Inspection report

Alexander Scott's Hospital Eventide Home
Care Home Service
Gladstone Road
HUNTLY AB54 8BD

Inspected by: Lesley Williams
(Care Commission Officer)
Type of inspection: Unannounced
Inspection completed on: 17 February 2006
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<td>Care Commission Officer</td>
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<tr>
<td>Rose Street</td>
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Introduction
Alexander Scott’s Hospital Eventide Home is situated near the centre of town and registered to provide residential care to a maximum of 40 older people.

The service is managed by a day to day Matron and at an organisational level by a Board of Trustees.

Basis of Report
This report was written following an unannounced inspection by two Care Commission Officers and the Pharmacy Adviser to the Care Commission. The inspection took place on 17 February 2006.

The follow-up inspection focused on the recommendation made at the last inspection in April 2005, the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 Scottish Statutory Instrument 114, supported by the National Care Standards - Care Homes for Older People.

During the visit, the methods of inspection included observation of practice, viewing of the premises used for the provision of the service and examination of pertinent records, policies and procedures. Discussion was undertaken with the Manager and five members of staff. Three Service Users were spoken with during the inspection.

Formal feedback on the outcomes of the inspection were given to the Manager at the end of the inspection.

The Care Commission’s Pharmacy Advisor collected the evidence and wrote the report in relation to the administration of medication in the service.

Action taken on requirements in last Inspection Report
Five requirements and eight recommendations were made at the last inspection. The action taken by the service to meet these requirements is discussed in the body of this report.

Comments on Self-Evaluation
Not applicable to this inspection.

View of Service Users
The Service Users spoken with stated they found staff pleasant, friendly and helpful. They were aware of who their key workers were and what they did for them. One Service User stated “she is always there if I need her”. All Service Users commented on the very good food and stated they always were given a choice of menu. They found Matron to be approachable, friendly and helpful.

View of Carers
No relatives were spoken with during this inspection.
Regulations / Principles

Regulation 4: SSI 114 Regulation 4 (1) Welfare of Users

Strengths

At the last inspection a requirement was made of the Provider to ensure it had an appropriate policy and procedure in place which detailed the conditions under which restraint can be used. The Provider sent a detailed policy to the Care Commission which reflected best practice guidance. The implementation of the policy will be examined at the next inspection. All fire checks were carried out and evidence was available to confirm this.

Areas for Development

No other areas for development were identified at this inspection.

Regulation 5: SSI 114 Regulation 5 (2) Personal Plans

Strengths

Areas for Development

At the last inspection a requirement was made of the Provider to develop a system of personal planning to meet the needs of Service Users. The Manager had sourced a document which the service had begun to implement. Examination of five personal plans showed that the document contained a comprehensive range of assessment tools which were not always resulting in a detailed plan of care for each Service User. Effective use of the assessment tools and understanding of the implications of the results require training from someone fully versed in their daily application into practice. It was also observed that a file containing daily notes of all Service Users was kept separately to the personal plan. Information pertaining to each individual Service User should be kept together and information from the daily notes should also inform the detailed plan of care which outlines how the service will meet the needs of each Service User. When further developing the personal planning system, consideration must be given to confidentiality of information and the legal nature of each Service User’s record. A further requirement has been made in relation to personal planning.

Regulation 21: SSI 114 Regulation 21 Notification of Death, Illness and Other Events

Strengths

Areas for Development
Examination of accident records and personnel files showed that the Provider was not always notifying the Care Commission of serious accidents that involved Service Users living in the home. A requirement has been made in respect of this (Requirement 5).

**National Care Standards**

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

**Strengths**

An informative brochure is available and given to all prospective Service Users. The service provides a mini bus service and free newspapers in the communal areas and arranges access to a number of other services which Service Users have to pay for.

**Areas for Development**

The Manager agreed to make it clear in information given out to prospective Service Users what is included in the weekly fee and what services are charged for.

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

**Strengths**

The Manager agreed to review the process used to ensure that charges made to Service Users for services such as hairdressing and aromatherapy are appropriately receipted. A system for hairdressing was found to be in place and the Manager agreed to develop a similar process for the aromatherapy service.

At the last inspection a recommendation was made of the Provider to ensure that staff files contained evidence that the recruitment process met best practice guidance. Examination of the personnel files of two new employees showed that appropriate references and Disclosure Scotland checks were in place.

At the last inspection a recommendation was made of the Provider to develop an annual training plan in consultation with staff which reflects the needs of Service Users. Whilst there was not written evidence available the Manager demonstrated that a range of training took place over the year which was added to as new needs arose. The Manager stated that a new training record was to be introduced and a sample was examined.

**Areas for Development**

An area for development identified at the last inspection was access to SVQ training. The Manager stated that she had tried a number of training agencies, but is experiencing difficulty identifying a training provider. This will be looked at again at the next inspection.

Examination of financial recording systems identified that the recording of receipts needs to
be further tightened in order to make auditing a much easier and effective process. A recommendation has been made in respect of this issue.

