

# Inspection report

## Chilterns Home Care Home Service

30 Lindsaybeg Road  
Chryston G69 9DW

**Inspected by:** Marie Paterson  
**(Care Commission Officer)**

**Type of inspection:** Unannounced

**Inspection completed on:** 26 March 2007

**Service Number**

CS2003001182

**Service name**

Chilterns Home

**Service address**30 Lindsaybeg Road  
Chryston G69 9DW**Provider Number**

SP2003000237

**Provider Name**

North Lanarkshire Council

**Inspected By**Marie Paterson  
Care Commission Officer**Inspection Type**

Unannounced

**Inspection Completed**

26 March 2007

**Period since last inspection**

Five Months

**Local Office Address**Princes Gate  
60 Castle Street  
Hamilton  
ML3 6BU

## **Introduction**

Chiltern's House is a care home for older people managed by North Lanarkshire Council. The home was deemed registered by the Care Commission from April 2002. The Home can accommodate 40 Service Users in single room accommodation. It is based within the town of Muirhead and is near to local shops and facilities.

The home aims to provide a safe environment for older people in a homely environment where individual choice is promoted and respected.

## **Basis of Report**

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the CCO which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirement etc.

This service was required to have a LOW level of support that resulted in an inspection based on the national inspection themes and any recommendations and requirements from previous inspections, complaint or other regulatory activity

The Care Commission is inspecting upon a theme of safer recruitment this year. As North Lanarkshire Council – Social Work personnel files are kept in area offices a sample of files from each area were brought to Scott House, Motherwell for inspection between above dates. Two Care Commission Officers and two admin support staff carried out this inspection by randomly sampling 93 staff files. (see Requirement One and Recommendations One, Two and Three)

Before the visit:

- The service sent an Annual Return containing information about the service.
- The home also completed a self-evaluation form.

Beth Lytham Care Commission Officer and Liz McPake participated in this inspection.

During the unannounced visit which took place on 26 March 2007 the Care Commission Officer spoke with:

- One Senior Social Care Worker
- One Social Care Worker
- Ten Service Users
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The Care Commission Officer also looked at a range of policies, procedures and records including the following:

- Staff training records
- Complaints Log
- Service Users Personal Plan
- Accidents and Incident recording

- Service User Contracts

The inspection focussed on the following themes which were inspected against, as part of this year's national inspection strategy.

- Office of Fair Trading; Contract Arrangements, Inspection and Complaints .
- Office of Fair Trading; Safekeeping of Service Users' Finances and Valuables
- Support in Death and Dying

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards for Support Services:

Standard 1 : Office of Fair Trading; Contract Arrangements, Inspection and Complaints .  
Standard 2: Office of Fair Trading; Safekeeping of Service Users' Finances and Valuables  
Standard 19 : Support and Care in Dying and Death.  
Standard 20: Moving On

A general examination of the premises was carried out as part of the inspection process.

### **Action taken on requirements in last Inspection Report**

There were six requirements at the announced inspection:

1. The personal plans must contain all information relevant to the care of the service user and give adequate information relating to:

How health care needs are to be met.

The information in personal plans was not detailed and had statements like 'full assistance required'. Staff need to work to make the information detailed and relevant to the individual.

This requirement remains outstanding.

2. North Lanarkshire Council must put in place the on call system stated in the staffing notice or agree an appropriate alternative.

This is under discussion with the Care Commission.

This requirement remains outstanding.

3. North Lanarkshire Council must ensure that:

- Repairs are carried out timeously
- Remedial work and decoration following repairs are completed
- Ceiling holes and broken tiles are repaired or replaced

Staff reported that it depends on nature of repair as to whether it is repaired timeously. It was noted that remedial work on service users rooms after a leak nearly two years ago remains outstanding. The Manager had informed staff that the home was to be refurbished and that some of the above repairs would take place at this time although no timescale was available.

This does not meet the requirement of repairs being carried out within a reasonable

timescale or that remedial work to individual rooms should be left for long periods of time. The council need to put in place a robust repair and maintenance programme that has set timescales and where remedial work is addressed following larger repairs.

This requirement remains outstanding.

4. The provider must update the toilets next to the lounge to ensure they provide service users with dignity and privacy.

The Manager has submitted this request and has identified the need for an assisted shower come toilet that this room could be adapted too.

This requirement remains outstanding.

5. The nutritional assessment should be developed to identify those at risk from under nutrition.

There has been no change to the nutritional assessment currently in use and in fact the Manager and staff had been using best practice guidance from the NHS but had been advised to stop this by the provider.

This requirement remains outstanding.

6. The provider must ensure individual's rights to make choices regarding eating eggs are listened to, respected and acted upon.

