

Care service inspection report

Kirkton House

Care Home Service Adults

Auchinraith Road

Blantyre

Glasgow

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Inspected by: Morag McHaffie

Beth Lynagh

Type of inspection: Unannounced

Inspection completed on: 17 June 2014



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Service provided by:

South Lanarkshire Council

Service provider number:

SP2003003481

Care service number:

CS2003001337

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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	5	Very Good
Quality of Environment	5	Very Good
Quality of Staffing	4	Good
Quality of Management and Leadership	4	Good

What the service does well

The care home offers a homely atmosphere where the residents are positively encouraged to live as independent a life as possible.

People who used the service and their visitors all seemed very happy in the surroundings. All residents are encouraged to stay active and go out for fresh air as often as possible. Residents were sitting or walking in the garden and enjoying the good weather. Residents also walk up to the newsagents and local shops to purchase their own personal items or have a meal out.

What the service could do better

The management, leadership and staff group continue to develop their team work approach and ensure meaningful outcomes for each person who uses the service is at the core of care delivery at Kirkton House.

What the service has done since the last inspection

The provider has appointed a permanent manager for the care service and there have been some staff movement but the residents and visitors spoken to during the inspection or who had returned a questionnaire indicated that these changes had been positive.

The service has sustained the three distinct units with their own staff group which is

also having a positive outcome for all residents and their families as knowledge and communication continues to improve.

Conclusion

We observed that the provider has almost completed the recruitment process to fill all vacancies at Kirkton House with appropriately skilled staff to meet the needs of the people who use the service.

Overall the provider, along with the manager and staff has worked hard to achieve improved standards within the home since the last inspection. This work is recognised in the outcome grades for the statements inspected against.

Who did this inspection

Morag McHaffie

Beth Lynagh

1 About the service we inspected

Kirkton House is conveniently situated for public transport routes and is within walking distance of local shops and community amenities in the Blantyre area of South Lanarkshire.

The property is owned by South Lanarkshire Council and registered by the Care Inspectorate in April 2011.

The Care Home offers accommodation in a purpose-built facility all on one level. The building is accessible directly from the driveway to the automatic front door and secure interior door.

The grounds are well maintained and offer a secure garden area for people to sit in or look out onto depending on the weather and season. Service users have access to garden furniture to sit outside.

The care home offers accommodation in single bedrooms with partial en-suite facilities. Kirkton House does not have the facility to offer double occupancy when appropriate and requested.

People who use the service have access to a number of communal toilets and shared bathing facilities.

There is a choice of lounges and dining rooms to sit in with company or quiet rooms should that be the service user's choice. At all times people are offered the choice to dine in the privacy of their own bedrooms. The public areas are used for social activities or arts and crafts and reminiscence events.

For those persons who smoke there is a designated room.

The care service is registered for 30 persons and on the day of the inspection the service had no vacancies.

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

Quality of Care and Support - Grade 5 - Very Good

Quality of Environment - Grade 5 - Very Good

Quality of Staffing - Grade 4 - Good

Quality of Management and Leadership - Grade 4 - Good

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.careinspectorate.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

We wrote this report following an unannounced inspection visit by two Inspectors. The inspection took place on Monday and Tuesday 16 and 17 June 2014. Feedback was given to the manager, enhanced senior social care worker and two senior social care workers on 17 June 2014, 15:35 - 16:45.

The Care Standards Questionnaires were sent to the provider for distribution prior to the inspection.

Three (3) responses were received from people who use the service prior to writing this inspection report.

Fourteen (14) responses were received from relatives and carers prior to writing this inspection report.

Eight (8) responses were received from staff prior to writing this inspection report.

