

Centenary House Care Home Service

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COATBRIDGE
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Telephone: 01236441114

Type of inspection:
Unannounced

Completed on:
18 October 2023

Service provided by:
Rossa Home Care Ltd

Service provider number:
SP2022000076

Service no:
CS2022000111

About the service

Centenary House is a care home for older people. The provider is Rossa Home Care Ltd.

The home is registered to provide care and support for 28 people. There were 19 people living there at the time of our inspection.

The home is over two levels with lift access. There are lounge and dining areas on both floors.

Two bedrooms have en-suite facilities, however there is an agreed action plan with the Care Inspectorate to carry out work to provide an en-suite facility in each bedroom.

Some areas of the home require updating and this work is also part of the action plan agreed with the Care Inspectorate.

About the inspection

Following an inspection on 11 July 2023 we were concerned about risks to people's health and wellbeing. We issued an Improvement Notice under section 62 of the Public Services Reform (Scotland) Act 2010 on 12 July 2023. The improvement notice contained three required improvements.

The first required the provider, by 24 July 2023, to ensure that there were sufficient qualified and competent staff in place to meet the support needs of people. At our monitoring visits, between 9 August and 30 August, we saw the provider had improved the staffing levels and recruited additional staff. This requirement was met.

The remaining two requirements in the improvement notice are summarised below:

- By 28 August 2023, the provider must ensure people experience a service which is well led and managed and leads to better outcomes for people.
- By 28 August 2023, the provider must ensure all personal plans, risk assessments and related recordings are accurate with sufficient detail on people's needs to guide staff.

A complaint investigation, on 21 June 2023, resulted in a requirement on medication management, summarised below:

- By 16 August 2023, the provider must ensure that all aspects of medication is managed in ways that protect the health and wellbeing of people.

On 30 August 2023, we carried out an unannounced inspection to evaluate if these three remaining requirements had been met. As we could see improvements we agreed to extend the timescales of the two outstanding requirements from the improvement notice to 9 October. The requirement from the upheld complaint around medication had timescales extended to 27 September.

This follow up visit on 9 October 2023 was to assess the progress of the remaining two requirements from the improvement notice and the medication management requirement from the upheld complaint.

During our inspection we interviewed the manager and staff and reviewed written and electronic records and systems.

We found improvements to the medication management were sufficient to meet the requirement. However although we could see progress on the remaining two requirements the improvements were insufficient to fully meet them. We have agreed to extend the timescales for these two requirements to 4 December 2023.

Please see 'what the service has done to meet any requirements from or since the last inspection' for more detail.

Key messages

- the manager continued to work to meet the requirements
- the medication management requirement had been met
- progress had been made towards meeting the two outstanding requirements
- audits were now being completed but a lack of action plans meant there was no evidence audits had led to improvements
- care plan information had improved but the quality was inconsistent across the staff team completing them
- risk assessments were not being updated to reflect guidance provided by health professionals

How well do we support people's wellbeing?

The requirement around medication management had been met however we made an area for improvement. People should be confident that staff administering medication are skilled and knowledgeable. The lack of training and assessment of staff administering medications meant there was no evidence staff were competent to carry out this task.

Please see 'what the service has done to meet to meet requirements made at or since the last inspection' for more detail.

Areas for improvement

1. To ensure staff administering medications are competent the provider should provide appropriate training and assessment.

This is to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states '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.'

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

Requirements

Requirement 1

By 28 August 2023 extended to 9 October 2023, you must ensure that people experiencing care experience a service which is well led and managed and which results in better outcomes for them through a culture of continuous improvement, underpinned by robust and transparent quality assurance processes. This must include but is not limited to:-

- (a) Ensuring appropriate and effective leadership of the service;
- (b) Ensuring that people experiencing care have their assessed care and support needs monitored, managed, and met; and
- (c) Implementing effective action planning to address areas of required improvement that are identified by quality assurance processes. These should include appropriate timescales for completion and review of action to be undertaken, and ensuring staff are accountable for and carry out required remedial actions.

This is in order to comply with Regulation 3 and Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210. This requirement was made on 12 July 2023.

This requirement was made on 12 July 2023.

Action taken on previous requirement

A list of audits to be completed had been developed. This included a variety of audits such as care plans, daily charts and activities. We sampled completed audits and could see if issues were identified actions to be taken were noted. However it was unclear if the actions had been done as there was no individual action plan developed.

We noted some of the issues were repeated each month which meant the audits had not led to improvements.

We also noted some audits were not dated or signed by the person who had completed them.