Service users are to get access to fresh eggs if they sign a disclosure and are aware of the risks. Haven spoken to people about this they are pleased that this change in practice has taken place.

This requirement has been met.

### **Comments on Self-Evaluation**

This was completed in full by the Manager and highlighted strengths and areas for development.

### **View of Service Users**

Service users spoke very highly of staff and said that they make the home a nice and welcoming place to live. They said that staff are always pleasant and approachable. They said the manager is always available to them to discuss things and they felt listened to and supported well within the home. Some comments were:

'staff are exceptional , nice and very good'

'I can ask for money or to see how much I have in the office at any time'

'Yesterday we went to Peoples Palace and we have music nights and bingo occasionally'

Service users for the second inspection raised concern over the time it takes to get repairs carried out two people showed the officers water damage to their rooms which have not been

painted following repairs carried out over two years ago. The service users said that they like to take pride in their rooms and these were homely and very personal but felt that the lack of action by the council to finish off these repairs made them feel that the council does not value their comfort. (see requirement two)

### **View of Carers**

None were available on the day of inspection. However, many thank you cards from relatives were viewed and gave positive feedback to the home. The following was stated in the cards:

‘Just a note of appreciation of the care and assistance you gave my mother in the last three years at Chilterns. She enjoyed her time there and felt safe and secure in her ‘new home’.’

‘Thank you for your care my mum was happy and you looked after her so well!’

‘Thank you for all you did for my mum. The care she received was superb.’

## **Regulations / Principles**

### **National Care Standards**

#### **National Care Standard Number 1: Office of Fair Trading - Contract Arrangements, Inspection and Complaints Information**

##### **Strengths**

The Home had in place contracts for service users which detailed:

- The total cost to be paid by the service user
- Details of services included in the cost
- Details of how extra services will be billed
- Details of how the cost of service will be increased.

The contracts are signed by service users or their representative. They are also signed by an official for North Lanarkshire Council and have been stamped by North Lanarkshire's legal department.

All service users are given a copy of the contract and the Home retains one.

##### **Areas for Development**

The contracts in place did not detail the services not provided by North Lanarkshire Council. (see recommendation four)

Contracts refer to the Home having double bedrooms which are no longer in use. New contracts also refer to this information. (see recommendation five)

#### **National Care Standard Number 2: Office of Fair Trading - Safekeeping of Money and Valuables**

##### **Strengths**

North Lanarkshire Council had in place robust policies and procedures for the management of service users finances.

All service users' money was held individually and they all have individual bank accounts. The home had an arrangement with a local community bank to provide support to service users in the home. They can phone the bank for a withdrawal and the bank will come to the home the next day to meet the service user.

There were receipts for all purchases for service users and all withdrawals had two signatures. Service users had access to the funds held by the Home 24 hours a day.

Money held is reconciled weekly within the home by the Manager and Admin Worker.

Valuables for service users are recorded and placed in the safe. A policy was in place for holding service users valuables.

## **Areas for Development**

Reconciliation of monies held for service users was not carried out by an independent person.(see recommendation six)

Service users care plan did not detail how they were being supported to manage their finances. (see recommendation seven)

## **National Care Standard Number 19: Care Homes for Older People - Support and Care in Dying and Death**

### **Strengths**

North Lanarkshire Council had in place a new policy which gives staff details on how to deal with a death in the Home. It provides guidance to staff in line with good practice.

Staff demonstrated an awareness of how to support people who were dying including making provision for the family to stay with the person and to work with health professionals to provide the service user with the relevant care.

The home was implementing a new sheet for service users files that provided good information concerning individual choices and wishes.

### **Areas for Development**

There was no procedure to detail how to support a person who is ill or near the end of their life. (see recommendation eight)

## **National Care Standard Number 20: Care Homes for Older People - Moving On**

### **Strengths**

Prior to anyone moving on from the Home the Manager stated a full assessment of the service users needs would be completed. The Manager explained that the service user, relative or representative and social worker would be informed of the outcome and a full case review held.

Where appropriate the key worker would assist service user to visit other homes and information would be passed to the new home.

### **Areas for Development**

There is no policy or procedure in place for service users moving on despite North Lanarkshire Council moving service users who require nursing care to homes registered to provide this. (see recommendation ten)



## **Enforcement**

None was identified at this inspection.

## **Other Information**

There were five recommendations at the last inspection:

1. The provider should put in place decoration programme for service users bedrooms.

This work is planned to be carried out and the Manager is co ordinating this to ensure service users are given the choice of wall paper and carpet within their rooms.

This recommendation has been achieved.

2. The provider should audit the garden to ensure it is accessible to service users who use wheelchairs.

The garden path is too narrow for someone using a wheelchair to turn around.

This recommendation remains outstanding.

