



**YOU'RE NEVER  
TOO OLD**

Jean is inspiring  
residents at 79

PAGE 6

# carenews

SHARING YOUR INTEREST IN CARE

SUMMER 2017



# CULTURE CHANGE

TACKLING MEDICATION ERRORS

PAGE 12

Also inside

**NEW STANDARDS ● COMPLAINTS ● VACCINATIONS**

## In this issue

### 4 Shape new corporate plan

Public consultation launched to help define the future priorities of the Care Inspectorate



### 7 Tastes of the world

Care home residents enjoy dishes from across the globe



### 10 Bridging the gap

Auld Yins & Wee Yins build joyous relationships across the generations



### 12 Supporting good practice

Aberdeenshire Council changes the culture to reduce medicine administration errors



### 14 New complaint process

How the new process will support both complainants and care services



# Would you like to help?

## INSPECTION VOLUNTEERS

WOULD you like to get involved with our inspection work?

We are currently recruiting people with personal experience of care as inspection volunteers.

Inspection volunteers take part in our care inspections by talking with people who use services, their families, carers and friends to get their views. They also make their own observations during inspections.

Full training is given and inspection volunteers may also have the opportunity to contribute to other aspects of the Care Inspectorate's work.

### HOW YOU CAN GET INVOLVED

Tel: 0345 600 9527

Email: [getinvolved@careinspectorate.com](mailto:getinvolved@careinspectorate.com)

# Welcome

to the summer 2017 issue of *Care News*

Collaborative working is key to improving care in Scotland. The new Health and Social Care Standards are all about being rights-based and outcome-focused and will inform future Care Inspectorate inspections from next year where we will be asking services how they are improving experiences and outcomes for people in their care. Find out more on page three.

This issue of *Care News* features several stories where innovative practice and trying out new approaches with people experiencing care can really make a positive impact on people's health, wellbeing and happiness. Read how one Edinburgh-based group for adults with learning disabilities looked at a more accessible way to communicate their experiences of care – by creating their own soap opera – Corriendersdale.

Find out how one Arberglen Care Home employee inspires those who live there with her enthusiasm for life and living it to the full – at 79.

Sometimes it's about trying something different. As one care home in Fraserburgh discovered when they took their residents on a delicious food tour of the world – in a bid to reignite their interest in food, have fun with it and eat more.

Let us know what you think of *Care News*. You can email [communicationsteam@careinspectorate.com](mailto:communicationsteam@careinspectorate.com) to tell us your views or to suggest stories you'd like to see next time.

I hope you enjoy *Care News*.

**Sarah Wilkie**  
Editor



## Main offices

### DUNDEE (HQ)

Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

### PAISLEY

Renfrewshire House  
Cotton Street  
Paisley  
PA1 1BF

### ABERDEEN

48 Huntly Street  
Aberdeen  
AB10 1SH

### HAMILTON

Princes Gate  
Castle Street  
Hamilton  
ML3 6BU

### EDINBURGH

3 C&D South  
Victoria Quay  
Edinburgh  
EH6 6QQ

To contact these offices, please call  
☎ 0345 600 9527

Follow us:  
[@careinspect](https://www.facebook.com/careinspect)

Full listings of all our offices are available at [www.careinspectorate.com](http://www.careinspectorate.com)

## Online



## CARE INSPECTORATE ONLINE NEWS

### Help shape our new corporate plan

We would love to hear your ideas on shaping the future priorities of the Care Inspectorate.

### National Social Services Search

Do you want to be able to find work-related information quickly and easily? We're testing out a new national search service. It's simply a search engine that enables you to search resources published by Iriss, SSSC and Care Inspectorate.

### Joint Thematic Review of MAPPA

Care Inspectorate and HM Inspectorate of Constabulary in Scotland published a Joint Thematic Review of Multi-Agency Public Protection Arrangements (MAPPA) in Scotland. Inspectors said good progress had been made in protecting young people from online exploitation and the way data is used to plan protection arrangements. However, more needs to be done in other areas.

# Collaborative approach

## Standards will support people experiencing care and providers

Following the launch of the new Health and Social Care Standards, which replace the 2002 National Care Standards, the Care Inspectorate is reviewing its inspection methods to reflect the aims of the new standards.

These standards have been developed through close consultation with people who experience care, service providers and other professionals over recent years, and they are significantly more rights-based and outcome-focused than those developed more than 15 years ago.

They are now relevant across all health and social care provision, rather than just in regulated settings, including across early learning childcare and children's social work services.

The Care Inspectorate plans to start using the standards in inspections of care homes for older people from April 2018 and will undertake significant work before then in partnership with care home providers and residents. It will begin to roll these out in inspections of other types of care thereafter.

Karen Reid, Care Inspectorate Chief Executive, said there will be no 'big bang' for service providers. However, providers do need to start examining the new standards now and think about what they mean for them.

She said: "We will work with providers and commissioners during a phased implementation to make sure that we continue to build on the overall good quality of care and support the committed and skilled social care workforce.



"The new standards will form the basis of future inspections, but they are not just designed for scrutiny. They are explicitly designed to describe what people should experience from the way services are planned, commissioned and delivered, and to be used in supporting improvement too."

There are three main changes to the new standards compared to the previous standards. They are much more person-led than before, which is designed to help people and organisations to work together to support people to direct their own care. They are also more outcome-focused, describing what the consequence of good care should be, not how it should be delivered. And they are applicable across all settings, instead of a separate standard for each category of care or health service.

