

Care service inspection report

Maryfield East Care Home Service Adults

9 Fonthill Road
Aberdeen
AB11 6UN

Inspected by: Brendan McCabe

Type of inspection: Unannounced

Inspection completed on: 9 January 2012



Contents

	Page No
Summary	3
1 About the service we inspected	5
2 How we inspected this service	6
3 The inspection	8
4 Other information	19
5 Summary of grades	20
6 Inspection and grading history	20

Service provided by:

Guthrie Court Limited, a member of the Four Seasons Health Care Group

Service provider number:

SP2005007863

Care service number:

CS2011300640

Contact details for the inspector who inspected this service:

Brendan McCabe

Telephone 01224 793870

Email enquiries@scswis.com

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of Care and Support	2	Weak
Quality of Environment		N/A
Quality of Staffing		N/A
Quality of Management and Leadership	3	Adequate

What the service does well

The people who live at Maryfield East and/or their representatives are given the opportunity to be involved in the care and support they receive and are regularly asked for their views.

There are a high level of activities and entertainment happening within the home. Service users also have regular trips outside of the service to various local activities.

What the service could do better

The service needs to establish a management structure within the home.

What the service has done since the last inspection

The service is currently undergoing a period of change and this has to be monitored by the new organisation.

Conclusion

That in the coming months the organisation should ensure that the new management team are supported to ensure the care provided at Maryfield East is of a high standard.

Who did this inspection

Brendan McCabe

1 About the service we inspected

The service is owned and managed by Four Seasons Health Care group. It provides a range of services including nursing residential and dementia care.

Maryfield East, under Four Seasons Health Care, has been registered with the Care Inspectorate since 01 Nov 2011.

The care is provided in a large property located in a residential area of the city of Aberdeen. The service is close to a bus route with shops and facilities nearby. The service has a private and secure rear garden, conservatory and patio area. Each of the service users has their own bedroom.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of Care and Support - Grade 2 - Weak

Quality of Environment - N/A

Quality of Staffing - N/A

Quality of Management and Leadership - Grade 3 - Adequate

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.scswis.com or by calling us on 0845 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a medium intensity inspection. We carry out these inspections where we have assessed the service may need a more intense inspection.

What we did during the inspection

An unannounced inspection was carried out by one inspector on 01 Dec 2011 this was followed up by 2 further visits on the 09 Dec 2011 and 16 Dec 2011.

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firelawscotland.org

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: No

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The self assessment had been effectively completed prior to the inspection.

Taking the views of people using the care service into account

Four service users were spoken with during the course of the inspection. All expressed satisfaction with the service being provided. One commented in particular on the quality of the food which she felt was of a high standard. There were no concerns expressed by any of the service users spoken with.

Taking carers' views into account

There were no carers available at the time of the inspection.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 2 - Weak

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service strengths

The service has a member of staff whose role it is to develop and encourage participation at all levels throughout the service. She advised that her role continued as before and that there remained a high emphasis on ensuring that service users and their families continued to be fully involved in all aspects of the service.

Examination of records and plans demonstrated that service users and/or their families had involvement in providing information to influence the plans. Most of the plans inspected indicated that service users were signing their plans and where relatives had been involved this was also being recorded.

There was evidence of reviews taking place at appropriate intervals and of service users and their families being involved in these reviews.

The service was recording when carers had been consulted and what their views were. There was evidence in plans of carers influencing the care being provided and supplying information that staff were seen to be reacting to.

Areas for improvement

Areas of concern have been identified in Quality Statement 1.3 that have an impact on Quality Statement 1.1 in relation to service users and their carers participation in their personal plan. In the example of one plan concerns were also noted as to the review process for plans.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

We ensure that service user's health and wellbeing needs are met.

Service strengths

During the course of the inspection the Care Inspectorate received notification of concerns regarding pressure area care. As a result of this the inspection was extended to look in detail at this area of healthcare.

In discussion with one member of staff he advised on the general care that was provided to service users in relation to pressure area care. He stated that checks would be made when bathing and providing general care and any concerns would be pointed out to nursing staff.

It was noted that Waterlow scores were in place for all service users. In the case of the majority of service users they had been identified as low risk and were being reviewed on a monthly basis.

Areas for improvement

In discussion with the manager and staff it appeared there was some confusion regarding the mattresses that were available within the service. Staff were not clear as to what mattresses were on each bed and there appeared to have been some swapping of mattresses. This was confirmed by the manager who acknowledged that mattresses had been swapped without being recorded. This would impact on service users who had a specific need in relation to a specialised mattress. At the time of the inspection the manager had completed an audit of the mattresses.

See Requirement 1.

In one case it was noted that while the Waterlow had been completed and a service user identified as being high risk, it had not been reviewed when another pressure sore developed.

See Requirement 2.

It was observed that photographs had been taken of pressure areas of concern however these photographs did not include an accurate measuring tool to demonstrate the size of the area of concern. While measuring was recorded within the records it would be considered best practice to have a measuring tool within the photo.

See Recommendation 1.