There was now an action plan to pull together some of the improvements needed across the home. Whilst this clearly showed actions to be taken, who was responsible for taking the actions and within identified timescales very few were signed off as completed despite timescales being passed. This did not provide evidence actions and improvements were progressing or had been met. We would expect the plan to be reviewed when timescales were reached and if not met reasons noted and timescales extended. This would ensure continual review and evaluation which are vital to improve people's experiences of care.

The timescale to meet this requirement has been extended to 4 December 2023.

Not met

Requirement 2

By 28 August 2023 extended to 9 October 2023, you must promote the health, welfare and safety of people experiencing care by ensuring that all personal plans, risk assessments and related recording tools are accurate and contain sufficient detail to inform staff of people's individual social, emotional and physical support needs in all aspects of daily living and that these needs are appropriately met. This must include but is not limited to ensuring that:

- (a) Recording accurately reflects the current health, social and emotional care needs, preferences and abilities of each person experiencing care and the support required to meet those needs;
- (b) Records accurately reflect any identified risks to the health of people experiencing care and includes an assessment of these risks and the steps that are to be taken to reduce and/or mitigate the identified risks;
- (c) Records reflect the effectiveness of the implementation of the care required by people experiencing care as set out in their personal plans and other recording tools and this information is used to inform review; and

(d) Regular reviews of personal plans, risk assessments and related recording tools are carried out at least once in every six month period, and more often when there is a significant change in the health, welfare or safety needs of people experiencing care and that the records of people experiencing care are updated accordingly.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 12 July 2023.

This requirement was made on 12 July 2023.

Action taken on previous requirement

We sampled care plans and found inconsistencies in the level and quality of the information they contained. Some plans had good person centred information that provided a sense of the person, their life and history whilst some did not. The further development of care plans remained a work in progress.

Risk assessments were completed but were not routinely updated when someone's health deteriorated. An example was someone at high risk of falls who due to an increase in falls had input from a physiotherapist. The physiotherapist had provided detailed guidance around steps that could be taken to try to prevent more falls and any injuries. However this guidance had not been used to update this person's mobility plan despite a recent review.

People have food charts if there are concerns about weight loss and their food intake.

We sampled food charts and found some with only one or two entries across the day. This meant the service could not clearly evidence they were meeting people's nutritional needs. These charts provided essential information for dieticians and GPs who may be monitoring the person's health and wellbeing and must be fully completed.

When sampling care plans it was unclear the reasons for using a food chart. We would expect to see clear recordings of weight loss or health issues that meant the person was struggling to eat before a food chart was put in place but we did not.

The timescale to meet this requirement has been extended to 4 December 2023.

Not met

Requirement 3

By 16 August 2023 extended to 27 September 2023, in order to ensure positive outcomes for people experiencing support, the provider must ensure that medication is managed in a manner that protects the health and well-being of service users. This is a minimum and not limited to:

- a) A complete, accurate and consistent auditable record of all prescribed medication entering, administered or destroyed, and leaving the service;
- b) Store all medicines securely and in line with medicines legislation;
- c) Medication information sheets are available for each person in line with local protocols;
- d) As required protocols should detail the circumstances when as required medication should be administered in line with medical advice. This should also be reflected within people's care plans. Audits should be undertaken to ensure as required medication is being administered appropriately;

e) Staff are trained and knowledgeable in medication administration, storage and auditing process and this is reflective in their practice.

To be completed by 16 August 2023.

This is in order to comply with: Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice. Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

This requirement was made on 21 June 2023.

This requirement was made on 21 June 2023.

Action taken on previous requirement

We were reassured that there was now safer medication management systems in place to minimise risk. The manager had reviewed the way medication was ordered and received into the service. The manager had met with the pharmacy and had informed them of what required to be in place to ensure the safe return and delivery of medication to and from the care home. There had been discussions with registered nurses to ensure they were aware of how these systems were to be implemented and for an audit trail to be evident.

The manager had pursued the medical practice regarding prescription ordering to try to get a system in place whereby when medications were not required for that four week cycle then prescriptions were not generated and received. This will ensure that medications are not being received when they are not required and reduces the risk of over stocking.

There was now a system in place giving reasons as to when as required medication was to be given and how the effectiveness of this was assessed and monitored.

There was now a safe system in place to check and audit the controlled drugs which were held and received. Registered nurses had been given guidance with regards to their responsibility of ensure safe systems are in place.

Staff had yet to receive training and for their competencies to be assessed. We have made an area for improvement and this will be followed up at the next inspection.

The manager was currently reviewing and amending the medication policy to include local procedures which will provide guidance to staff.

The weekly and monthly medication audits continued to be undertaken; however, some did not have dates and signatures included.

This requirement has been met but we have made an area for improvement around staff training and assessment.

Met - within timescales

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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