In this inspection, evidence was gathered from various sources, including the relevant sections of policies, procedures, records and other documents, including:

- Activities
- Accidents and Incident recording
- Complaints Log
- Minutes of Relatives, Service Users and Staff meetings
- Registration Certificate
- Insurance Certificate
- Service Users Care Plans
- Maintenance and Environmental Records
- Staff - Training; Supervision; Off Duty Rota
- Environment walk round
- Follow up previous regulatory outcome action plan

Formal and informal discussions took place with people relevant to Kirkton House:

- Manager
- Enhanced Senior Social Care Worker

- Senior Social Care Worker
- Three Care Staff
- Eight people who use the service
- One relative and friend
- Two Health Professionals

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

The provider and management must develop and implement procedures that ensure the registered service and their staff complete the six monthly review of individual's personal plan as per the legislation.

This is to comply with: SSI 2011/210 Regulation 5(2) - Personal Plans

Timescale for improvement: To be completed within 3 months of publication of this report.

What the service did to meet the requirement

The care service has developed a spreadsheet with dates for the completion of the reviews.

There is a link Social Worker who will visit monthly to complete individuals care plan review.

The registered manager is aware that it is the responsibility of the service to ensure that care plan reviews take place within six months. They will invite all interested parties, minutes taken and the meeting will be held within the timescale.

The requirement is: Met - Outwith Timescales

The requirement

The provider must ensure that the training plan contents are linked to the needs identified by all staff groups to meet the specific needs of service users living in Kirkton House as well as the corporate requirements to meet the providers aims and objectives. Individual staff training plans could be more specific about when training had taken place and the evaluation of the course by the attendee, its relevance to their roles and responsibilities and their competency levels to implement the training received.

This is order to comply with: SSI 2011/210 Regulation 15 - Staffing

Timescale: within eight weeks of publication of this report.

What the service did to meet the requirement

The provider and care service have an overview spreadsheet of training available and delivered and staff complete evaluation sheets.

Training needs are discussed during supervision meetings.

The requirement is: Met - Outwith Timescales

The requirement

The present staffing schedule for Kirkton House must be reviewed by the provider, taking account of the outcome of their selected dependency assessment tool, to ensure that staffing levels and skill mix are adjusted to meet the needs of the people who reside there. Any staff delegated the responsibility to record the dependency of a resident must have an understanding of the dependency tool, the information it gives and they are required to record in order to provide an accurate score. The provider must ensure that there is;

- * Adequate staff time allocated to the provision and/or support of people who use this service to ensure their safety and wellbeing and enable engagement in a range of activities.

- * Individual records for all service users are maintained of four weekly assessments of physical, social, psychological and recreational needs and choices as to how they will deliver their care.

- * In respect of the delivery of the service keep a record of the assessment that identifies the minimum staffing levels and deployment of staff on each shift over a four week period. This will take into account aggregated information of the physical, social, psychological and recreational needs and choices in relation to the delivery of care for all individuals over the 24 hour period, also taking into consideration the physical layout of the building, staffing and supervision needs.

This is in order to comply with SSI 2011/210 Regulation 4 Welfare of Service users and Regulation 15 (a) Staffing.

Timescales for implementation; to commence upon receipt of this report and be completed within eight weeks of publication of this report

What the service did to meet the requirement

The provider has appointed a new manager and senior staff group.

There are still a small number of vacancies at Kirkton House which recruitment is well underway.

There has been an increase in staff numbers at all grades.

There has been a positive outcome for people who use the service through their wishes being met and an increase in outings to the community locally and further afield are taking place.

The requirement is: Met - Outwith Timescales

The requirement

The provider must ensure the implementation and outcomes of their quality assurance system and processes provide positive outcomes for the day-to-day lives of people who use the service. This is in order to comply with SSI 2011/210 Regulation 4 Welfare of Service users and Regulation 15 (a) Staffing. Timescales for implementation; to commence upon receipt of this report and be completed within eight weeks of publication of this report

What the service did to meet the requirement

The manager and senior staff, who have been delegated the responsibility to complete audits and reviews, have collated the data and provided staff with support and education to reduce risk and improve outcomes for people who use the service. They continue to run the care service as three very specific units with their own staff group to improve outcomes for people who use the service through improved knowledge and person centred care.

The requirement is: Met - Outwith Timescales

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.

We received a fully completed self assessment document from the service provider. The service provider had completed this with information relevant to Kirkton House and each of the headings that we grade them under.

