground floor had the large communal dining/sitting room known as the "plaza". There were small sitting rooms and the garden tea room.

The Care Home stated that it aims to "enhance the quality of life of residents".

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

**Quality of Care and Support - N/A**
**Quality of Environment - Grade 4 - Good**
**Quality of Staffing - N/A**
**Quality of Management and Leadership - N/A**

This report and grades represent our 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. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

# 2 How we inspected this service

## The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

## What we did during the inspection

This unannounced inspection visit was carried out by Sarah Gill (Inspector).

Prior to the inspection visit a review of information held about the service was carried out. This included a recent complaint report, notifications of significant events and the previous inspection report of July 2011.

The visit was planned to follow up on 2 requirements and 2 recommendations.

The visit commenced on 25.1.12 @ 10am and was concluded at 2 30pm on the same day. During this time the Inspector examined the following documents:

- The Policy Statement on Restraint dated Feb 08.
- A "read and sign" sheet had been used to evidence staff reading the Mental Welfare Commission Guidance on "Rights, Risks and Limits to Freedom" (June 2006).
- The "Zero Tolerance" Policy (undated).
- Accident and Incident records from December 2011 - January 2012.
- Maintenance checklist for bed rails in use within the service.
- Two personal plans of service users.
- Observation was made of the fitting and type of bed rails in Room 62.
- Observation was made of the ease of exit from the front door and the lack of secure fencing in the garden.
- The minutes of a service user and relatives meeting was displayed.
- A "schedule of refurbishment" was also displayed.

## Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

## Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

## Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

## What the service has done to meet any requirements we made at our last inspection

### The requirement

Requirement with reference to Theme 2 Statement 2: The service provider must ensure that any bed-rail usage is appropriately assessed involving the relative or others and that these are fitted and checked regularly. Records must include a review date and they must only be used for the shortest period possible. Alternatives should always be considered as a part of the assessment process. This is in order to comply with SSI 210/ 2011 Regulation 4(c) Welfare of users, Regulation 5 (1) personal plans, Regulation 14(b) Facilities in Care Homes. Timescale 2 months.

### What the service did to meet the requirement

Insufficient action had been taken to address this requirement. This requirement has been repeated.

**The requirement is:** Not Met

## What the service has done to meet any recommendations we made at our last inspection

There are no recommendations outstanding.

## The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

**Annual Return Received:** Yes - Electronic

## Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

There was no changes made to the self assessment which was submitted prior to the inspection of July 2011.

## Taking the views of people using the care service into account

There was no consultation with service users during this inspection visit.

## Taking carers' views into account

There was no consultation with relatives during this inspection visit.

# 3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

## Quality Theme 1: Quality of Care and Support - NOT ASSESSED

## Quality Theme 2: Quality of Environment

Grade awarded for this theme: 4 - Good

### Statement 1

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

### Service strengths

Service users and relatives were routinely involved in evaluating the environment. There were a variety of methods used.

There were good examples of service users being able to personalise their bedrooms. Service users and relatives confirmed that they were given a choice about where to sit and how to spend their day.

There was access to a garden area and the wide corridors and plentiful space made access of wheelchair users very good.

Service users and relatives that we consulted were happy with the cleanliness of the home.

Some areas of the home were being refurbished and there had been regular discussions and opportunities to choose colours.

There was involvement in a gardening group.

There had been some resident/relative led meetings.

**Areas for improvement**

It would be useful to consult with service users and relatives about signage and lighting around the care home. Some comments had been made by relatives that they felt some of the furnishings could be improved. These comments had been recorded and there were further plans in place to improve the environment.

Some of the survey questions could be made more specific to gauge more fully the feedback of service users and relatives on aspects of the environment.

There were some inconsistencies noted regarding the evidence of service users or their representative being fully involved and consulted about risk assessments for the use of equipment or situations that limit a service users freedom. The Manager was aware of this and planned to address it.

**Grade awarded for this statement:** 5 - Very 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

Records were examined for accidents and incidents. These were recorded by staff. Relatives that we spoke with were confident in staff and felt that they would always be informed in the event of an accident or incident. The format of the accident and incident records had been improved recently and this now recorded if the G.P. had been contacted, Next of Kin and if a notification had been made to the Care Inspectorate.

The record in the personal plans of "when and in what circumstances" a service user's next of kin or other representative would be contacted was being improved and developed. Discussion had taken place with the Manager about improving records to make it clearer as to any specific powers that were held by representatives such as guardianship. The Manager intended to develop this.

The "Zero Tolerance" policy had been amended to provide more detail to visitors about the consequences of exhibiting violence or aggression towards staff. This policy could be further improved by being clearer about it's title and who it is aimed at, a date of issue and date of review would also be good practice.