Whilst the two personnel files examined contained the appropriate checks no application form or interview notes were available on file. The Manager stated it was not their practice to get potential staff to fill in application forms. The need for application forms and the keeping of interview notes was discussed in detail with the Manager and they agreed to discuss these two issues with the Board of Trustees. Recruitment practices will be looked at again at the next inspection to see if progress has been made in this area.

The new training record format provided an excellent framework for induction and ongoing training and its implementation will be followed up at the next inspection.

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

**Strengths**

A recommendation was made at the last inspection for the Provider to develop procedures which clearly define the role of the key worker. Examination of the minutes of staff meetings identified that the role had been discussed in detail. Discussion with Service Users also indicated that they had a clear idea about the role of the key worker and new who their own key workers were. The Manager agreed to develop a short policy statement to reflect the work that had been carried out to meet this recommendation.

**Areas for Development**

No further areas of development were identified at this inspection.

**National Care Standard Number 15: Care Homes for Older People - Keeping Well - Medication**

**Strengths**

Evidence from this standard was gathered by Alison Rees, Pharmacy Adviser. The inspection focussed on follow up of the concerns about medicines management which had been identified on previous inspections.

In August 2005 the home introduced a single recording system for medicines (pre-printed MAR - Medicines administration recording sheets). The new recording system was produced from the pharmacy computer and was based on the instruction given to the pharmacy on the NHS prescription form, for example if the prescription form stated that the dose was to be "One or Two to be taken in the morning when required" it had to be assumed that this was the prescribers instruction. The Manager stated that she liked the new recording system and that it had reduced her workload.
A medicines management development session for staff was planned for March 2006. The Manager did not know the content of the course at the time of the inspection.

The Manager informed the officer that there had been no medication errors since the previous inspection.

Creams, ointments and preparations for external application were now securely stored.

The Manager and two senior members of staff were included in discussions about the medication system.

**Areas for Development**

The Manager did not demonstrate an improvement in her knowledge/experience of the different types of medication management systems used within the care home sector.

The service was still operating the two trolley system to administer medicines on the upper and lower floors. The home was holding supplies of some medicines for Service Users in three different locations. It was difficult to audit stocks and excessive stocks holding can result in waste when a dose is changed or a medicine discontinued. The present pharmacist facilitated this multiple system as an additional service and goodwill gesture by splitting prescribed quantities into aliquots.

The senior staff could still not explain how situations where only one dedicated supply was received, for example antibiotics were handled with the two trolley system.

Medicines administration continued to be focussed around the dining room at set times.

Although a new medication recording system had been put in place there were still gaps in the recording and records which did not reflect the prescribers instruction for example, apply twice a day, but only recorded as applied once per day. There were examples of the records being amended which were not dated, did not indicate who made the change or the reference to the prescribers instruction. Copies of twelve medication records were taken and the specific issues, errors etc found on them will be highlighted to the Trustees and Manager under separate cover. Amendments to records such as dosage instructions were not referenced to a formal direction from the prescriber. The home was still not keeping copies of the NHS Prescription form as evidence of the prescribers instructions and authority to administer.

Should the content of these records examined accurately reflect the medicines which had been administered or applied then there was significant risk that to the health and wellbeing of Service Users as the instructions of the GP’s did not appear to be carried out.

There was no evidence to suggest that there was regular review of medication to communicate to the pharmacy when time limited treatments were discontinued so that they could be removed form future pharmacy produced medication records. Medicines were being prescribed in doses such as "one or two", "10 or 20ml", items prescribed for "when required" were being administered regularly. There was no evidence of action taken by staff to alert the prescriber of this for clarification and the recording system did not reflect the dose given.

The medication procedures are still dated as being last updated in March 2005. They do not give staff details of the record keeping standards required, how to handle changes, reduced
doses etc.

The three requirements and four recommendations made at the last inspection will remain in place and a focused inspection will take place to examine progress made in these areas.
Enforcement
No enforcement action has been taken against this service by the Care Commission.

Other Information
An issue relating to the Fire Alarm System has been referred to the Fire Safety Officer for his attention. The Provider must address concerns raised by the maintenance company in relation to the Fire Alarm System and notify the Care Commission of the action taken.

Requirements
1. The Provider must further develop its system of personal planning to ensure that each Service User’s health and welfare needs are identified and that a detailed plan is in place detailing how the service will meet each need. In order to achieve this, the Manager must:

   (i) Ensure that staff receive training in the use of assessment tools and the development of detailed plans to meet identified health and welfare needs.
   (ii) Ensure that staff receive training in risk assessment and management and are able to apply this knowledge into day to day practice in consultation with Service Users and their representatives where appropriate.
   (iii) Review the documentation used to record care information about Service Users to ensure that all documentation about each Service User is kept in such a manner to preserve confidentiality.

This is in order to comply with:
SSI 2002/114 Regulation 5 – prepare a written plan (“the personal plan”) which sets out how the Service User’s health and welfare needs are to be met.

The following National Care Standards have been taken into account in making this requirement.

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

National Care Standards: Care Homes for Older People, Standard 6: Support arrangements.