Taking the views of people using the care service into account

During the inspection we spoke informally to a number of residents who were sitting in the garden enjoying the sunshine and having a cool drink. We also spoke briefly to the gentlemen who were sitting in the foyer and some ladies in the dining room and main lounge.

Prior to writing this report three (3) completed Care Inspectorate Satisfaction

Questionnaires were received from people who use the service

Question 29 - Overall, I am happy with the quality of care I received at this home.

Agree = 100%

The following quotes were written in the CI satisfaction questionnaire:

"I feel that sometimes other residents don't speak to me and engage in conversation"

"I find the home very comfortable. My bedroom is always kept clean"

"I feel safe in the home, although I am quite an anxious person and find it difficult to sleep. I find most of the staff approachable"

"I am very grateful for the care and support given sometimes under difficult circumstances"

Taking carers' views into account

One relative was spoken to during the inspection visit.

Prior to writing this report fourteen (14) completed Care Inspectorate Satisfaction Questionnaires were received from relatives and carers of people who use the service

Question 29 - Overall, I am happy with the quality of care I received at this home.

Strongly Agree = 42.85%

Agree = 57.14%

The following quote was written in the CI satisfaction questionnaire:

"The confidence it gives to know a loved one is so well cared for is beyond words"

Where further comments were included in a number of returned questionnaires of a personalised matter they have not been published in this report but were discussed with the care home manager. The manager would continue their dialogue with residents and carers to resolve any issues or concerns and has an open door policy to ensure accessibility to all parties.

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: 5 - Very 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

At this inspection, we found that the performance of the service had sustained their grade of very good for this statement.

The care service has provided evidence and we observed that people who use the service and their relatives and friends had had a number of new opportunities to improve facilities to their daily living.

There was a recently installed snack and drinks area situated between the main lounge and the popular foyer seating area. Serve yourself is available all day to residents and their visitors and was observed to be well used.

The residents had participated in the creation of a "Wish Tree" and there was evidence of "wishes", in word and picture format, that had already been granted. The Wish tree reflected personalised requests e.g. going to buy books, McDonalds, Costa Coffee. The signs with these details had also been dated and initialled when actioned. A wish diary had a resume of the day how it went and comments from the service users about the events for example two ladies thoroughly enjoyed their visit to the Spa for treatments and lunch. They have already planned their next visit for later in 2014. "Back to the Future - Glasgow" involved residents and staff taking a drive round areas of Glasgow that had a significance in their life. The outcome of the tour was that although it was enjoyed by all the impact of the changes seen in some parts of Glasgow did make some residents a little melancholy.

Although the care home has always been beautifully decorated the residents have been consulted regarding the choice of new wallpaper for the main lounge and the

dining room. There are also plans for upgrading of two bathrooms and improvements to the lighting. There was photographic evidence of a resident examining the floor plan for future refurbishment and development plan.

Residents were recently invited to participate in the interview process as part of the recruitment of new social care staff for the care service. Feedback from one of the residents who took part "enjoyed the experience and felt it was very professional". The gentleman concerned had retired from a management position and enjoyed putting his transferable skills to use.

There was evidence that resident's views are also sought regarding their keyworker and other staff members as part of the employees Professional Development interviews. The documentation to aid the consultation process has pictures to aid the resident to identify the individual staff member they are discussing.

Throughout the two inspection days the people who use the service were keen to ask questions and engage with the Inspectors. They also complete the regulator and providers surveys and questionnaires and contribute to the completion of the services self-assessment form.

Quotes from providers "Your Views on Our Service":

Six (6) residents and their carers "Great, fantastic night"

"Really great - he (entertainer) seemed to know just the songs to sing - a great night for us all"

"My relative had a great stay (respite) didn't want to leave. Staff great"

"Came for a look round for care for my relative. Staff made me so welcome; got brochure for Kirkton and spoke to L and D"

We saw the Newsletter which keeps all residents up to date with forthcoming events in the home and in the community. The care service has its own "Hairdressing Room" and is presently seeking a "Barber" to offer hairdressing services for the male residents.