There was an awareness amongst staff of the need to carry out risk assessments and we saw some risk assessments in use in the personal plans.

There had been some referrals made to the specialist falls team and this was felt to have been beneficial by staff.

There was a focus on infection control and the home had appointed an "infection control champion."

We saw that portable appliances had been tested and that there had been regular checks carried out on equipment.

There was a Health and Safely Committee which met regularly.

### Areas for improvement

The "Policy Statement on the use of restraint" dated February 2008 was not up to date and comprehensive enough to ensure good practice within the Care Home. This must be reviewed and updated to ensure that it is fit for purpose. (See Requirement 1.)

The bed-rail risk assessment was not used consistently and did not evidence that measurements had been made to ensure safe usage. We observed that one bedside rail had not been fitted correctly. We also noted that the maintenance and fitting checklist for bedside rails did not help staff to identify if a risk of entrapment was present by giving an indicator as to the acceptable gaps between the bed rail and the headboard. We could not clearly see what alternatives could be offered instead of bed-rails and the home had a large number of divan style rails in use. The purchase of alternatives would be beneficial. This is a repeat requirement. (See Requirement 2.)

The en-suite baths were rarely used and it was possible this was due to a lack of bath aids and grab rails within the en-suite. This was discussed with the manager and it was agreed that this was an area for development to discuss with service users what their preferences might be.

There may be opportunities for service users to be more independent and carry out activities such as making drinks and snacks if there were more adapted facilities available. A review of some of the facilities may be beneficial to consider what equipment, if any, could be beneficial. A more homely feel could be created by adapting some of the living areas which are currently underused. This will be reviewed at the next inspection.

**Grade awarded for this statement:** 4 - Good

**Number of requirements:** 2

**Number of recommendations:** 0

**Requirements**

1. The restraint policy must be revised. This must ensure that the service provider knows about all forms of restraint within the service, keeps an accurate and up to date record of any instances of when restraint has been considered or used, ensures that any intervention is the outcome of a comprehensive risk - benefit assessment and is a safety measure. The policy should reference best practice and legislation.
   This is in order to comply with SSI 114/ 2002 19(3)a). " A requirement which states a provider must keep a record of any occasion on which restraint or control has been applied to a user, with details of the restraint or control, the reason why it was necessary, and the person authorising it. " Timescale 2 months.

2. The service provider must ensure that any bed-rail usage is appropriately assessed involving the relative or others and that these are fitted and checked regularly. Records must include a review date and they must only be used for the shortest period possible. Alternatives should always be considered as a part of the assessment process. This is in order to comply with SSI 210/ 2011 Regulation 4(c) Welfare of users, Regulation 5 (1) personal plans, Regulation 14(b) Facilities in Care Homes. Timescale 2 months.

## Quality Theme 3: Quality of Staffing - NOT ASSESSED

## Quality Theme 4: Quality of Management and Leadership - NOT ASSESSED

# 4 Other information

## Complaints

There was one complaint since the last inspection of July 2011. This resulted in a requirement in relation to the updating of the restraint policy. There was a 6 week timescale for this. The policy was reviewed during this inspection visit and found to be inadequate. (See Requirement 1.)

## Enforcements

We have taken no enforcement action against this care service since the last inspection.

## Additional Information

n/a

## Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

# 5 Summary of grades

| | |
|---|---|
| **Quality of Care and Support - Not Assessed** | |
| **Quality of Environment - 4 - Good** | |
| Statement 1 | 5 - Very Good |
| Statement 2 | 4 - Good |
| **Quality of Staffing - Not Assessed** | |
| **Quality of Management and Leadership - Not Assessed** | |

# 6 Inspection and grading history

| Date | Type | Gradings | |
|---|---|---|---|
| 8 Jul 2011 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 5 - Very Good<br>4 - Good<br>Not Assessed<br>Not Assessed |
| 8 Nov 2010 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 5 - Very Good<br>Not Assessed<br>Not Assessed<br>Not Assessed |
| 8 Jun 2010 | Announced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 5 - Very Good<br>Not Assessed<br>5 - Very Good<br>Not Assessed |
| 14 Dec 2009 | Announced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 4 - Good<br>4 - Good<br>4 - Good<br>4 - Good |
| 7 May 2009 | Unannounced | Care and support<br>Environment<br>Staffing | 4 - Good<br>4 - Good<br>4 - Good |

| | | | |
|---|---|---|---|
| | | Management and Leadership | Not Assessed |
| 22 Jan 2009 | Unannounced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 3 - Adequate<br>3 - Adequate<br>4 - Good<br>Not Assessed |
| 21 Aug 2008 | Announced | Care and support<br>Environment<br>Staffing<br>Management and Leadership | 3 - Adequate<br>3 - Adequate<br>4 - Good<br>3 - Adequate |

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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## Translations and alternative formats

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