These three changes are designed to ensure that the assessment of quality is not whether a minimum standard is met, but whether the experience and outcomes for people are positive.

Karen said: "We understand that the care sector will still need guidance on

these areas, so they are clear about our expectations of them. So over the coming year, we will be publishing our expectations and guidance and the new standards will allow this guidance to be updated and reviewed over time.

"We want service providers to creatively solve problems and innovate to improve. The new standards are designed to help managers and care staff to plan, do, study and act. Increasingly, our inspection has moved from seeing whether something is done 'correctly' to asking 'how successful is this in improving experiences and outcomes for people?' The new standards reinforce the new approach completely.

"I have often said that the Care Inspectorate is on a journey from compliance to collaboration, and these standards help that. I am committed to the Care Inspectorate working in collaboration with care providers and care staff to do the thing we all want – deliver excellent care for people who experience care. Together and over time, we can make sure the new standards become a reality for everyone." **CN**

## Karen's column



It was an absolute privilege to attend Scotland's first-ever national Social Services Awards during the summer. It was truly inspiring to hear the great work going on and to be part of such a ceremony, which celebrated excellence and recognised Scotland's social services workforce for their outstanding commitment to improving the lives of those they support.

Colleagues from the Care Inspectorate were involved in judging the awards. There were

new, very distinctive categories such as 'The Courage to Take a Risk: looked adversity in the face and stood up to make a change', won by Dates-n-Mates, a project run by C-Change Scotland. Turning Point Scotland and Aberlour won the 'Silo buster' award for their innovative women's supported bail service in Glasgow.

More than 155 entries were submitted nationally across local authorities, health and social care, third sector and independent organisations. Of those, 10 winners

were selected. Their submissions were very impressive to say the least, clearly acknowledging a raft of innovative practice and joint working to support society's most vulnerable people.

More than 200,000 people work in Scotland's social care and social work services, so we should always celebrate success and learn from it.

**Karen Reid,**  
Chief Executive,  
Care Inspectorate

# CALL FOR SHARED EXPERTISE

**T**he NHS and the private sector have a lot to learn from each other. That's the inside view of Mahri Edgar, Manager at Glenburnie Care Home in Leven, who has spent time working on both sides of the fence.

Her career has taken her from a part-time post in a community hospital to working with a service that looked after acutely ill patients in their own homes, acting as the NHS Fife–Alzheimer Scotland link worker, and being a senior nurse at Cameron Hospital in Fife. She joined the private sector in early 2017 when she took up her current role.

"One big difference between the two set ups is staff education," she said. "It's much easier to develop your workforce in the NHS than in the private sector because training is very expensive.

"Conversely, in the private sector things move much more quickly. If I want to make a change here in Glenburnie I don't have to put it to several different groups before it happens."

Mahri believes the role of care staff is underestimated. "Our staff undertake medication, tube feeds, blood pressure measurement and so on. In the NHS auxiliaries don't have that level of responsibility. If they did it would free up band 5 and 6 nurses to work on complex case management."

Similarly, she's struck by the greater participation of relatives in the private sector. "With the NHS I think there's a perception that when someone goes into hospital then that institution takes over every element of care.

"At the same time, our sector can learn a lot from the NHS in terms of absence management and recruitment policies.

"And the NHS has numerous network groups for subjects such as 'falls' and 'medication'. It would be good to have local networks where managers and others can discuss shared topics of interest.

"There's a lot of great expertise out there. Hopefully, moves like health and social care integration will help us share that knowledge to enhance the care we all offer."

## Help shape our new corporate plan

### CONSULTATION

HAVE you heard the Care Inspectorate is changing? In response to the large-scale changes taking place across early learning and childcare, integrated health and social care, social work, social services and in community justice, the organisation is reviewing its aims for the future – and is asking for ideas on shaping the future priorities of the Care Inspectorate. Rami Okasha, Executive

Director of Strategy and Improvement, explained: "Our new corporate plan for 2018–2022 will set out our strategic aims over the next few years and we would like to collaborate and involve people in shaping and informing how this is developed.

"In developing a corporate plan, many organisations seek the views of the people they work with and support, and we are keen to engage with people and to hear your views about our work and how, in the future, this can

better support you or those that you care for.

"Your views will really make a difference, so please take a few minutes to complete this short survey and to forward it on to anyone you know who would be interested in participating."

The survey is available online at <http://cinsp.in/CorporatePlanSurvey>



# A dramatic type of support

## COMMUNICATION

AN Edinburgh-based group for adults with learning disabilities has a highly active group that's at the heart of all kinds of communication activity.

Support Works produces its own regular magazine and DVDs. And perhaps most notable, it has its own soap opera called 'Corriendersdale'.

Norma Muir, Services Involvement Coordinator, explained: "Some that use our service don't read, which led us to look for more accessible ways to provide information, and the soap opera was one. It's very much controlled by our 14-strong 'Newsdesk' group. They decide on subject matter and content."

That content is based on people's experience of the services they receive. Everyone chips in with their own ideas and gets a part to play. "We make up the storylines as we go along, film it and I edit it. When it's done everyone receives a disk with the show on."

Each edition has a theme. These have included hate crime, fake friends, going to hospital and even care inspections. The current edition is looking at relationships.

There's no regular schedule – each edition is put out as soon as it's made, which is usually every two or three months.

