SCSWIS
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Care service inspection report

Glenburnie Care Home

Care Home Service Adults

Lower Scoonie
Leven
KY8 4SX
Telephone: 01333 422243

Inspected by: Carole Kennedy

Aileen Scobie

Type of inspection: Unannounced

Inspection completed on: 24 January 2012

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Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	6
3 The inspection	9
4 Other information	19
5 Summary of grades	20
6 Inspection and grading history	20

Service provided by:

Glenburnie Care Ltd

Service provider number:

SP2004006919

Care service number:

CS2003039139

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	1	Unsatisfactory
Quality of Environment		N/A
Quality of Staffing	1	Unsatisfactory
Quality of Management and Leadership	1	Unsatisfactory

What the service does well

Glenburnie is a small homely service. All areas of the home were observed to be clean and maintained to a good standard.

What the service could do better

We have a number of significant concerns about the service provided at Glenburnie. These include management of the service, involving and consulting with residents, relatives, staff and other stakeholders, training, quality of care recording, medication management, quality assurance and a safe environment.

What the service has done since the last inspection

The service had significantly deteriorated since the last inspection.

Conclusion

Staff are friendly and offer residents choices in daily living. However, there is no manager in post at present and a lack of leadership and direction for the staff team. No group meetings or other forms of consultation had taken place for a considerable time and all the previously established consultation strategies had fallen by the wayside. This means that residents and their relatives/representatives had not had opportunity to comment on the quality of the service being provided by Glenburnie.

This inspection has resulted in a number of requirements and a recommendation. The service provider gave commitment to addressing the requirements as a priority.

Who did this inspection

Carole Kennedy
Aileen Scobie
Lay assessor: Not Applicable.

1 About the service we inspected

Glenburnie Care Home is registered to provide 24 hour residential care and support for up to 23 older adults. The home is a purpose built single storey construction, all rooms are single occupancy with en-suite facilities. Located in a residential area of Leven, Glenburnie has adequate onsite parking and there is easy access to public transport, the town centre and social resources.

The establishment's stated aims are to provide service users with a safe, comfortable, happy environment, supporting their needs with dignity and aiming to respect each person's right to privacy and to retaining their self expression.

There were 17 people resident in the home on the day of inspection, one of whom was in hospital. The people who live in Glenburnie prefer to be known as residents therefore this term has been used throughout this report.

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

Quality of Care and Support - Grade 1 - Unsatisfactory
Quality of Environment - N/A
Quality of Staffing - Grade 1 - Unsatisfactory
Quality of Management and Leadership - Grade 1 - Unsatisfactory

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 high 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 report was written following an unannounced inspection which took place on 24 January 2012. The inspection focused on how the service has developed since the previous inspection which took place on 27 April 2011. The inspection was carried out by Inspectors Carole Kennedy and Aileen Scobie. Feedback was given at the end of the inspection to the service provider.

During this inspection we sampled information from various sources including;

- The up to date Self Assessment.
- Talking to residents.
- Discussion with staff.
- Examination of a sample of the policies, procedures, health & safety records which the service is required to maintain.
- Examination of medication management systems to check residents are receiving their prescribed medicines.
- Review of a sample of residents personal care files to check how staff assess needs and how these are met.
- Check of the building and environment to make sure it is well maintained, safe and free from hazards.
- Observation of staff practices.
- Discussion with the provider.

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

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.

A fully completed self assessment was submitted prior to the last inspection and commented on in the inspection report dated 27 April 2011.

Taking the views of people using the care service into account

We spoke with three residents during the inspection. They expressed themselves comfortable in the home but told us that there had been "lots of changes".
"Lot's of losses - the newsletter isn't anymore."
"No meetings."

Taking carers' views into account

No relatives/carers were available at this inspection. Comments from relatives we spoke with and returned questionnaires were also commented on in the last inspection report. This report should be read in conjunction with the last inspection report dated 27 April 2011.

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

Grade awarded for this theme: 1 - Unsatisfactory

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 service was able to provide only limited evidence to support this statement.

Staff are friendly and offer residents choices in daily living. However, no group meetings or other forms of consultation had taken place for a considerable time and all the previously established consultation strategies had fallen by the wayside. The provider had recently circulated questionnaires to relatives and staff. Results of these were forwarded to us.
Comments from residents included;
"Lot's of losses - the newsletter isn't anymore."
"No meetings."

Areas for improvement

Service users must be afforded a voice on all aspects of service delivery. The provider should collate responses from returned questionnaires and introduce an action plan to address issues identified.
The service provider must promptly reintroduce the service participation policy and strategy. A requirement is made.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The service provider must provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided. The service provider must promptly reintroduce the service participation policy and strategy.

In order to comply with;
SSI 2011/210 Regulation 3 - Principles and Regulation 4(1) Welfare of Users.

Timescale: 24 hours from receipt of this report.