Timescale for implementation: Sixteen weeks from the publication of this report.

2. The Manager must develop knowledge of current medication management systems available for use within care homes.

In order to achieve this, the Provider must ensure that services visited and/or advice obtained is based on current best practice and relevant legislation.

This is in order to comply with:
SSI 2002/114 Regulation 7(2)(d) - a requirement that a person who does not have the qualifications, skills and experience necessary for managing a care service is not fit to act as manager in relation to a care service.

Timescale for implementation: A further 8 weeks from the publication of this report.
3. Medication must be managed in a manner that protects the health and wellbeing of Service Users.

In order to achieve this, the service must:
- ensure that all medication is administered as per the instructions of the person authorised to prescribe and product specific instruction, for example 30 to 60 minutes before food, at regular intervals
- change the medicines management procedures, train staff accordingly and document this training.
- maintain a complete and accurate record of all prescribed medicines, entering, administered and leaving the home
- maintain a complete and accurate record of all medicines entering or leaving the home where the service has responsibility for storage but are administered by external healthcare professionals.
- ensure there are clear and accurate records detailing instances when medication is used for the symptomatic treatment of restless or agitated behaviour.

This is in order to comply with:
SSI 2002/114 Regulation 4(1)(a) - a requirement to make proper provision for health and welfare of Service Users
SSI 2002/114 Regulation 19(3)(j) – a requirement to keep a record of medicines kept on the premises for Service Users
SSI 2002/114 Regulation 4(1)(c) - use of restraint

Timescale for implementation: A further 8 weeks from the publication of this report.

4. The medicines management system implemented within the care home must be flexible and responsive to the needs of Service User’s.

In order to achieve this the service must:
- ensure that a safe procedure is in place to administer medicines when the Service User is not available or in a specific location to take a medicine at a set time
- ensure that all medicines are administered in a way that respects the privacy and dignity of each Service User
- ensure the system is not limited by the services provided by a specific healthcare professional
- ensure that all medicines are administered by staff who have the qualification, skills and experience necessary to perform the task

This is in order to comply with:
SSI 2002/114 Regulation 4(1)(a) - a requirement to make proper provision for health and welfare of Service Users
SSI 2002/114 Regulation 4(1)(b) - a requirement to respect the privacy and dignity of Service Users
SSI 2002/114 Regulation 4(2) - a requirement to make such arrangements as are necessary for the provision to Service Users of adequate services from any health care professional (health care professional includes "a registered pharmacist" as defined in section 108(1) if the National Health Services (Scotland) Act 1978[2].)
SSI 2002/114 Regulation 9(2)(b) - a requirement that a person who does not have the qualifications, skills and experience necessary for the work they are to perform is not fit perform the task
Timescale for implementation: A further 8 weeks from the publication of this report.

5. The medication policies and procedures must reflect the medicines management system used within the home. This should include comprehensive details of ordering, storing, administering and disposal of medicines, record keeping procedures, documentation etc and be based on current best practice, for example - The administration and control of medicines in care homes and children's services (RPSGB 2003), Guidelines for Records and Record keeping (Nursing & Midwifery Council 2002).

This is in order to comply with:
SSI 2002/114 Regulation 4(1)(a) - a requirement to make proper provision for health and welfare of Service Users.

Timescale for implementation: 12 weeks from the publication of this report.

6. The medicine recording system must provide an accurate current record of all medicines ordered, taken or not taken, transferred out of the service and be referenced to the prescriber’s written authority to administer.

This is in order to comply with:
SSI 2002/114 Regulation 4(1)(a) - a requirement to make proper provision for health and welfare of Service Users.

Timescale for implementation: 4 weeks from the publication of this report.

7. The Manager must ensure there is regular review of Service Users medication to alert the prescriber of regarding discontinuation of treatment limited medicines, for example topical steroids, antibacterials, dressings.

This is in order to comply with:
SSI 2002/114 Regulation 4(1)(a) - a requirement to make proper provision for health and welfare of Service Users.

Timescale for implementation: 4 weeks from the publication of this report.

8. The Provider must ensure that it notifies the Care Commission of any serious injury to a Service User or any allegations of misconduct by any person who is employed by the service.

This is in order to comply with:
SSI 2002/114 Regulation 21 – give notice to the Commission without delay of any serious injury to a Service User, any theft or accident, or any allegation of misconduct by the provider or any person who is employed in the care service.

The following National Care Standards have been taken into account in making this requirement.

National Care Standards: Care Homes for Older People, Standard 5: Management and staffing arrangements.
National Care Standards: Care Homes for Older People, Standard 9: Feeling safe and secure.
Recommendations
1. The Provider to further develop its financial recording to ensure that auditing can effectively take place. National Care Standard 5 – Management and staffing arrangements.

2. In order to utilise the full functionality of the MAR chart, the home should consider moving to a 28 day synchronised repeat prescription cycle
National Care Standards: Care Homes for Older People, Standard 15.9 Keeping well – Medication. 2.

Lesley Williams
Care Commission Officer