The service kept an Activity Folder to evidence the wide variety of events organised in the home and out in the community, such as Amazonia, Falkirk Wheel, Clyde Valley Gardens and especially the younger generations who visit from local schools to share their learning and skills. The hanging baskets and recently planted garden area had been completed by six residents with the support of a member of staff. There was photographic evidence of the buffet presented to celebrate a residents 100th birthday.

There was great excitement within the home regarding the forthcoming visit to the local community of the Queen's Baton and the celebrations surrounding that plus other events focusing on the Commonwealth Games.

With electoral matters taking place in Spring and Autumn 2014 the residents have been given the option to attend the polling station in person or make use of a postal vote.

The service offers a small number of respite places and at the time of the inspection there were two residents there for a set period of time but are fully integrated into the daily activities and life of the care service. The service makes use of an information pack for those prospective respite residents and their carer.

The provider has policies and procedures and advertises a number such as Complaints and Whistleblowing. The care home has a brochure for prospective residents and to aid their decision making process although prospective residents are also positively encouraged to make a visit to aid their decision.

Thank You letters and cards from people who use the service, their relatives and friends and comments and feedback are kept in the book found at the reception desk.

Minutes of meetings were in place for residents, relatives and staff which take place on a regular basis and involve the staff including the catering and laundry staff. The feedback from these meetings influences such things as the dining times and the menu content to try and suit all tastes.

Areas for improvement

The care home still lacked visible signage, such as for direction to public spaces or foyer, to meet needs of the people who use the service and may have visual or cognitive impairment. The service is directed to the Dementia Standards and training for best practice Dementia - Promoting Excellence, and other publications such as "Remember I'm Me" and "Making Every Moment Count".

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

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

Service strengths

The care service has continued to evidence the improvements and positive outcomes for the people who use the service that the new care team have created in the limited time they have been working together and building an ethos of teamwork and use of their individual skills and expertise. Staff members have access to a number of publications, policies and procedures and receive training to support their roles and responsibilities. The duty rota recorded that minimum numbers per shift were 4/4 and other days the service increased staffing numbers to enable outings or participation in community events or inhouse activities. This work is recognised in the grade for this statement.

Residents were well presented and comfortable in their surroundings and with the staff who were supporting them with their daily life.

During the inspection we observed that staff had lovely interaction with the residents. They ensured that foods and fluids and snacks were offered including fruit and vegetables and were available around the clock from the snack table and kitchen. Residents were encouraged to keep fit and move either through exercise for example use of the bump balls and the service users clearly enjoyed this. Service users accessed the enclosed garden to benefit from the fresh air and warm sunshine, to sit or to walk along the pathways with supervision and independently. Other residents were being supported discretely to meet their individual needs. People spoken to were all very positive about how staff supported their health and wellbeing.

We sampled residents care plans, risk assessments and medication records and found them to be person centred and informative.

The care service provides a treatment room and medication trolley for the storage and administration of medication by appropriately trained and competent staff. As well as internal medication audits and appropriate training for staff the Pharmacist also completed medication review for service users. There was evidence advising this review process was to be done, why and name of pharmacist doing it.

The T-MARS sheets were reviewed and satisfactory information was recorded. We observed that the T-MARS were not made reference to on main MARs recording sheets. The provider has a policy and procedure for self- medication and there was an assessment of ability to self-medicate for all service users in the files.

The temporary chef had access to nutrition folder and other publications and details of the individual's nutritional needs. The food was very good, well presented and the overall dining experience was enjoyed by the residents. Individuals' choices of where

to dine were also met including staying in the lounge to watch the lunchtime programmes.

The GP spoken to during the inspection and other healthcare professional feedback were very positive about communication between Kirkton House and themselves to protect the welfare of the residents.

Areas for improvement

The service had identified senior staff to be "champions" for specific topics, for example medication audit or care planning. As the "champion" is not yet embedded it was difficult to assess the impact and positive outcomes for people who use the service.