Statement 3

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

Service strengths

We sampled 4 personal care files. There was evidence of involvement of GP's and other healthcare professionals. A resident confirmed that the doctor was contacted if necessary and that they received their medication routinely without problem.

Food preferences were recorded in each care file.

The care file of a resident recently admitted to the home was seen to contain initial risk assessments for pressure care, mobility, nutrition and falls risk.

Areas for improvement

The quality of care recording was found to be inadequate. The care files examined were incomplete. There was no evidence that care plans are regularly reviewed and updated to reflect changing needs. There was no evidence that residents and/or their family have been consulted and agree with the content of the files.

Care plans were not in place or incomplete. Risk assessments were incomplete or not in place. One person's file contained a behaviour record for physical aggression but this was not cross referenced to a care plan. There was no care plan in place to direct staff practice.

A risk assessment for 'wandering' was in place for another resident. This person had left the building unaccompanied a number of times. On one occasion the police were involved in ensuring the residents safe return to the care home. There were no other risk assessments in place and no care plans in this person's file. 2 requirements are made.

Examination of personal care files demonstrated poor level of competence in completing records relating to nutrition and fluid intake. Fluid charts viewed were incomplete with a lack of detail and accuracy regarding the person's actual intake of fluid. Poor fluid intake (dehydration) can cause deterioration in a person's mental state, confusion and dizziness and is known to increase risk of falls. A requirement is made.

We examined the service's medication management system. Review of a sample of medication administration records (MARS) identified the records were incomplete with some gaps or omissions noted.
Handwritten instructions on the MAR sheets had not been signed and dated by the authorising GP or the member of staff who transcribed the doctors instructions.

Examination of storage and recording of controlled drugs identified one resident's drugs had not been returned to pharmacy on the residents discharge/death. The controlled drug register was also found to be inaccurate. A requirement is made.

All of the above findings means that resident's needs are not recognised and met, there is no direction to inform and guide staff practice. As a result residents health, safety and wellbeing are significantly at risk.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 4

Number of recommendations: 0

Requirements

1. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must;
   - Ensure care records are accurate, complete and contain sufficient detail to inform and direct staff practice.
   - The care records must be subject to regular review, evaluation and update.
   - A written plan of care is in place for each service user which sets out how their health, welfare and safety needs are to be met.
   - This must must cross reference to risk assessments and be subject to regular review and updated to reflect any changes.
   - The plan must evidence involvement and consent of the service user or their representative.

   This is in order to comply with:
   SSI 2011/110 Regulation 4(1)(a) - Welfare of users and Regulation 5 - Personal plans.

   Timescale: 4 weeks from receipt of this report.
2. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;
   - Risk assessments are recorded which are person centred and reflect individuality.
   - Cross reference to care plans and clearly evidence actions which must be taken to reduce or manage the risk.
   - The risk assessments must be subject to regular review and updating.

This is in order to comply with:
SSI 2011/110 Regulation 4(1)(a) - Welfare of users.

Timescale: 4 weeks from receipt of this report.

3. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure;
-The service provider must ensure there are comprehensive policy and procedures in place to direct staff practice. The policies and procedures must clearly detail how service user's fluid and nutritional care is supported.
-Staff must adhere to the policy and procedures and maintain accurate records which provide a true account of the daily food and fluid intake/output for service users who are required to have their intake/output monitored.
-Service users weights and nutritional status must be monitored and a record of this maintained.
-Ensure there is a system in place to monitor and evaluate that service user's nutrition and fluid needs are being met.

This is in order to comply with:
SSI 2011/110 Regulation 4(1)(a) - Welfare of users.

Timescale: 4 weeks from receipt of this report.

4. The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users. In order to achieve this the provider must ensure;

- Administration of medication or reason for omission must be recorded on the MAR sheet at the time of administration.
- Where handwritten instructions have been added to the MAR sheet these must be signed and dated by the authorising GP or the member of staff who transcribes the doctors instructions.
- Care workers must be appropriately trained in the handling and use of medication, and have their competence assessed. All training should be documented for each worker.
- Ensure that staff are following up-to-date best practice, are fully aware of the home's systems for giving medication, know how to store and administer medicines safely and keep accurate medication records.
- The receipt, administration and disposal of controlled drugs must be clearly and accurately documented in the Controlled Drug Register.

This is in order to comply with:
SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

Timescale: 4 weeks from receipt of this report.

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 1 - Unsatisfactory

Statement 1

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

Service Strengths

Three residents and a professional visitor spoken with told us the care staff were pleasant and respectful.

Areas for improvement

The provider advised that the manager and the senior management team had resigned. The provider acknowledged that standards in the care service had dropped.

The provider was unable to provide Care Inspectorate with evidence to support this quality statement. A requirement is made (ref Quality Theme 1, Statement 1).

Grade awarded for this statement: 1 - Unsatisfactory

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

The staff were found to be friendly and offered residents choices in daily living.

