

Care service inspection report

Follow-up inspection

Whitehills Care Home Care Home Service

Scholar's Gate
Whitehills
East Kilbride
Glasgow

Service provided by: Thistle Healthcare Limited

Service provider number: SP2003002348

Care service number: CS2003046475

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

1 About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 01 April 2011.

2 How we inspected this service

We wrote this report following an unannounced follow up inspection that was carried out as a Test of Change. Details on Test of Change can be found in our publication entitled Excellence in Care. What this meant was that this second inspection focused on requirements made at the first inspection. This was to allow us to track improvement and gain assurance that the right changes were being made.

In addition we received one complaint. This was in relation to staffing arrangements in terms of what part of the care home staff would work within. We therefore chose to consider care provided generally through the inspection process. We make specific comment on complaints under the additional findings heading of this report.

This inspection was carried out by two Inspectors from the National Complaints Team on Thursday 29 October 2015 between 10.30hrs and 15.00hrs. The purpose of the inspection was to check the care home's progress with the outstanding requirement and the recommendations we made at our last full inspection. In addition we included details of an anonymous complaint we received which was looked at within this inspection.

The lead Inspector gave feedback to the Manager and Project Manager at the end of the inspection that day.

During this inspection process, we gathered evidence from various sources including the following:

- Relatives' meetings
- Residents' meetings
- Care records (assessments, care plans and daily records)
- Medication records

- Dependency assessments and staff rotas
- The environment and equipment
- Staff training
- Staff rotas
- Staff meetings
- Audits, reports and action plans.

We also observed how staff cared for residents during the inspection visit.

3 Taking the views of people using the service into account

We spoke with four residents during this inspection who commented positively about the care they were receiving, and how staff treated them. One resident commented about the food and said that there could be a bit more variety.

4 Taking carers' views into account

We spoke with four family members during our visit. Some of the comments were:

"Staff are excellent, we couldn't ask for any better"

"Staff keep us informed about dad's health and notify us with any concerns"

"The staff are good at their job and pay attention to detail"

"The menu tends to be a bit repetitive at times, and could be looked at"

"We are happy with dad's care and our mother is still able to come and see him every day"

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

Previous requirements

1. The Provider must ensure that the home is staffed as agreed in the existing staffing schedule.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a) Welfare of users.

Timescales: Within one week upon receipt of this report.

This requirement was made on 02 June 2015

We fully checked the situation within the care home during our visit.

We found that the Provider completed an electronic tool that calculated how many staff would be needed to support residents. It was acknowledged that despite having this in place, management found difficulty over the past few months to respond to covering staff sickness, and filling vacancies.

In discussion with management we were informed that there were occasions when staffing numbers were lower than the minimum requirements. In the main this was because of staff phoning in sick and no cover available.

The Provider has submitted a variation to the Care Inspectorate in terms of looking at changes that could be considered within the skill mix that may assist to alleviate some of the difficulties. In addition there is ongoing recruitment being undertaken. This requirement will remain in place and we will assess the situation further at our next full inspection.

Not Met

2. The Provider must ensure that care plans clearly direct staff on the care and support to be provided to all those living in the service. In order to achieve this the Provider shall:

- Identify those staff who require to record care and support planning to an improved standard.**
- Provide such training to those staff to ensure appropriate detailing of care plans to direct staff on the care and support to be provided to each service user.**
- Ensure that where a care need is identified that an appropriate plan is put in place to support the individual to address this.**
- Where risk assessments are completed ensure that these are regularly reviewed and updated as needed.**
- Reviews must be carried out in line with legal guidance and content and outcome of review documentation must be improved.**

This is in order to comply with SSI 2011/210 Regulation 4(1)(a) - welfare of service users Regulation 5 - Personal plans and Regulation 15(b) - Staffing

Timescale for implementation: one month from receipt of this report.

This requirement was made on 02 June 2015

The care home was in the process of changing over to new care plan documentation, therefore there was still some work to do, in terms of making sure that all care plans were updated.