Among other things, it encourages more substantial feedback from people. They are ready to speak up on issues such as the staff they'd like to work with, the information they receive about staff, and the design, format and title of documentation used by Support Works. It has also created social circles with members meeting each other outside the auspices of the group.

Care Inspector Grant Dugdale observed: "They are far and away the most active group I've seen and certainly the most inventive. People involved have got a lot out of it. They are very enthusiastic, have gained confidence and are doing things that they wouldn't have dreamed of doing before."



Participants acting out scenes from their soap opera, Corriendersdale

## Lead water pipes in nursery premises

THE Drinking Water Quality Regulator for Scotland (DWQR) is making progress in its campaign to highlight the issue of lead in water and to encourage the removal of lead service pipes and plumbing.

A key area for the campaign are buildings where the public have access to drinking water. This will include a number of care settings, particularly nurseries and childcare services, if they are located in properties built before 1970 when the use of lead piping for water supplies was banned.

Bill Byers from DWQR's Operations Team said that the aim of the project is to engage with stakeholder organisations to achieve the removal of lead from

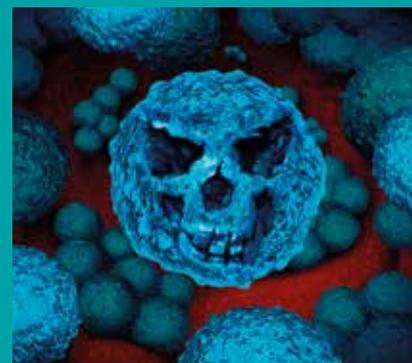
drinking water supply routes.

He said: "We are working with the Care Inspectorate to include an element in their planned design principles for nursery services that addresses the need to sample the water supply where conversion of premises is sought.

"Local authorities are working now to verify that all of their premises are free of lead. Further work to gain similar verification in privately owned premises hosting nursery services is planned but providers operating in these premises should check if lead piping exists in their property and make plans to remove any present as soon as possible."

For more information on lead, visit [www.dwqr.org.uk](http://www.dwqr.org.uk)

## Infection survey starts



THIS autumn, a nationwide 'point prevalence' survey of healthcare-associated infections and antibiotic use will take place in care homes across Scotland. The survey, known as HALT-3, will be coordinated by Health Protection Scotland (HPS) along with staff from each participating care home; the Care Inspectorate is also supporting the study.

This is the first time since 2010 that a survey such as this has been carried out on this scale in Scotland.

Lynda Hamilton, Nurse Consultant for Infection Prevention and Control with HPS and the Care Inspectorate, who is the lead for the HALT-3 survey in Scotland, said: "The survey is part of a wider study taking place across Europe, where the number of residents in long-term care is increasing, particularly those with complex nursing and medical needs. As such, it is more important than ever that we understand the burden of healthcare-associated infection and how antibiotics are used. This is particularly vital in the face of the rising threat of antimicrobial resistance and multi-drug resistant organisms. The survey is also a great opportunity to increase awareness of these issues and help care homes develop strategies to address them."

The care homes involved will nominate a data collector who will be trained to gather general information about the service and its policies and collect data on infections and antibiotic use of residents during the 'point' day chosen for the survey. As well as the benefits at a national level, each care home will receive a report with their own results, which can be used to inform quality improvement activities locally. Facilities that take part will be listed in the national report, but individual results will be anonymised.

Lynda added: "We still have spaces available, and we are looking for care homes that provide long-term residential care for older people. If you would like to take part or you have any questions about the survey, please contact the survey team at HPS directly at [NSS.halt@nhs.net](mailto:NSS.halt@nhs.net)"

Jean's vitality and energy are an inspiration



# YOU'RE NEVER TOO OLD

## LIFE SKILLS

**A**n Arberglan Care Home employee has proved that age is only a number because at 79 she's still as active as ever!

Jean Gebbie has been working at the home since it opened in 1991. Her roles have covered everything from carer to manager but when it came time to retire, Jean found she wasn't ready to leave.

She is now the Resident Care Ambassador (RCA), a role which encompasses both the organisation and delivery of the activities schedule, as well as supporting residents.

And Jean finds that her age actually

aids her with her job. She said: "My life experience and ability to empathise and understand residents, who are of a similar age, makes my relationships with them even stronger. I am lucky enough to be employed after retirement in a place where age does not matter."

During her time as RCA Jean has learned a number of new skills including arts and crafts. She now regularly holds craft sessions with residents during which artwork has been created that now hangs on the walls of the home.

Jean added: "My tips for anyone of retirement age are that if you can and still want to, keep working in a job you love. Try to enjoy every moment and don't be

scared to try new things, learn new skills and take on challenges and opportunities. I went snorkelling for the first time four years ago and loved it. I also went downhill sledging that year. You are never too old to try new adventures."

Within Arberglan Care Home Jean's vitality and energy are an inspiration.

Manager Lea Morris said: "We do not look at age as being a barrier to work. We welcome the diversity that life experiences can bring to Arberglan."

"I feel that Jean's experience and skills can only be of benefit to our small community and that we can all learn from her enthusiasm for life and living it to the full."

## Animal magic

### ZOOLAB EVENT

BRIDGE View House in Dundee enhanced the benefits for its residents when it invited children from nearby Roseangle House Nursery to a Zoolab event.