Areas for improvement

We spoke with two care staff, a senior carer and a carer.

Staff told us they had no leadership or direction in daily practice. Staff told us that no staff meetings had taken place and they had not received supervision. A requirement is made.

Neither staff member had completed their induction training. We could not evidence that the staff group had received any recent training in infection prevention and control, moving & handling, nutrition, dementia, continence or care planning/record keeping. The senior had been employed 3 weeks and had not received training in the role of senior carer. Both staff confirmed they had responsibility for administration of medication but neither had undergone medication training.

No competency assessment had been carried out by the provider/management. Providing staff with appropriate training will help them to understand risks, put more effective care plans in place and promote people's welfare. A requirement and a recommendation are made.

Lack of training and monitoring of practice means that staff are not supported to provide safe and effective care. This puts the safety of residents and staff at risk.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 2

Number of recommendations: 1

Requirements

1. The provider must ensure that all staff working in the care service receive regular supervision. This process should provide opportunity for the management and employee to discuss any matters of concern, review work performance against agreed objectives and review the employees personal learning and development plan.

   This is in order to comply with:
   SSI 2011/110 Regulation 4(1)(a) - Welfare of users and Regulation 15 (a)(b) - Staffing.

   Timescale: 4 weeks from receipt of this report.
2. The provider must ensure that staff are appropriately trained in the work they are to perform. This includes training in; fire safety, moving & handling, infection control, continence management, nutrition & hydration, dementia, person centred care, medication management, care planning and record keeping.

   This is in order to comply with:
   SSI 2011/110 Regulation 4(1)(a) - Welfare of users and Regulation 15 (a)(b) - Staffing.

   Timescale: 4 weeks from receipt of this report.

Recommendations

1. To ensure staff training needs are identified and they receive appropriate training to meet the needs of their job, the management should draw up and implement an annual training matrix.

   National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 1 - Unsatisfactory

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 inspectors could not find any evidence to support this statement on the day of inspection but the provider subsequently forwarded questionnaires which had been completed by 2 relatives and 11staff.

Areas for improvement

The provider was unable to provide Care Inspectorate with adequate evidence to support this quality statement. A requirement is made (ref Quality Theme 1, Statement 1).

Grade awarded for this statement: 1 - Unsatisfactory

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 inspectors could not find any evidence and the provider was unable to provide any evidence to support this statement.

Areas for improvement

The inspectors identified and the service provider acknowledged that there were no quality assurance measures being carried out at this time. A requirement is made.

During the inspection we observed a fire exit was blocked by a lounge chair. We brought this to the staff and provider's attention and ensured the chair was removed and the exit clear of hazards. A requirement is made.

Grade awarded for this statement: 1 - Unsatisfactory

Number of requirements: 2

Number of recommendations: 0

Requirements

1. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure robust organisational structures are in place, which are regularly reviewed to promote safe and effective delivery of care.

   This is in order to comply with:
   SSI 2011/110 Regulation 3 - Principles and Regulation 4(1)(a) - Welfare of users.

   Timescale: 4 weeks from receipt of this report.
2. The provider must make proper provision for the health, welfare and safety of service users. In order to achieve this the provider must ensure there is adequate means of escape in the event of fire. Fire escape routes must be clearly marked, clearly lit and accessible at all times.

   This is in order to comply with;
   SSI 2011/110 Regulation 4(1)(a) - Welfare of users.

   Fire (Scotland) Act 2005 as amended and the Fire Safety (Scotland) Regulations 2006.

4 Other information

Complaints

There has been one complaint about the service partially upheld since the commencement of SCSWIS on1 April 2011.

You can find information about complaints that have been upheld or partially upheld on our website www.scswis.com

Enforcements

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

Additional Information

Not applicable.

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 - 1 - Unsatisfactory	
Statement 1	1 - Unsatisfactory
Statement 3	1 - Unsatisfactory
Quality of Environment - Not Assessed	
Quality of Staffing - 1 - Unsatisfactory	
Statement 1	1 - Unsatisfactory
Statement 3	1 - Unsatisfactory
Quality of Management and Leadership - 1 - Unsatisfactory	
Statement 1	1 - Unsatisfactory
Statement 4	1 - Unsatisfactory

6 Inspection and grading history

Date	Type	Gradings	
27 Apr 2011	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good Not Assessed 4 - Good 5 - Very Good
26 Oct 2010	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 3 - Adequate 4 - Good
5 May 2010	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
15 Jan 2010	Unannounced	Care and support Environment	4 - Good 3 - Adequate

		Staffing Management and Leadership	3 - Adequate 3 - Adequate
27 Sep 2009	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed 3 - Adequate
27 May 2009	Announced	Care and support Environment Staffing Management and Leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
26 Nov 2008	Unannounced	Care and support Environment Staffing Management and Leadership	Not Assessed Not Assessed Not Assessed 3 - Adequate
12 Jun 2008	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good

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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本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.

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