During the inspection we looked at care plans for residents who required increased support. We found that the care home still had to make sure that there was enough detail in place that provided staff with enough guidance on how to support residents.

We discussed this with the Home Manager and external management and showed some examples where this could improve. It is fair to say that the care home are progressing well to meet the requirement, however we will keep it in place and check at our next full inspection.

Not Met

3. The Service Provider must ensure the health and welfare of residents by ensuring safe administration and recording of medicines. To do this they must ensure that:

- Medication is given in a manner that allows the resident to get the intended benefit of the medicine.
- Where a regular medicine is not given as prescribed a reason for this must be clearly annotated on the Medicines Administration Recording [MAR] chart.
- When staff are required to make hand written entries in the records this must include dates, signatures and the person who prescribed its instructions.
- Where a "when required" medicine is given (e.g. to manage an emotional or mental health need or pain) the service should ensure that the reason for use and outcome are recorded. 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 2011/210 Regulation 4 (1)(c) - a requirement to ensure that no-one is subject to restraint unless it is the only practicable means of securing the welfare of that or any other resident, and SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents.

This requirement was made on 02 June 2015

Management were increasing audits relating to medication management, assisted by nursing staff. We sampled medication records across the home, and although there were some improvements made in terms of recording, we did evidence some areas of practice that required to improve. We provided the Manager and External Manager with examples that related to:

- Handwritten entries not legible
- Absence of signatures on some records
- Absence of times in giving medicines on some records
- Warfarin record for a resident not signed, completed and not witnessed
- Pain management not always informing of effectiveness.

This requirement will remain in place and we will assess the situation further at our next full inspection.

Not Met

4. The Provider must ensure that where an individual is unable to use the emergency call system that appropriate arrangement are put in place to ensure that person's safety and care needs are met.

This must be clearly documented and reviewed as necessary. 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

Timescale for implementation: 48hrs from receipt of this report.

This requirement was made on 02 June 2015

Management were of the opinion that this matter had been resolved in terms of making sure residents had access to the nurse call system, or alternative arrangements. However during our inspection we provided management with examples of three residents that were unable to reach the buzzer system, with no evidence of an alternative solution. This requirement will remain in place and we will assess the situation further at our next full inspection.

Not Met

5. The Service Provider must ensure that a robust and thorough recruitment and selection processes is in place. In order to achieve this they must:

- Ensure that new staff members are PVG scheme members before taking up employment.**
- For those who are already PVG scheme members, then a scheme update must be obtained prior to employment within the care service.**
- Ensure all references are returned prior to appointment.**

This is in order to comply with SSI 2011/210 Regulation 13(a) - a requirement that a provider shall ensure that at all times suitably qualified and competent persons are working in the care service.

Timescale for implementation: Within one week of the receipt of this report.

This requirement was made on 02 June 2015

We checked staff files for new employees since the last inspection. We found that practice had improved significantly. However we noted that there was an absence of start dates, and contracts of employment within the file.

We also noted that some references received were different to the referees detailed on the application form. PVG information was held separately however the reference number should be cross referenced to the employment file for audit purposes.

The requirement will remain in place however we are confident that with some minor changes, this will be met when we undertake our next inspection.

Not Met

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

Previous recommendations

1. The service need to develop ways in which it can engage other service users and carers who do not attend the residents/relative meetings/forums.

National Care Standards: Care Homes for Older People Standard 11 Expressing Your View (repeat recommendation)

This recommendation was made on 02 June 2015

Independent chairperson for resident/relatives meetings. In addition they were now implementing pictorial questionnaires for residents to give their opinions about care provided. In discussion with the Manager it was agreed that this was still work in progress, therefore we will look at this again when we undertake our next inspection.

2. The Service Provider should ensure medicines are managed according to recognised best practice. To do this they should ensure that all handwritten entries on MAR charts should be signed and dated by person making the change, and referenced to indicate where the handwritten information was obtained, or the authority for any change of dose.

