

Inchinnan Care Home Care Home Service

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Type of inspection:
Unannounced

Completed on:
8 June 2022

Service provided by:
LittleInch Ltd

Service provider number:
SP2003002227

Service no:
CS2003010211

About the service

Inchinnan Care Home is registered to provide a care home service for up to 43 older people with dementia and younger people with a physical disability. The provider is LittleInch Ltd.

The home is located in the village of Inchinnan and has 40 single rooms and one double room, all with en-suite facilities. There were 30 residents living in the home during our inspection, all in single occupancy.

Accommodation is all on the ground level with a central, enclosed garden. A separate dining room and lounge areas are provided for residents. There are regular transport links to local towns and Glasgow.

The home aims, 'To provide the highest quality of care to residents at all times by making you feel safe, secure and cared for by registered nurses and care assistants together with support staff working together as a dedicated team'.

About the inspection

This was a follow up inspection which took place on 8 June 2022 between 7:30am and 4:30pm. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with two people using the service
- spoke with eight staff including management
- observed practice and daily life
- reviewed documents.

As this was a follow up inspection looking at requirements made at the last inspection, we did not gather views from relatives or visiting professionals.

This report should be read in conjunction with our inspection report dated 14 March 2022. The service was not re-evaluated at this inspection.

Key messages

- Medication management had improved, but more focus is needed on 'as required' medications.
- Maintenance checks are being carried out and a plan is in place for remaining checks to be completed.
- Further improvement is needed in personal plans, daily notes and recording of food and fluids.
- Infection, prevention and control practice needs further improvement to align with current guidance.
- Staff training and induction needs more focus.
- Some improvement has been made to the environment, but the service improvement plan needs realistic timescales to ensure all work is carried out.
- Locked door policy must be addressed.

How well do we support people's wellbeing?

This inspection looked at previous requirements which had been made at the last inspection. Details of our findings in relation to these requirements are set out later in this report. One of the requirements in relation to medication management had been met, however practice relating to as required medication administration could be improved further. People benefit from as required medication as long as it is effective. Staff had not consistently recorded the outcome of as required medication that had been given, to determine it had a positive effect.

Protocols were in place for most as required medications. However, protocols for some medications used for stress and distress could be enhanced further. This would support staff with decision making and ensure people benefitted from a consistent approach. This would also ensure people received as required medications as a last resort (area for improvement 1).

Areas for improvement

1. To support people's wellbeing the manager should ensure as required medication is given appropriately and is effective. This should include, but not limited to, staff to record the outcome of all as required medications given and develop a detailed protocol for all medications used for people experiencing stress and distress.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 29 May 2022, the provider must ensure that each person's care plan and daily recording reflects their current individual care and support needs.

To do this, the provider must, at a minimum ensure:

- a) Documentation is sufficiently detailed and reflects the care planned or provided.
- b) Care plans must be evaluated to ensure the care and support remains effective.
- c) Any changes to care plans should be clearly documented, not only recorded in the evaluation.
- d) All new residents have a personal plan completed within 28 days.
- e) Processes should ensure all personal plans are reviewed at a six-month interval or if a significant change in need occurs.
- f) Care plans and daily recording is outcome focused, and written in a person-centred manner, taking account of all the needs of residents, not just health concerns.
- g) Records for personal care and food and fluid recording are accurate and are completed in a timely manner.

This is to comply with Regulation 5 (1) and (2) (b) (ii) and (iii) (Personal Plans) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This requirement was made on 14 March 2022.

Action taken on previous requirement

Staff had spent time updating some personal plans and the information contained in the rewritten plans was sufficiently detailed. Risk assessments were used to inform personal plans to ensure practice was linked to best practice. However, not all plans reflected the risk assessments accurately. While parts of the personal plans had been updated there were still gaps in some areas, this included new residents.

Evaluations had been completed each month, however some lacked detail. Evaluations should be meaningful and reflect how effective the personal plan has been to support positive outcomes for each resident.

We were unable to determine how many reviews were outstanding. We suggested a planner is put in place to help staff arrange reviews in a timely manner.

Daily recording lacked detail and was task orientated. Further improvement is needed to ensure daily recording reflects how people spend their day.

We highlighted concern to the manager about the recording of food and fluids at breakfast time. Although we observed residents receiving food and fluids, staff were completing what had been given, and not what had been taken. Recording charts had been incorporated into the personal plan and were completed during the shift, but not always at meal times. We suggested that food and fluid charts are kept separately to ensure staff complete these at the point of service.

The service has invested in a new electronic care planning system. Due to ongoing staffing pressures they have not yet transferred to this new system.