Zoolab provides small-animal handling sessions and is a regular visitor to Bridge View where residents benefit from the sensory stimulation generated by getting close to different creatures. The home's Manager Heather Allison said: "We have

a good relationship with the nursery and the children visit us two or three times a year. We thought it would be good to have them at the same time as Zoolab – and so it proved.

"It was wonderful for all, and to see the smiles it brought to our residents' faces was uplifting. We recognise how inter-generational interaction can be good for residents and children alike."

Twelve children, aged

three and four, went along on the day, and Heather pointed out that residents enjoy seeing new faces. "That's especially true for those who don't get visits from family members and don't normally have interaction with younger people.

"The residents take huge delight any time the children from the nursery come in. It's also good for those children who don't have

older family members."

Falkirk-based Zoolab visit care homes all over Scotland bringing a range of small animals, from guinea pigs and rabbits to cockroaches, scorpions and snakes.

During the trip to Bridge View House they took some of the animals to those residents who spend a lot of time in bed so that everyone was able to enjoy the whole experience.

Heather added: "It was a success all round and something we may well repeat."



# TASTES OF THE WORLD

**NUTRITION**

**S**t Modan's Care Home in Fraserburgh has taken its residents on a delicious tour of the world.

In a bid to generate some excitement around food and drink, staff at the home, with the help of chef Paul, started making traditional dishes from different countries across the globe.

The home, which is part of Meallmore Ltd, started with Scotland for Rabbin Burns day in January and then they were off to Italy in February, followed by Ireland in March for St Patrick's day. April saw them off to Mexico, China in May, America for Independence Day in July, Germany for Oktoberfest then back to Scotland for St Andrew's Day in November.

The delicious dishes have been well received and their lunches are followed by entertainment in the afternoon.

Jacqueline Dennis, Health Improvement Adviser at the Care Inspectorate, said: "This is a great way of staff and residents creating a real buzz around food and fluid. These types of activities give residents a chance to taste something different from what they might normally eat and that breaks down some of the myths of what some people might think older people would want to eat.

"The service gets that there is more to food and fluid than just eating and drinking; it's also about creating the fun and social side, and creating opportunities to involve people experiencing care in developing their menus."

David Blackwood, Regional Catering Manager at Meallmore Ltd, added: "I

believe that the culture in care where many believe that older people just want plain and traditional food to eat originated from good intentions. However, if we settle into this routine because it's easy and we know our residents will eat it, then food becomes boring. Just because someone lives in our care why shouldn't they experience the fun and exciting cuisines that you and I have the opportunity to?

"The St Modan's project is challenging the taste buds of residents by taking them around the world. Another important aspect is the fun element. If our residents have fun around food and feel a sense of ownership of the food we offer on the menu then they will eat more."

Another foodie triumph for Meallmore Ltd was the success of their chef Stuart Middleton, who was recently named the National Care Chef of the Year.

Stuart works at Meallmore Lodge Care Home in Inverness and after making the final of the competition, which is run by the National Associate of Care Caterers, for many years, he finally got his hands on the coveted title.

Jacqueline said: "Stuart firmly believes that nutrition and hydration are crucial to physical and mental wellbeing, particularly in a care home setting. He supports the view that good food and fluid can have a positive impact on maintaining and improving skin integrity, bowel and bladder health, cognition and generally supporting health and wellbeing.

"He is always keen to involve people and sees his role as 'cooking food that people want to eat'."

## Change for the better

**PERFORMANCE**



TURNAROUND in care home performance can be achieved quickly if you have the right people in place. That's the lesson to be learned from developments at Benore Care Home in Lochgelly. There, a service that received nine requirements and three recommendations at one inspection had met all of them by the time of a follow-up three months later.

Janet Henderson, who carried out the inspections, said: "What was most significant was the impact a new manager, Jo-Ann Lindsay, had on the staff. Team working and morale improved significantly, ensuring better outcomes for residents. I've never seen such a positive turnaround for a staff team in such a short space of time."

Jo-Ann became Manager at Benore, which is owned by Avondale Care, in January 2017. She said: "One thing I noticed was that the staff were very undervalued. Only senior staff or the nurse were allowed to speak to relatives and would make every decision about care. However, I felt staff had the skills to use their own initiative."

She implemented a key worker system and a 'storybook for life' for each resident that gives staff the chance to enhance their knowledge of, and relationships with, residents and their families.

Although she had no concerns about the care being offered, Jo-Ann noted a lack of knowledge in relation to care standards and regulations. Training was undertaken to bring staff up to speed with the latest thinking.

Another issue was the language being used by staff. Residents were often referred to impersonally, for example as 'singles' or 'doubles'. "I had to change the culture to reinforce the fact that we are caring for individuals with a name, unique character and personal history. In short, we needed to be more person-centred."

Jo-Ann instigated meetings with relatives and asked them to highlight two things they liked about Benore and one thing they would like to see change. She's creating an action plan relating to the changes they highlighted.

Janet Henderson said: "Jo-Ann has given staff responsibility to make sure good care is delivered. She's a very visible manager."





**care**  
inspectorate



Care... about physical  
activity improvement  
programme

# Care... about physical activity

All physical activity makes a difference – not just planned exercise.  
There are simple, easy ways to support the people you care for to  
be more active in their daily life.