National Care Standards Care Homes for Older People Standard 5 Management and Leadership and Standard 15 Keeping well - medication.

This recommendation was made on 02 June 2015

Please refer to our findings within requirement 3, which explains current progress. This recommendation will remain in place and we will look at progress within our next inspection.

3. The Service Provider should review the deployment of staff in the mornings taking account of staff breaks to ensure there are sufficient staff available to respond to the needs of residents.

National Care Standards, Care homes for older people, Standard 5: Management and staffing arrangements.

This recommendation was made on 02 June 2015

We noted that the deployment of staff at break times was now being coordinated better to ensure that there was enough staff around to provide support for residents. We are satisfied that this recommendation has now been met.

4. Service Users should be confident that staff will treat them politely at all times and respect their individuality by offering them choice and respecting their wishes.

National Care Standards Care Homes for Older People Standard 10 - Exercising your rights.

This recommendation was made on 02 June 2015

During our inspection we found that staff treated residents with respect, and offered choice in relation to their care needs. Family members also told us that staff caring, polite and treated residents with dignity. We are satisfied that this recommendation has been met.

5. The service should further develop the planned refurbishment programme taking in to account the above detail. Staff should also undertake a detailed walk round of the accommodation to identify any other areas that require work.

National Care Standards Care Homes for Older People Standard 4 Your Environment and Standard 9 Feeling safe and secure (repeat recommendation)

This recommendation was made on 02 June 2015

The care home had a refurbishment plan in place, which we observed had commenced. However it was evident that this was work in progress and much work was still required. We spoke with the Manager regarding some concerns we had about odours and cleanliness in some areas that required response.

We were given the assurances that this would be given a priority. We will keep this recommendation in place and check on progress at our next inspection.

6. The service should consider having an independent chair for service users meetings to make sure that these meetings are impartial and that people feel comfortable raising any issues or concerns that they may have. The service should ensure that it can show that it continually discusses this with all relevant parties.

National Care Standards Care Homes for Older People Standard 11: Expressing Your Views.

This recommendation was made on 02 June 2015

The care home had now identified an independent chairperson for residents / relatives meetings. However the first meeting was due to take place, therefore we will keep this recommendation in place and check on progress within our next full inspection.

7 Complaints

Since the last inspection two complaints have been made. As described in the introduction they were considered in this inspection process.

8 Enforcements

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

9 Additional Information

The complaint that was followed up in this inspection was;

a. The complaint concerns matters relating to staffing arrangements.

The anonymous complaint which was in the form of a letter made reference to staff being moved from one part of the home to another part. The contents of the complaint letter was insufficiently legible, therefore we were unable to establish why this was having an impact on service delivery. We did look at staffing numbers within the care home as a result of a previous requirement being made. We have reported on this under requirement one in terms of what progress has been made.

Based on evidence this complaint is not upheld on the basis that the anonymous complainant only states about staff being moved around the home, and does not make reference to the care home being short staffed.

10 Inspection and grading history

Date	Type	Gradings	
2 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and Leadership	3 - Adequate
17 Jun 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
27 Jun 2013	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	5 - Very Good
7 Sep 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and Leadership	4 - Good
26 Jul 2011	Unannounced	Care and support	4 - Good
		Environment	Not Assessed
		Staffing	Not Assessed
		Management and Leadership	4 - Good
6 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	5 - Very Good
		Staffing	Not Assessed
		Management and Leadership	Not Assessed
22 Jul 2010	Announced	Care and support	5 - Very Good

		Environment Staffing Management and Leadership	5 - Very Good Not Assessed Not Assessed
18 Jan 2010	Unannounced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
13 Aug 2009	Announced	Care and support Environment Staffing Management and Leadership	5 - Very Good 4 - Good 4 - Good 4 - Good
6 Jan 2009	Unannounced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good
1 Oct 2008	Announced	Care and support Environment Staffing Management and Leadership	4 - Good 4 - Good 4 - Good 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is c?nain eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

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.