The service was documenting areas of concern in relation to pressure area care as these areas developed however the personal plans were not being updated to reflect these new concerns. Changes and needs of one service user were being recorded in daily notes which did not reflect the personal plans.

See Requirement 3.

While the service had a wound management policy and procedure in place this was not considered clear enough in relation to the providers expectations of staff. This policy should be reviewed and updated.

See Requirement 4.

In discussions with the manager and staff there did not appear to be clarity as to the role of the local specialist tissue viability service available from the local NHS.

See Requirement 5.

Grade awarded for this statement: 2 - Weak

Number of requirements: 5

Number of recommendations: 1

Requirements

1. That the provider ensures that the findings of the recent audit in relation to mattress availability are adhered to and that an effective system is put in place to ensure that staff are aware of what mattress is being used and that any changes in mattress are clearly recorded and reviewed.

SSI 2011 No. 210 4. (1) (a)

Timescale - immediately on the publication of this report.

2. That the provider ensures that staff are effectively trained in the use of pressure area scoring tools.

SSI 2011 No. 210 4. (1) (a)

Timescale - within 4 weeks of the publication of this report.

3. The service provider is required to:-

(a) Ensure that all residents with skin conditions or who require prescribed skin care products have a care plan in place detailing their individual needs.

(b) Ensure that all residents identified as being at risk with the Waterlow scale have appropriate pressure ulcer prevention plans of care in place to meet their individual needs and level of risk.

(c) The content of these pressure ulcer prevention plans requires to be standardised and include:-

- * Level of risk and skin integrity status
- * Type of mattress in use
- * Type of chair cushion in use
- * Frequency of skin checks

-
- * Frequency of positional changes / whether turning chart in use
 - * Any prescribed lotions or creams
 - * Any other relevant individual care interventions
 - * The frequency of the care plan review

(d) Ensure that all plans of are reviewed at appropriate specified intervals or when care and treatment changes.

(e) Ensure that pressure ulcers are graded appropriately and this information is accurately documented.

SSI 2011 No. 210 5. (2) (b) (ii)

Timescale - immediate on the publication of this report.

4. 1 The service provider must ensure that a planned and consistent approach to:-

- * Skin assessment and care,
 - * Pressure ulcer prevention,
 - * Wound assessment and management,
 - * Pain assessment and management,
- is effectively implemented.

In order to achieve this, the provider must:-

a) Update /devise and implement policies on the above to ensure that they reflect best practice in relation to a planned and consistent approach to these areas of care.

b) Ensure all registered nurses and care staff are fully conversant with the provider's policies

SSI 2011 No. 210 5. (2) (b) (ii)

Timescale immediate on the publication of this report.

5. The provider to ensure that a clear local protocol is put in place to ensure staff are aware of the role of local tissue viability services and to ensure their advice is sought at the earliest opportunity.

SSI 2011 No. 210 4. (1) (a)

Timescale immediately on the publication of this report.

Recommendations

1. That the provider ensures that staff are aware of the resources that are available to provide accurate assessment of pressure areas.

National Care Standards Care Homes for older people Std 14 . 8.

Statement 7

Not applicable

Statement 8

Living with life limiting conditions is viewed as an integral part of life in this care home.

Service strengths

As part of this statement end of life care was looked at during the inspection.

The service had a detailed policy and procedure in place in relation to end of life care. This policy clearly identified who was responsible for each part of the policy and procedure and what their role should be. The importance of identifying specific arrangements and preferred place of care were identified in the document and reference was made to ensure that any local care pathway was identified.

The procedure referred to other health care professionals such as GPs, Marie Curie and Macmillan nurses and the importance of liaising with specialist palliative care teams. The importance of accurate recording was referred to in the policy. The policy also referred to an identified person who should ensure that any specialist equipment was available should it be required.

The policy referred to "Living and Dying Well" and this document was available within the service.

The policy and procedure identified palliative care as the proactive person centred care of service users with advanced progressive illness. It defined end of life care as being assisting those with advanced progressive, incurable illness to live as well as possible until they die.

The organisation had identified a number of aims in relation to palliative care, this included to raise awareness and discussion of death and dying, to enable a person to discuss their own preferences, to ensure that relatives and service users are treated with dignity, to ensure that there is access to skilled symptom management. It went on to highlight the importance of identifying individual needs, priorities and preferences for end of life care.

In discussions with staff they explained their role in end of life care.

One member of staff emphasised the importance of good communication and

recording. They demonstrated a good awareness of the needs of individual service users and referred to areas of care such as turning, personal care and oral care to ensure the person was comfortable. They stated that staff should also ensure that relatives have everything that they need.

Another member of staff advised that in some cases a palliative care plan would be put in place however timescale may influence if this can be done. They identified the importance of communicating with the family and ensuring they were fully aware of the situation. This member of staff also referred to the preferences of service users, they stated that in their experience most service users preferred to stay within the home rather than be moved to hospital.