**Support me to move...**

...giving  
purpose and  
meaning to  
my day

...regularly  
and  
frequently

...safely with  
confidence

...more often  
and be  
more active  
everyday

Get to know me,  
what motivates me,  
and support me  
to move with  
purpose

For more information, please visit:

[hub.careinspectorate.com](http://hub.careinspectorate.com)

# BRIDGING THE GAP

**Auld Yins & Wee Yins building 'joyous' relationships across the years as children get to know and respect older people**

**A** SPECIAL programme in Inverclyde is mixing eager children and older people, helping to build relationships and bridge the gap between the generations.

The Auld Yins & Wee Yins project began in 2015 and involves children from Greenock's Wellpark Children's Centre visiting older people at Hillend Day Centre fortnightly.

Each child pairs up with an older buddy and builds relationships with the residents in their community.

"For the children it's about learning respect for other people," explained AnnMarie Cunningham, Depute Head of the Wellpark Children's Centre. "The message that we try to teach our kids is about respecting others, especially the elderly and adults in general. The children

are absolutely enthralled by those that attend Hillend Day Centre."

AnnMarie said: "A lot of these children don't know anybody in their seventies, so are fascinated to meet people in their eighties and nineties and love to learn all about their lives.

"The children can now tell you all about the oxygen masks and are always very careful with the older people. The children have a great time visiting and it increases their knowledge of the elderly and disabilities – they are not scared of wheelchairs."

When the youngsters attend the centre they are given responsibilities which are beneficial to their development and they have learned how to use wheelchairs and other pieces of mobility equipment. The sessions also have a positive impact on the older people.

AnnMarie added: "It is really joyous to watch the interaction between the ages and, with everything else going on in the world, it helps to repair your soul." **CN**



## Charity working to connect different generations

### LOCAL NETWORKS

AS the structure of society changes, with an increasingly ageing population, the charity, Generations Working Together (GWT), aims to support organisations to connect different generations, specifically the younger and older generations.

Alison Clyde, GWT's National Development Manager, said: "Our vision is to encourage all the different generations across Scotland to work together to create a better and fairer country for all. We do this by helping organisations to connect younger and older people in their local areas and provide support and training to achieve this."

The charity has 25 intergenerational networks around Scotland, which meet

up to share information and knowledge and to help set up local intergenerational projects. Local networks are designed to create networking opportunities for organisations and groups who would like to be kept up to date with what's happening in the local area; along with opportunities to link with other key partners in delivering current and future

intergenerational activities.

An average of 12 one-day CPD accredited intergenerational training courses for trainers and practitioners are held throughout the year covering the whole of Scotland. The courses help people recognise good intergenerational practice and gain a better understanding around the important relationships built

between younger and older people, and the challenges and issues they all face, such as stereotyping and ageism.

During the course, the participants have an opportunity to plan an intergenerational project and look at methods to monitor and evaluate intergenerational work.

Alison added: "The training looks at the impact that intergenerational relationships can have for both older and younger people and how it can change people's views on how they view different generations when they are out in the wider community."



For more information, visit <https://generationsworkingtogether.org> <https://www.facebook.com/GenerationsWorkingTogether>



Mark McDonald, Minister for Children and Young People, at the launch at Kilcoy Kindergarten

# Space to Grow

Design guidance on giving children the best start in life

**S**pace to Grow, a design guidance for early learning and childcare and out-of-school care settings was recently published by the Scottish Government.

The Care Inspectorate led on the development of this guidance and worked collaboratively with the Scottish Government, Scottish Futures trust and a range of stakeholders.

The guidance will be useful for those involved in planning new settings or improving existing settings, particularly in preparation for the nationwide expansion to 1,140 hours of funded early learning and childcare by 2020.

The guidance was launched by Mark McDonald, Minister for Children and Young People, in Kilcoy Kindergarten in Muir of Ord. The Minister said: "This guide will be an extremely useful tool for all early learning and childcare providers to help in planning for this expansion. We know that high-quality learning and childcare can make a key contribution to closing the attainment gap which is why we are determined to deliver the strong

foundations our children need to succeed at school and in life."

The guidance has the potential to make a huge difference to the quality of care and learning opportunities and experiences for children. It also sets out the Care Inspectorate's current expectations about space standards. As detailed inputs like these are no longer in the Health and Social Care Standards, it will be increasingly important to set out the Care Inspectorate's guidance and expectations across a range of areas. The guidance describes the good practice known to support high-quality care, while the standards describe the quality that people should experience as a result.

Karen Reid, Chief Executive of the Care Inspectorate, said: "I am delighted the Care Inspectorate had the opportunity to work in a collaborative way with a range of stakeholders to produce this important resource. This will be a key document in our scrutiny and improvement work, and I would like to sincerely thank all those who have given their time to produce it."

## Publications to help you improve care

THE Care Inspectorate produces a range of publications that are available free of charge to explain its role and its work to improve the quality of care throughout Scotland.

These provide useful information to people who currently use, or are preparing to use, care services, as well as to their families and carers.

The publications include information about the level of care people should expect to receive and what to do if they need to make a complaint.

Publications available online at [www.careinspectorate.com](http://www.careinspectorate.com)



## Carers can act as role models in a tobacco-free culture

### HEALTH AND WELLBEING

NEW guidance, published by the Care Inspectorate earlier this year, requires that all services providing residential care for children and young people create a tobacco-free culture both indoors and outdoors.

The guidance has been produced in response to concerns that children who are looked after in the care system are more likely

to smoke. Given the strong links between smoking and poor physical health, financial costs and mental health problems, the new requirements emphasise the corporate parenting responsibility to protect and promote the health and wellbeing of all children in care.