While we have seen some improvement, based on our findings, not enough progress had been made on this requirement. We have extended the timescale for this requirement to the 22 July 2022.

Not met

Requirement 2

By 1 May 2022, the provider must ensure people receive medications safely to maintain their health and wellbeing.

To do this, the provider must, at a minimum ensure:

- a) Medication administration and practice is in line with 'Guidance about medication personal plans, review, monitoring and record keeping in residential care services (Care Inspectorate, 2012) and 'Professional guidance on the safe and secure handling of medicines (Royal Pharmaceutical Society, December 2018).
- b) Any missed doses of medication are explained within daily notes and any actions taken, such as escalation to the G.P are followed up and documented.
- c) Hand-written prescriptions are clear, transcribed correctly and include two signatures.
- d) Homely remedy medication protocols indicate which medications have been agreed by the prescriber.
- e) All as required medications have a clear protocol in place.
- f) Actions from quality audits are followed up, documented and communicated clearly with all staff who administer medication.
- g) Any discrepancies, including carried forward medication at the end of the cycle, are clearly documented and explained.
- h) Staff who administer medication have received training on how to administer medications safely and have their competency regularly assessed.

This is to comply with Regulation 4 (1) (a) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24). 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 14 March 2022.

Action taken on previous requirement

Medication administration records had improved and were completed to an expected standard. Hand-written prescriptions were also clearly transcribed.

Missed medications had been followed up with the pharmacy, however we suggested the service liaise with GP's about the timing of some medications. This would mean people who go to bed early, would not miss medications as they are sleeping.

Most homely remedy forms had been reissued to GP's to complete. The forms were now clearer for staff to know which medications had been agreed. We suggested to staff that if information remained incomplete, it should be further reviewed before including in the medication record.

As required medications were being administered safely, however we felt further improvement was needed and have made an area for improvement (see wellbeing section).

A medication audit was completed as part of the overall quality assurance process within the home. Due to further changes in the management team, further audits had not taken place. However, staff practice had improved as a result of the audit and ongoing support.

The medication change over had been completed to a better standard and there was a clear audit trail of medications. This meant any discrepancies were accounted for and ensured medications were ordered appropriately to prevent overstock.

Staff had completed training and most staff had received a competency observation. The manager had further competencies planned to ensure all staff had the opportunity to reflect on their practice.

From our findings, sufficient improvement had been made to meet this requirement.

Met - within timescales

Requirement 3

By 1 May 2022, the provider must ensure people are kept safe and live in an environment that is well maintained and meets their needs.

To do this, the provider must, at a minimum:

- a) Develop an environmental improvement plan that addresses key areas including:
 - i. Heating system is fully functioning and radiators are replaced.
 - ii. Dining room is painted and decorated.
 - iii. Provide a rolling programme of redecoration for the service including corridors, handrails and bedrooms.
 - iv. Outside areas are free from clutter and fencing is in good repair.
- b) Complete the Kings Fund Audit 'Is your care home dementia friendly?' to ensure the environment is supportive of people living with dementia and actions are incorporated in the improvement plan.
- c) The locked door policy is reviewed to ensure potential restraint is risk assessed in line with 'Rights, risks and limits to freedom' (Mental Welfare Commission, 2013).
- d) Maintenance checks are planned, completed and recorded in line with HSE guidance 'Health and safety in care homes' (2nd Edition, 2014).

This is to comply with Regulations 4 (1) (a) (c) (Welfare of users) and 10 (1) (2) (a) (b) (c) and (d) (Fitness of premises) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My environment is secure and safe' (HSCS 5.17). 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (5.19). 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

This requirement was made on 14 March 2022.

Action taken on previous requirement

An environmental improvement plan had been developed but it did not give timescales for the painting work planned to be completed. The heating system was now fully functioning and there was a consistent temperature throughout the home during our inspection. The dining room had not been painted as work had been planned to fix the roof area above the dining room. The enclosed garden area looked cluttered and was not welcoming.

The Kings Fund audit had been completed but actions had not yet been incorporated into the overall service improvement plan. To ensure the findings of the audit are implemented we suggested this was included in the plan with realistic timescales.

Although reassurance had been given the locked door policy had been reviewed we found this was still included in personal plans. During our environmental walk-round a number of bedroom doors were still locked. We asked the manager to address this and ensure staff were following instructions.

Maintenance checks were now well managed and the records were clear and up-to-date. External contractors were in the service during the inspection carrying out electrical checks.

While we have seen some improvement, based on our findings, not enough progress had been made on this requirement. We have extended the timescale for this requirement to the 22 July 2022.