We observed several issues with regards to medication recording:

- * income/outgoing and balances of prescribed medication
- * notation of entries or lack of signatures on entries
- * when refused or destroyed or "F - asleep" not in every case was there a record that the individual had been reoffered medication at another time
- * when administering "as required" medication such as Paracetamol there should be a record whether one or two tablets were administered and may also want to note the effect
- * the individuals medication list and dosage does not clearly inform staff reasons for usage and any side effects

The care plans sampled at this inspection could have had more space between the lines to permit staff to write about "How I feel about staff assisting me" or "self-care ability". We observed that where care plans required the signature of the resident or their advocate this was not always in place. There were a considerable number of blank sheets in the individuals care plan and in other areas there could have been more information on the individual's capacity, likes and choices for their personal care. The risk assessment completed and in the care plan is of a generic nature rather than person centred and topic specific. For example stressed and distressed behaviour, the triggers and how to divert or support the individual during these periods written in a clear and informative care plan to support staff.

The Anticipatory Care Plans located in the care plans sampled were blank or partially completed.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 2: Quality of Environment

Grade awarded for this theme: 5 - Very 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

At this inspection we found the performance of the service was very good under this quality statement.

Please see quality statement 1.1 for further information.

Areas for improvement

Please see quality statement 1.1 for further information.

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

Kirkton House has sustained their grades of very good for this statement since the previous inspection.

The care service has a secure door entry system and this is controlled by the staff to offer access to visitors. The visitors are also asked to sign the visitors' book for security and fire safety purposes.

The receptionists desk and managers office are also accessible from the foyer.

The care home has a high standard of furniture and fittings and is beautifully decorated to offer a comfortable and homely environment.

The bedrooms offer partial en-suite facilities and a number were personalised by the resident and their family. We observed that the bedroom doors were numbered, had a relevant picture and name of the individual on all the doors.

There are three named corridors with their own named staff group and we observed First Aid boxes in all corridors.

The internal garden area was secure and offered facilities for residents to access unsupervised. The gardens are kept by the residents and the service provider with flowers and hard landscaping. There was seating and parasols in the garden to protect the residents from direct sunshine. We observed that those using the garden were encouraged to use their sun hats and take plenty of fluids. Staff confirmed that the provider has a policy and procedure for the use of sun-screen.

Laundry staff has access to the drying green to hang out washing and some residents assist with this activity.

We observed risk assessments for environmental issues - car park, repairs and maintenance, emergency lighting checks, fire extinguishers, smoke and heat detectors, inspection of fans and extractors.

Range of environmental checks e.g. water checks, calibration, fire, risk assessments, hoists are completed and the maintenance book was completed by the Maintenance Operative.

Kirkton House is located in the middle of the community and has direct links via bus, train and motorway, to the wider community. The care service has car parking to the

front of the building and on street parking at the rear of the property for visitors and emergency vehicles.

Areas for improvement

During our walk round of the care home we observed a bedroom and some corridor lights were not on or operational which could cause shadows and compromise residents who have visual impairment.

A number of shared bathrooms were observed to be requiring of repairs.

The service has a refurbishment plan in place and the provider's property manager has already made a site visit to assess the repair and refurbishment requirements for this care home. The care service did not have a clear timescale for the completion of the refurbishment plan.

The content of the maintenance book is signed by the designated person when the repair is completed but it does not provide a date to provide a timescale taken to complete the matter and audit the process.

Grade awarded for this statement: 5 - Very Good

Number of requirements: 0

Number of recommendations: 0

Quality Theme 3: Quality of Staffing

Grade awarded for this theme: 4 - Good

Statement 1

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

Service Strengths

At this inspection we found the performance of the service was very good under this quality statement.

Please see quality statement 1.1 for further information.

Areas for improvement

Please see quality statement 1.1 for further information.

Grade awarded for this statement: 5 - Very Good

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

At this inspection we found the service had sustained their grade of good under this quality statement.

The provider has almost completed their recruitment drive for staff and filled all vacancies at Kirkton House.