The new guidance extends to electronic cigarettes and reflects the fact that children who grow up in a smoking environment are

more likely to smoke themselves. It insists that staff do not smoke in front of young people in their care.

The guidance was developed in conjunction with Action on Smoking and Health (ASH) Scotland – the national charity working to reduce the harm and inequality caused by tobacco use – and the Care Inspectorate, with input from its young inspectors who highlighted the issue of peer

group pressure on young people to smoke.

Lisa Kirkbride, Senior Inspector, said: "It's important that care service staff act as role models in promoting a tobacco-free environment and this will be something we will be looking at in our inspections."

For more information, visit <http://hub.careinspectorate.com/knowledge/good-practice>

# SUPPORT FOR GOOD PRACTICE

**It's relatively straightforward to change policy and procedures, but to change culture is a real challenge. However, this is what Aberdeenshire Council has achieved in its staff's approach to medicine administration at its Very Sheltered Accommodation complexes around the county**

## MEDICINE ADMINISTRATION PROTOCOL

**W**hen Jackie Bradford took up the position of Coordinator of Doocot View Very Sheltered Accommodation in 2016, she quickly realised that there was an issue with medicine administration. Her 30-flat complex, in Banff, was reporting an unacceptably large volume of medication errors. And it was not just Doocot View, as a number of the other Very Sheltered Housing (VSH) complexes in Aberdeenshire were also reporting a large number of errors.

Medicines had routinely been missed, incorrect doses given, or administered at the wrong time, as well as not being signed for.

This situation had already been raised by the local Care Inspector Frances Clark, with Michael Smith, who managed the Very Sheltered Housing and Day Care Services across Aberdeenshire.

Michael, together with Rhoda Hulme from Aberdeenshire Council, brought a team together to review the medication administration policy and also sought advice from David Marshall, the Care Inspectorate's Health Improvement Adviser – Pharmacy.

David was impressed with the council's commitment to move to a collaborative working model as a way to deal with the medication errors and use them as an opportunity for staff learning and to improve competency.

David explained: "Most errors are conducted by people who know what they are meant to do and aim in general to do a good job. It's just that there are other reasons why they do not do what they should. We have known for ages that a person-based blame culture does not work long term, and that a systems-based learning approach is better, but it does

involve a significant change in culture, and that's not easy to achieve."

David explained the new approach to the VSH coordinators and they went back to their services to implement a number of new practices to improve medication administration.

Jackie said this new approach has helped turn her service around. She explained: "In the previous year, before I took up the post in 2016, we had 376 errors in a year, which is at least one a day. But last year this went down to 136 on 99,796 individual medical administrations, so it shows that we have made significant improvements."

These have been achieved by a number of audits and staff support initiatives as well as a wallchart, updated weekly, that helps staff to focus on the importance of medicine administration for the people they care for.

The first step was to make the Medication Administration Record (MAR) sheet easier to use – it was redesigned in an A3 portrait format to make it clearer to follow and record information. This was refined further by colour coding the times when an individual's medicine needed to be administered, such as green for morning, yellow for lunchtime, and so on.

As well as introducing a more stringent process for staff to check MAR sheet details with the medicines supplied during the medicine administration process, the assistant co-ordinator will also conduct a single random audit once a day.

Doocot View, like the other services, has introduced competency training where a staff member is observed during their medication administration practice for three different residents, and this is repeated every three months. This is also backed up with a peer support initiative, which involves three administrations, two



of which are observed by a colleague and one by the assistant co-ordinator.

If everything is satisfactory, the staff member is signed off as competent. If not, Jackie will discuss areas where the service can support them to become competent.

Jackie said: "It might seem excessive, but the focus is on observing practice and offering support. We acknowledge that everyone can make a mistake, but the focus should be about learning from these errors."

"If there is an error, then the conversation is about what support we need to put in place to help the person become competent in medication administration so they do not make these errors in future."

"I think the peer support is very powerful, as it gives people the opportunity to look at how their colleagues administer medicines and pick up good practice that they can incorporate into their work. Therefore,



New wallcharts have helped improve the efficiency of medicine administration and reduced the number of mistakes being made

“The focus is on observing practice and offering support”

extra training if required.

Jackie added: “There are lots of demands on our staff during their medicine administration rounds, so that is why all our work is focused on support rather than blame.

“We’ve now developed a culture where our staff come to us to highlight an error so we can all work together to rectify that mistake for the benefit of the wellbeing of our tenants.”

Frances was impressed with the change at Doocot View during her recent inspection. She said: “The fundamental change in the service’s improvement is that the blame culture is no longer there. This has had a positive impact and enabled staff members to have more confidence in medicine administration and to also reflect on their practice and share best practice.

“As a result of the systems in place, increased knowledge and non-punitive action, medication errors within Doocot View have greatly reduced.”

David added: “I hope the work done here to manage incidents, and the positive outcomes seen, will act as an inspiration – if needed – for other services to adopt a systems-based learning culture.”

people are not told what to do, but they can observe and reflect on their own practice and change it for the better.”

Where a mistake has been identified, there is a process for the person to reflect on how it occurred. Looking at the root causes of incidents can help to focus on what changes can be made to help them avoid the same mistake.

Jackie added: “As part of this reflection, we make them aware of the potential consequences of a resident not taking that medication. It’s not to scare them, but to help them realise the importance of the medication for the tenants they care for. We then go through the process and see if there is anything we can do to support them to improve their competency.”