Not met

Requirement 4

By 1 May 2022, the provider must ensure infection, prevention and control procedures support staff in their practice to reduce the transmission of infections, including Covid-19.

To do this, the provider must, at a minimum ensure:

- a) All staff have opportunity to have their practice in relation to infection prevention and control measures properly evaluated and recorded. This must include evaluation of staff practice in hand hygiene and the use and disposal of Personal Protective Equipment (PPE).
- b) Staff use alcohol-based hand rub (ABHR) or wash their hands between each resident contact.
- c) All linen is handled and sorted in line with ARHAI Scotland guidance 'Safe Management of Linen: Standard Infection Prevention & Control and Transmission Based Infection Control Precautions' (September 2020).
- d) Lounge chairs are clean and free from cross infection.
- e) Clinical waste, including PPE is disposed of in a manner that prevents cross contamination i.e. with a foot operated bin.
- f) Pillows and duvets are renewed if stained or no longer fit for purpose.

This is to comply with Regulation 4 (1) (a) and (d) (Welfare of users) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 14 March 2022.

Action taken on previous requirement

Staff practice had been observed but we highlighted that whoever is carrying out the observations should be sufficiently trained. The use of alcohol-based hand rub (ABHR) was not consistent and we raised this with the manager.

Aspects of linen management had improved, but there was still some risk as linen was not being sorted at the point of source. The laundry staff needed to be able to access the guidance in a suitable format.

Lounge chairs had been cleaned and we found these to be clean and fresh with no staining or odours.

Further improvement was needed in the management of clinical waste around the disposal of PPE in people's bedrooms. Foot operated bins were being used for general waste, but not clinical waste.

The head housekeeper had undertaken a full inventory of bedding. New pillows and duvets had been purchased and were now in use.

While we have seen some improvement, based on our findings, not enough progress had been made on this requirement. We have extended the timescale for this requirement to the 22 July 2022.

Not met

Requirement 5

By 16 May 2022, the provider must ensure all staff are provided with appropriate resources and training to allow them to develop skills to undertake their role safely.

To do this, the provider must, at a minimum:

- a) Ensure all staff are trained in infection prevention and control measures in relation to Covid-19; taking account of Scottish Guidance 'Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum (launched 29 Nov 2021).
- b) Accurate records of staff training are in place and up to date.
- c) On commencing employment staff must receive an appropriate induction. This must include training in the following areas: moving and positioning, adult protection, health and safety, fire safety and food hygiene.
- d) Staff have access to complete mandatory eLearning in line with company training policy.
- e) A staff contingency plan is in place which addresses the processes to follow in a staffing emergency or crisis.
- f) Ensure that there is a plan in place to provide staff with training that is appropriate to the needs of people with a diagnosis of dementia in line with 'Promoting Excellence 2021: A framework for all health and social services staff working with people with dementia, their families and carers' (NES).

This is to comply with Regulations 4 (1) (b) (Welfare of users) and 15 (a) and (b) (i) (Staffing) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This requirement was made on 14 March 2022.

Action taken on previous requirement

Staff now had access to a laptop to allow them to complete eLearning. Staff training records were in place, but there were still gaps in training, including infection, prevention and control training. Some staff needed to be given a password to allow them to access the laptop. Day staff found it difficult to get time away from their duties to complete training as there had been ongoing challenges with staff recruitment. Although new staff had been recruited they had not completed training and were working in the service without having undertaken an appropriate induction.

A contingency plan was now in place which meant staff were supported in the event of a crisis or unplanned event.

Dementia awareness training was included in the eLearning training which some staff had completed. The manager had not yet planned further dementia training to ensure staff were skilled at the appropriate level to support the needs of people with a diagnosis of dementia.

While we have seen some improvement, based on our findings, insufficient progress had been made on this requirement. We have extended the timescale for this requirement to the 22 July 2022.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The provider should set up a clear, robust and regular auditing process for infection prevention and control.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My environment is secure and safe' (HSCS 5.19) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 16 May 2020.

Action taken since then

This area for improvement was not looked at during this inspection.

Previous area for improvement 2

The activity programme provided should be appropriate for each resident despite their health and wellbeing needs. The programme should promote the choices and aspirations of each resident. Resident involvement in activities should be recorded in an outcome focused way so that it is evident if the activity was a success for the resident.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 26 August 2019.

Action taken since then

This area for improvement was not looked at during this inspection.

Previous area for improvement 3

Quality assurance systems and processes and communication needed to improve within the home. They should be utilised to improve staff practice and promote better outcomes for residents.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I benefit from a culture of continuous improvement, with the organisation having a robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 26 August 2019.

Action taken since then

This area for improvement was not looked at during this inspection.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

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