

Inspection report

Treddinoch Care Home Service

33 Slamannan Road
Falkirk FK1 5NF

Inspected by: Linda Taylor
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 21 February 2006

Service Number

CS2003011572

Service name

Treddinloch

Service address33 Slamannan Road
Falkirk FK1 5NF**Provider Number**

SP2004005660

Provider Name

Milbury Care Services Limited

Inspected ByLinda Taylor
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

21 February 2006

Period since last inspection

July 2005

Local Office AddressSpringfield House
Laurelhill Business Park
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Introduction

Treddinoch is a large family home located near to the centre of Falkirk. The house has been internally adapted and offers accommodation for up to 7 service users, who have learning disabilities and behaviour that may challenge the service.

The stated aims and objectives of the service are to provide the best quality service to service users and their families. To fully train and update staff. To value the opinions and views of all living and associated with Treddinoch.

A new manager took up post in August 2005. The manager has had an enormous task to improve the quality of the service. It has been evidenced from the inspection that progress to meeting the requirements and recommendations from the last report has been progressed.

The last inspection report discussed that much work needed to be done to improve the quality of the accommodation. Since the last inspection the standard within the accommodation has greatly improved with a new kitchen, laundry room and bathroom being installed. New carpets have been put in place and some re-decoration work has been done. It is acknowledged that there is more work still to be completed, but there is a commitment to continue to improve the service.

Basis of Report

An unannounced inspection was made to the service on the 21st February 2006 to follow up on the requirements and recommendations made from the previous inspection and to inspect against the Regulation of Care (Scotland) Act 2001, Scottish Statutory Instrument 2002/ 114 Requirements as to Care Services, namely, Regulation 5 (1) Personal Plans, Regulation 13 Staffing, Regulation 19 (3) Records, (b), (c).

Action taken on requirements in last Inspection Report

The last inspection report highlighted 4 requirements.

1. The personal plans must be clearly written and include up to date accurate information to advise staff of the level of support service users require.

SSI 114 Regulation 5 Personal Plans

Findings: This requirement has not been achieved and is therefore highlighted again within this report, although it is acknowledged that work is being done to improve the personal plans.

2. The service must ensure that all staff employed within the service had gone through all necessary checks to ensure that staff were safely recruited.

SSI 114 Regulation 13 Staffing

Findings: There was evidence to support that correct procedures were now in place.

3. A detailed plan of how the organisation will address the standard of the environment must be submitted within one month which includes a timescale for completion of work within four months.

SSI 114 Regulation 10 Fitness of Premises

Findings: The majority of the above workplan has been completed with some minor work still to be finished off.

4. The service must ensure that sufficient staff are available for service user support. Where

a change is requested, a written proposal following a review of dependency within the service should be forwarded to the Care Commission for agreement.

SSI 114 Regulation 13 Staffing

Findings: This issue was still outstanding and is therefore highlighted again in this report.

Recommendations from the last report.

There were 5 recommendations from the last report:

1. The service should develop an introductory pack in line with National Care Standard 1 - Informing and Deciding which would inform a service user about moving into the service.

Findings: Informed by the Operational Manager that this is nearing completion with some minor details to be added. This should be available by April 2006.

2. Information for service users should be available in alternative formats.

Findings: Informed by the Operational Manager that this is available.

3. The policy and procedure manual should be updated to provide staff with current organisational support.

Findings: Informed by the Operational Manager that the policy manual has been updated and that some policies are presently being reviewed such as the restraint policy and challenging behaviour. Copies of these policies should be sent to the Care Commission.

4. Following the introduction of any new personal planning system, the service should provide training to staff to ensure their understanding of the system.

Findings: The manager is presently working with senior staff on the introduction of the personal plans and senior staff confirmed this. The manager informed the Care Commission Officer that workshops are planned for staff once the new personal plans have been completed.

5. Access to information and guidance about the use of restraint should be sought. Legal implications for service users, staff and the organisation should be detailed within the policy and procedure manual.

Findings: A copy of this policy should be sent to the Care Commission.

6. The service should continue to develop individual communication needs following the review of personal planning documentation.

Findings: There was evidence in one care record that staff were addressing the service users communication needs.

Comments on Self-Evaluation

N/A

View of Service Users

Three service users were spoken to during the inspection and one service user was observed in the lounge area. Service users appeared satisfied with the service offered.