3. The provider should develop their food and nutrition policy to ensure that service user's food, fluid and nutritional care are supported by clear management guidelines.

The provider has stated in their response to this inspection that the current food and nutrition policy is under review and will be available in August 07.

This recommendation remains outstanding.

4. The service will undertake BMI for all service users within one month, and regularly thereafter.

This was being completed by the Home but they were told to no longer do this by senior management. The BMI recording has been replaced by a nutritional risk assessment which is not robust.

This recommendation remains outstanding but will not be repeated as it relates to requirement six.

5. The menu should reflect access to fresh fruit and snack times for service users.

This is now on the menu.

This recommendation has been implemented.

The interaction observed between staff and service users evidenced that good relationships had been developed. On the day of inspection that was unannounced staff had put on a Scottish Music DVD which all the service users enjoyed. Regular service user meetings are held and service users views listened too and acted on.

The Manager has been redeployed on a temporary basis by the provider and the Depute Manager is acting Manager as notified to the Care Commission by the provider. The Depute Manager is having to cover the rota as a senior member of staff. This is a breach of registration as the staffing notice clearly states that the Manager will be supernumery. (see

requirement seven)

## **Requirements**

1. North Lanarkshire Council's Policy on Recruitment must be reviewed to include a system for checking and recording authenticity of qualifications claimed by candidates that are both essential and desirable to the post applied for.

This is to comply with:

SS1 2002/114 Regulation 19 (2)(a) Records

Timescale within Three calendar months of receipt of the letter sent to the council.

2. The personal plans must contain all information relevant to the care of the service user and give adequate information relating to:

How health care needs are to be met.  
Nutritional Care Needs

This is in order to comply with:

SS1 2002/114 Regulation 5.1 - a regulation on personal planning for service users.

Timescale: One month from publication of this report.

3. North Lanarkshire Council must put in place the on call system stated in the staffing notice or agree an appropriate alternative.

SS1 2002/114 Regulation 13 - a requirement for staffing

Timescale for Implementation: Subject to agreement reached between Care Commission and North Lanarkshire Council

4. North Lanarkshire Council must ensure that:

- Repairs are carried out timeously
- Remedial work and decoration following repairs are completed
- Ceiling holes and broken tiles are repaired or replaced

SS1 2002/114 Regulation - a requirement relating to fitness of premises

Timescale for Implementation: Three months from publication of this report.

5. The provider must update the toilets next to the lounge to ensure they provide service users with dignity and privacy.

SS1 2002/114 Regulation 10 - a requirement relating to fitness of premises

Timescale for Implementation – Six months from publication of this report.

6. The nutritional assessment should be developed to identify those at risk from under nutrition.

SS1 2002/114 Regulation 4 - a requirement to make proper provision for the health and welfare of service users. (Nutritional Tool)

Timescale for Implementation: Three months from publication of this report.

7. The Manager of the home (including the person acting on their behalf) must be supernumerary to the staffing notice.

SS1 2002/114 Regulation 13 - a requirement for staffing

Timescale for Implementation: Within 24 hours of publication of this report

### **Recommendations**

1. To ensure that all staff employed have a reference from their previous employer.

National Care Standard Care Homes Older People Standard 5 Management and Staffing.

2. To ensure that people are recruited with two references in line with North Lanarkshire Council recruitment procedures.

National Care Standard Care Homes Standard 5 Management and Staffing.

3. The council should ensure all staff files have clear information on Disclosure Scotland checks to include:

- Date carried out
- Date received back
- Disclosure Scotland number

National Care Standards Care Homes Older People Standard 5 Management and Staffing

4. The contracts should detail the services not provided by the Home.

National Care Standards Care Homes Older People Service Users Contracts.

5. The council should update their contracts to ensure they reflect the current service provision.

National Care Standards Care Homes Older People Service Users Contracts.

6. An independent reconciliation should be carried out at least once a year on service users monies held by the Home.

National Care Standards Care Homes Older People Management of Residents Finances.

7. Service users care plans should detail how they are supported to manage their money and any regular choices they make about expenditure.

National Care Standards Care Homes Older People Management of Residents Finances

8. Palliative Care policy and procedures should be developed.

National Care Standards Care Homes Older People Standard 19 Support and Care of Dying

and Death.

9. The council should develop policy and procedures for service users moving on from the service.

National Care Standards Care Homes Older People Standard 20 Moving On.

10. The provider should audit the garden to ensure it is accessible to service users who use wheelchairs.

National Care Standards Care Homes for Older People Standard 4 Your Environment

11. The provider should develop their food and nutrition policy to ensure that service user's food, fluid and nutritional care are supported by clear management guidelines.

National Care Standards Care Homes Older People Standard 13 Eating Well.

**Marie Paterson**  
**Care Commission Officer**