We observed a new staff team who were engaged, professional in their duties, motivated and knowledgeable of the residents they care and support. In the course of the inspection we interviewed and spoke informally to a number of staff who were enthusiastic in their job and had vision for the future.

Staff were observed to have time and enthusiasm to engage with and spend time talking with service users outwith formal and planned activities.

The service have a training spreadsheet which highlights staff have access to planned courses covering topics such as Induction, Mandatory and Specialised content. The courses accessed by staff are delivered by internal and external agencies and attendees are invited to complete an evaluation form at the end of each event for quality control purposes.

There was evidence that specific staff complete an appropriate training course and a competency to manage and administer Medication (CMAM) sheets for staff is reviewed twice a year. The competency checklist involves 13 questions with yes/no responses. There was a statement saying that staff failing to meet criteria would not be permitted to administer medication and would be given further opportunity to study the policy and procedures before being reassessed.

Since the last inspection a number of staff have attended one or all of the following courses:

- Sexual and Emotional Abuse
- REHIS Food Hygiene Induction
- Social Care Induction
- Moving and Assistance
- Falls Prevention
- Covert Medication
- Emergency First Aid at work
- Continence Aids
- Anticipatory Care Plan

There was evidence of certificates held by the Champions for Anticipatory Care Plan, Falls, Activities consultation and participation and other topics.

Each staff member has a personal training file to retain evidence of continuous development for registration purposes with the Scottish Social Services Council inclusive of the individuals 6 monthly reviews, supervision and personal development meetings.

There was evidence and copies of agenda, minutes and action plan for each of the meetings attended by all roles and responsibilities of staff and management in-house and with the provider.

To aid communication the organisation publishes and circulates a staff newsletter.

Areas for improvement

There was a lack of consistency with record keeping in some of the CMAM sheets where answers given by some members of staff are recorded on the back and the rest do not. (See recommendation 1)

Further to receiving training there was no clear record that this service reviews the competency of staff to implement their training, for example Moving and Assistance course and we observed an inappropriate underarm support being used to assist a resident to change position. (See recommendation 1)

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. The provider should ensure that all care staff implement the policies and procedures and training received in a manner that protects at all times the people who use the service.

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

Quality Theme 4: Quality of Management and Leadership

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 management and leadership of the service.

Service strengths

At this inspection we found the performance of the service was good under this quality statement.

Please see quality statement 1.1 for further information.

Areas for improvement

Please see quality statement 1.1 for further information.

Grade awarded for this statement: 4 - Good

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

Since the last inspection the provider has appointed a new manager and senior staff group at Kirkton House.

During the inspection we spoke to the manager and her management team. A number of senior members of staff have been delegated duties which mean they will have specific focus as "champion" for topics care planning, falls and medication through the monthly audit process.

The care service is inspected by other regulators such as Environmental Health and Scotland Fire and Rescue Services and the care service management team and some other departments complete monthly audits for the service and generate action plans as and when necessary to reduce risk:

- * Accidents and Incidents
- * Complaints and Compliments
- * Fire Safety
- * Maintenance
- * Water Temperature

We spoke with a general practitioner who visited twice a week. He felt that staff did well to recognise ailments and when it was necessary to make appointments or to give assistance at times of dying and death. He and his colleagues at this specific practice had no concerns about healthcare and welfare of any of the residents.

Other members of the local Primary Healthcare Team and District Nurse Service and Care Home Liaison team support the residents and care staff.

The provider makes use of the recognised dependency scoring tool Isaac and Neville to calculate the assessed needs and dependency of each individual who resides in the care home and the outcome scores influenced the overall staffing level at Kirkton House and could also be used to influence the staffing levels on the floor per shift in any 24 hour period.

To protect the health and welfare of residents and visitors to Kirkton House the care service has an Emergency Evacuation Plan clearly identifying a place of safety and each resident has a personal evacuation needs plan which is inclusive of a photograph.

There was evidence that the residents had assisted the care service with the completion of the Self-Assessment document which is returned to the regulator to

record what the service feels they have done well, recent developments and any areas for further improvement.