In discussions with another member of staff they referred to the training they had received. This member of staff was aware of the NHS palliative care facilitators and stated that they would contact them if support was needed. They referred to the various charts that may be introduced for someone whose condition is causing concern such as turning, fluid balance and recording charts. This member of staff stated that while family usually remained with the service user in the past staff had been asked to stay with a service user if no family were available.

Care plans examined demonstrated that staff were bringing up issues as regards end of life care at an early point of the admission however it was dependent on the wishes of the service user and their family as to how detailed the information was.

In one case it was noted that a life limiting care plan was in place. This plan described the information and supports that would be required by the service user and their family. There was also a death and dying care plan in place and there was evidence of this being reviewed on a monthly basis. There was evidence of the GP and family providing information for this plan and the plan being changed in line with the information being provided. The requests and views of the family were clearly recorded within this plan.

In relation to recordings and charts there was evidence in all the plans examined of recordings becoming more frequent and of staff stating times when particular procedures had been carried out.

In some cases there was evidence of detailed end of life planning at an early stage of admission to the service. Staff advised that they would tend to wait until the service user was settled within the service and they knew the family better before discussing the subject. In some cases it was clearly being identified on a monthly basis that the service user and their family did not wish to discuss this.

Areas for improvement

There have been a number of staff changes within the service and the organisation should ensure that staff have completed training in palliative/end of life care.

See Recommendation 1.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 1

Recommendations

1. That the organisation ensures that staff receive training in relation to palliative care.

National Care Standards Care homes for older people Std 5 Management and staffing arrangements.

Quality Theme 2: Quality of Environment - NOT ASSESSED

Quality Theme 3: Quality of Staffing - NOT ASSESSED

Quality Theme 4: Quality of Management and Leadership

Grade awarded for this theme: 3 - Adequate

Statement 1

We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service strengths

The manager had advised that there was an open door policy in place with regard to contacting the manager.

The manager also advised that service users were encouraged to get involved in all aspects of the service and to make suggestions as to how the service could be improved.

The manager was observed to be approachable and relaxed with service users and to be spending time with service users. At the time of the inspection it was also observed that a prospective service user and their family had arrived to look at the service. It was noted that the manager provided relevant information and spent time ensuring that the prospective service user had the opportunity to ask questions.

Areas for improvement

The service is currently undergoing a period of change. The service should continue to ensure that service users and their carers are given every opportunity to comment and influence how the service is managed.

Grade awarded for this statement: 4 - Good

Number of requirements: 0

Number of recommendations: 0

Statement 3

To encourage good quality care, we promote leadership values throughout the workforce.

Service strengths

The manager advised that she would have an open door to staff and that she would continue to support staff to influence the day to day operations of the service.

In discussions with staff one new member of staff indicated that she felt well supported by the manager and colleagues to carry out what was an unfamiliar role for her. She stated that she had worked with a senior carer initially and this had been

very useful.

Another member of staff advised that she had been encouraged to take on a development role and had found this useful. This member of staff was involved in supporting new members of staff and taking a lead role in identifying training needs and resources.

Areas for improvement

In discussions with staff there was an indication that recent changes within the service had been unsettling. One stated that it had been difficult however the emphasis remained on ensuring that service users were provided with a high quality of care.

The manager indicated that she considered there had been a lack of support during her transition into the service. She stated that she felt her induction into the service had not been positive and while on paper it appeared to be a good induction the process was not followed.

The manager commented that this lack of adequate induction on her part also had an impact on her ability to support new senior staff coming to the service. She advised that she had prioritised the needs of the service users at this time and ensured that senior staff new to the service were aware of their needs.

See Requirement 1.

Grade awarded for this statement: 3 - Adequate

Number of requirements: 1

Number of recommendations: 0

Requirements

1. The provider to ensure that the manager and staff are effectively supported in their role and to do this the provider should ensure that:-
 - A full induction programme in line with the providers policies and procedures is completed.
 - That a programme of supervision is put in place for senior staff.
 - That staff have access to senior management.

SSI 2011 No. 210 15. (b)

Timescale - immediate on the publication of this report.

4 Other information

Complaints

No complaints have been upheld, or partially upheld, since the last inspection.

Enforcements

We have taken no enforcement action against this care service since the last inspection.

Additional Information

Action Plan

Failure to submit an appropriate action plan within the required timescale, including any agreed extension, where requirements and recommendations have been made, will result in SCSWIS re-grading the Quality Statement within the Management and Leadership Theme as unsatisfactory (1). This will result in the Quality Theme for Management and Leadership being re-graded as Unsatisfactory (1).

5 Summary of grades

Quality of Care and Support - 2 - Weak	
Statement 1	4 - Good
Statement 3	2 - Weak
Statement 8	4 - Good
Quality of Environment - Not Assessed	
Quality of Staffing - Not Assessed	
Quality of Management and Leadership - 3 - Adequate	
Statement 1	4 - Good
Statement 3	3 - Adequate

6 Inspection and grading history

All inspections and grades before 1 April 2011 are those reported by the former regulator of care services, the Care Commission.

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Telephone: 0845 600 9527

Email: enquiries@scswis.com

Web: www.scswis.com