Each staff member carries a small postcard aide memoire with them, which gives a checklist for medicine administration process that they can

refer to.

The service’s performance in medicine administration is highlighted in a wallchart, which is updated weekly in the staff room. Green means no errors, but a red mark is added when there is a notification to highlight the flat and medication error.

Jackie added: “When they see the wallchart is all green, they are quite thrilled by it but, equally, it’s disappointing to see a red dot on it. However, it makes us all resolved to make sure it does not happen in the next week.”

Next to the wallchart are pie charts that were originally developed by a social work student on secondment to Doocot View, who analysed medicine administrations and errors at the service over a 12-month period.

He also broke down the different categories of errors and this trend analysis is updated monthly, highlighting to Jackie and her team where to focus

# NEW COMPLAINT PROCESS AGREED

## Complainants to be advised of the issues the Care Inspectorate plan to investigate

**T**he Care Inspectorate's complaint process has been revised and the new procedure will be launched later in the year.

In the spring issue of **Care News**, we explained about the new risk assessment process to allow complaints to be triaged to ensure that the Care Inspectorate targets resources to those complaints where people receiving care are at risk.

Those complaints that are risk assessed as 'low' or 'medium' will be noted as 'intelligence' and sent for investigation or resolved through front-line resolution by the Care Inspectorate. This allows resources to be targeted to those complaints that are assessed as 'high risk'.

Marie Paterson, Service Manager Complaints and Inspection, said: "This approach will ensure that complaints that present the highest risk to people who use care services are investigated at the earliest opportunity.

"As part of this new process, the Care Inspectorate's Complaints Team will decide how to process the complaint and will decide which elements of the complaint to investigate, in discussion with the complainant, where they are known.

"The complaints inspector will speak with the person bringing the complaint and discuss their views on what they are dissatisfied with. They will then write to the complainant to inform them of the areas the Care Inspectorate has decided to investigate.

"An investigation aims to establish all the facts relevant to the points made in the complaint and to give the complainant a full, objective and proportionate response that represents our findings based on evidence and professional judgement."

The investigation may include an unannounced visit to the care service by the Care Inspectorate to investigate the complaint and examine and assess the evidence, which includes checking documentation and speaking to relevant people. However, there may be times when it is appropriate for the Care Inspectorate to inform the service of the visit. In this case, there would be no more than three days' notice to the visit, and the service will not be informed in advance of the nature of the complaint or complainant details.



There are two possible outcomes of complaints investigations:

**Upheld:** This is used where the facts giving rise to an allegation have been established in the investigation. In this situation, any action will be based on the professional judgment of Care Inspectorate staff. Both the complainant and the care service will be informed in a report of any requirements or recommendations made of the care service. The Care Inspectorate will require that the service provider submits an action plan to demonstrate how they will improve outcomes for people who use care services. The Care Inspectorate may also re-grade a service following a complaint.

**Not Upheld:** This occurs where the facts giving rise to an allegation have not been established in the investigation.

### Investigation time frame

In most cases, the Care Inspectorate will inform the complainant of the elements it will investigate within 10 working days of contact, and will aim to provide a full response as soon as possible, but no later than 40 working days.

However, not all investigations will be able to meet this deadline. Some complaints are so complex that they require careful consideration and detailed investigation beyond the 40-day limit. If there are clear and justifiable reasons for extending the timescale, the inspector will inform the complainant of the reason for the delay and give them a revised date for completion.

### On completion of an investigation

The inspector will provide verbal feedback on the outcome of the investigation to the complainant and complained against and will send a report to both. Each has the opportunity to request a review of the decisions in the report and ask for a Post Investigation Review (PIR).

However, once the report has been finalised after a PIR, this becomes the Care Inspectorate's final position and no appeal or further review can be made. **CN**

## Care Inspectorate will now risk assess all complaints

### RED

The investigation is started immediately. Care Inspectorate will provide reports to both complainant and provider

### AMBER

Provider will be contacted to resolve/investigate the issue, and provide the outcome to the Care Inspectorate

### GREEN

Information will be used as 'intelligence', shared with other relevant agencies and followed up at the next inspection



# Take control

A useful guide to preventing and controlling infections

## PREVENTING INFECTION

Infection prevention controls, such as Standard Infection Control Precautions (SICPs), are the most important defence in preventing infection and onward transmission.

Here are some useful resources to help prevent and control infection:

The National Infection Prevention and Control Manual (NIPCM) is a practice guide for use in all care settings in Scotland. It contains guidance on SICPs and Transmission Based Precautions (TBPs), which can help reduce the risk of Healthcare Associated Infection (HAI) and ensure the safety of those being cared for, staff and visitors in the care environment. Visit [www.nipcm.hps.scot.nhs.uk](http://www.nipcm.hps.scot.nhs.uk)

Preventing Infection in Care is an education programme launched by NHS Education Scotland (NES) and the Care Inspectorate. It contains information to help prevent and control the risk of infection and provide a safe, clean environment in care homes, home environments, residential housing and day care services for adults. Visit <https://tinyurl.com/y7rlfs8>

## VACCINATIONS FOR EMPLOYEES

### Influenza (flu)

Along with good SICPs, the best way to prevent influenza infection is vaccination. The flu season can start early and the ideal time to get vaccinated is between September and early November.

Protection by the vaccine is thought to last for at least one flu season. However, as the strains change from one season to the next, it is important to have a vaccination each year.