Kirkton House has a staff newsletter to keep everyone informed of new staff members, staff participation in the completion of the Self- Assessment document, future training and focus on risk assessment tools used by the care service. There is also a staff suggestion box.

Residents and their advocates participate in the assessment and review of their own care plan, invited to attend meetings, surveys and questionnaires and the provider also uses "secret shopper" as part of their quality assurance processes.

Communication between the provider and the staff takes place through

- * core briefing
- * Newsletter
- * supervision and annual personal development meeting
- * staff group and team meetings

Since the last inspection the manager and staff have attended Older Peoples Management Development Day, provided feedback and developed an action plan to assist the provider with the continuing development of services.

South Lanarkshire Council policies and procedures are accessible to all stakeholders in written and electronic format and include areas such as self- medication and complaints.

Areas for improvement

We observed that the outcome and progress of information gathered from the completion of audits could be more robust, for example:

- * Where the falls audit highlighted an individual having a number of falls in a month there was a lack of evidence that the data directed staff to update the individuals fall's risk assessment and mobility or falls care plan.
- * The care plans sampled showed that not all plans had been regularly updated such as activities and dependencies; signed by either the resident or their advocate and recording of the individual's weight was not consistently in pounds or kilograms.
- * The medication audit highlighted that staff did not always meet the provider's policy and procedure, such as discrepancies of calculating the balance of tablets or failing to sign the medication record sheet or notations on the medication record sheet. The care service used the audit results to improve the competency of employees by raising the matter with staff during their supervision meeting

The care service had a link social worker who visited monthly to aid the review process but for reasons out with the control of Kirkton House this has not been taking

place and a small number of planned "social work" reviews have not taken place within the legislative timescales. The registered care service was fully aware that it was their duty to meet the legislation on behalf of the provider. The care service has created a spreadsheet which should ensure that care plan reviews go ahead within the six month window regardless of who can be in attendance.

The provider's refurbishment plan for Kirkton House is not yet fully completed and will be reviewed at the next inspection.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

4 Other information

Complaints

The outcome of the investigation of one (1) complaint since the last inspection was not upheld

Enforcements

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

Additional Information

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 the Care Inspectorate re-grading a Quality Statement within the Quality of Management and Leadership Theme (or for childminders, Quality of Staffing Theme) as unsatisfactory (1). This will result in the Quality Theme being re-graded as unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 5 - Very Good	
Statement 1	5 - Very Good
Statement 3	5 - Very Good
Quality of Environment - 5 - Very Good	
Statement 1	5 - Very Good
Statement 2	5 - Very Good
Quality of Staffing - 4 - Good	
Statement 1	5 - Very Good
Statement 3	4 - Good
Quality of Management and Leadership - 4 - Good	
Statement 1	4 - Good
Statement 4	4 - Good

6 Inspection and grading history

Date	Type	Gradings
17 Dec 2013	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 3 - Adequate
10 Jul 2013	Unannounced	Care and support 4 - Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 3 - Adequate
23 Jan 2013	Unannounced	Care and support 3 - Adequate Environment Not Assessed Staffing 3 - Adequate Management and Leadership Not Assessed

Inspection report continued

24 Oct 2012	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate
24 Oct 2012	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 3 - Adequate Management and Leadership 3 - Adequate
20 Mar 2012	Unannounced	Care and support 4 - Good Environment Not Assessed Staffing 4 - Good Management and Leadership Not Assessed
31 Jan 2011	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing Not Assessed Management and Leadership Not Assessed
3 Nov 2010	Announced	Care and support 4 - Good Environment 4 - Good Staffing Not Assessed Management and Leadership Not Assessed
1 Feb 2010	Unannounced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership Not Assessed
11 Aug 2009	Announced	Care and support 5 - Very Good Environment 5 - Very Good Staffing 4 - Good Management and Leadership 5 - Very Good
26 Jan 2009	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

Inspection report continued

24 Jun 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	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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ہے بایں تسد یم ونابز رگی د روا ولکش رگی د رپ شرازگ تعاشا ہی

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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