Vaccination should be offered to health and social care workers who are in direct

contact with people who may be at increased risk from flu due to underlying health conditions. This helps protect them, as well as the people who use services. Staff should discuss locally with their employer whether they are eligible for the flu vaccination and, if so, how they might get it.

NES provides a useful, free resource for healthcare workers on flu and the benefits of flu vaccination. Visit <https://tinyurl.com/y8ckrcpn> and also the Government's 'Green book' guidance at <https://tinyurl.com/cpxcto9>

### Hepatitis B

In settings where workplace tasks are likely to lead to significant exposures to blood or body fluids/tissues on a regular basis, vaccination to protect against Hepatitis B may be offered. The vaccine is safe and effective. You should discuss with your employer whether you are eligible for vaccination. The Government's 'Green Book' provides guidance at <https://tinyurl.com/czyz9e7> The NES website also provides useful information on blood-borne viruses at <https://tinyurl.com/yb9a8l6u>

## VACCINATIONS FOR PEOPLE WHO USE CARE SERVICES

### Influenza (flu)

Flu is a serious disease and poses a substantial health risk, particularly to older people and people suffering from underlying diseases such as diabetes and asthma. It is important for a flu vaccination to be given each year (see the 'Green Book' information above).

### Pneumococcal

The pneumococcal vaccine (PCV)

provides some protection against a form of bacterial meningitis caused by pneumococcal bacteria and other conditions, such as severe ear infections.

Those at most risk include babies, adults aged 65 or over and people with certain long-term health conditions, such as a serious heart or kidney condition. People over 65 only need a single pneumococcal vaccination, which will protect for life. It is not given annually like the flu jab. For more information on who is eligible, visit the Immunisation Scotland website at <https://tinyurl.com/ya7x43fo>

### Shingles

In Scotland, about 7,000 people aged 70 years and over get shingles every year. Shingles is caused by the same virus as chickenpox and causes painful blisters on the skin, but in the very elderly it can occasionally be fatal. It isn't like other infectious diseases because you don't catch it from someone else. People who have had chickenpox can still have the virus in their body during their lifetime and if it reactivates, it causes shingles.

There is a vaccine that can reduce the risk of getting shingles or, if you do get shingles, it can reduce how serious the symptoms will be. It is available on the NHS to certain people in their 70s. It is not recommended for people aged 80 or over.

Unlike the flu jab, the vaccination only needs to be given once and can be given at any time of the year. If GP practices are giving flu vaccinations within the care setting, they may also offer shingles vaccination at the same time to people who are eligible. For more information on who is eligible, visit <https://tinyurl.com/o4f2zbv>



The Dundee Women's Aid team is delighted to receive a high grading

# Innovation in action

**A forward-thinking approach to supporting victims of domestic abuse has earned top marks from the Inspectorate**

## DUNDEE WOMEN'S AID

A service providing support for women, children and young people who have experienced domestic abuse has received a high inspection score as a result of its forward-thinking and innovative approach.

Dundee Women's Aid has been praised for the way it identifies the people who are in need of both practical and emotional support and finds unique ways to deliver that support.

The service aims to provide help to women, children and young people by really listening to their needs and responding to them.

One example of this is the service's commitment to helping those with multiple needs, whether that be people with mental health issues, drug and alcohol abusers, those with offending backgrounds, or women involved in prostitution.

"The common theme among them is that they have all suffered significant trauma all their lives," explained Mary Miller, Manager of Dundee Women's Aid.

"We piloted a complex needs service in partnership with health, housing and criminal justice, and while we had some success, we realised that we really needed some specialist input. So we applied to UK government's Tampon

Tax Fund and got three years' funding for a clinical psychologist to work with these women.

"We aimed big, crossed everything and we got it."

Dundee Women's Aid has been working hard to raise awareness of the service, improving its online and social media presence, while also going into schools to promote healthy relationships.

It has also joined forces with the Citizens Advice Bureau to advise people on money matters including benefits and debts.

One of its innovative projects involves using Children in Need funding to help provide fun and entertaining activities during school holidays for the children.

Mary said the team at Dundee Women's Aid was delighted with the inspection report, as it was a sign that all their hard work had been recognised.

"We are pleasantly surprised by the grade we received. We had hoped to receive an 'excellent' at some point and had been working really hard to get there," she said.

"We are very forward thinking. We've worked hard to raise our profile and raise awareness about Dundee Women's Aid and the services we provide.

"It's about listening to women, children and young people and finding out what they need."

Mary added: "There are still lots of things we want to do and we will be looking for every opportunity we can to attract funding.

"For example, we want to bring Children Experiencing Domestic Abuse Recovery (CEDAR) to Dundee because it has been recognised as an excellent way of rebuilding relationships between children and mums who have experienced domestic abuse."

Care Inspector Susan Barrie, who carried out the inspection of the service, said: "Dundee Women's Aid is a service that provides refuge for women who experience domestic abuse.

"They provide emotional support and counselling as well as practical support, including legal and financial information.

"In addition to the refuge and housing support they provide in the community, they are also working in partnership with other agencies to develop services for women who have specific and complex needs.

"Excellent is the highest grade the Care Inspectorate awards. It recognises excellence, and sector-leading performance that other services can benchmark against.

"This grade for management and leadership recognises their forward-thinking approach and their high level of participation.

"The feedback from people I spoke with was extremely positive about the support they received."