View of Carers

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

Regulations / Principles

Regulation 5: SSI 114 Regulation 5 (1) Personal Plans

Strengths

The service is in the process of developing new personal plans as identified in the last inspection report in July 2005.

Areas for Development

Two service user's records were examined. One new service user had no personal plan in place although they had been resident since November 2005. There was no written information as to how staff would support this person. Staff informed the Care Commission Officer that this was being developed but there was no information available for staff to use. The other service user did not have an up to date personal plan that staff could follow. At the feedback session held on the 24th February the manager informed the Care Commission Officer that the staff and the manager were working through the different sections of the personal plan and it is proposed that each personal plan will be completed by the end of June/July 2006. It was discussed that staff need information as to how they are to support service users. The manager commented that section 5 of the personal plan contains the support needs and that these would be completed by the end of March 2006.

Regulation 13: SSI 114 Regulation 13 Staffing

Strengths

Staffing levels for night duty were found to be satisfactory.

It was good to see the amount of relevant training staff receive as evidenced with one member of staff who identified the training that they had received over the past few months since commencing their employment.

Areas for Development

Staff rota's for week beginning 20th February and week beginning the 27th February 2006 were examined. It was identified that there was only one day where the staffing schedule was being met. (26th February 2006). At the feedback session the manager informed the Care Commission Officer that agency staff have been used on late duty but were not written down on the duty rota. There was evidence of agency staff having worked at the home from the invoices seen. All staff working at the home should be written onto the duty rota. The manager and the Operational Manager both felt that the staffing schedule as it stands does not allow for flexibility. It was identified in the action plan from the last inspection that the service provider would write to the Care Commission with new staff proposals, to date this has not happened. Some staff felt that more staff per shift would allow them to do more activities and outings with service users. The service provider must submit a written proposal for any changes to staffing as soon as possible. Until such times as new staffing proposals

are agreed the provider must adhere to the present staffing schedule.

Informed that the manager is to commence the registered managers award and that the service provider is looking into all staff commencing SVQ training. Senior staff need to progress to SVQ level 3 as soon as possible.

Regulation 19: SSI 114 Regulation 19 (3) Records

Strengths

There was evidence that fire safety equipment had been recently serviced in December 2005. Emergency lighting and fire alarms were serviced in August 2005. A recent fire drill has occurred in January 2006, and staff confirmed that drills occur on a regular basis. Informed that staff have regular fire safety training, and staff confirmed this.

Areas for Development

Fire alarm test should be carried out weekly but some gaps were noted. A weekly fire safety audit is undertaken but staff should be reminded to sign the checklist. The fire procedure should be updated and be more informative as to what action staff should take in the event of a fire. The fire door leading from the dining room to the lounge did not close fully nor did the fire door leading from the dining room to the hall. This issue had been reported in January 2006 but had still not been repaired. There were other concerns about the length of time it took for some repairs to be carried out such as the problems with the lighting and the boiler. The Operational Manager informed the Care Commission Officer about the procedure the Company have in place when tradesman are used. The Company should look at ways to improve the time for repairs to be carried out. There should be a system in place whereby the manager can monitor and prioritise work needing to be carried out urgently such as the fire door. The service provider has a responsibility to ensure the safety of service users.

National Care Standards

Enforcement

Other Information

Requirements

1. Each service user must have an up to date personal plan in place which identifies how their needs will be met.

This is to comply with SSI/2002 114 Regulation 5 (1)

Timescale for implementation: one month from receipt of the report.

2. Until such times as staffing levels are discussed and agreed the provider must ensure that the present staffing schedule is being adhered to.

This is to comply with SSI/114 2002 Regulation 13 Staffing

Timescale for implementation: on receipt of report.

3. All staff who work at the service must be identified on the staff duty rota.

This is to comply with SSI/114 2002 Regulation 19 (3) (g)

Timescale for implementation: on receipt of report.

4. All fire doors which are not functional must be repaired as a matter of urgency.

This is to comply with SSI/ 2002 114 Regulation 4 (1) (a) Welfare of users.

Timescale for implementation: on receipt of report.

5. There should be a system in place whereby the manager can prioritise and monitor work needing to be carried out urgently.

This is to comply with SSI/ 2002 114 Regulation 4 (1) (a) Welfare of users.

Timescale for implementation: on receipt of report.

6. The Company should look at ways to improve the time for repairs to be carried out.

This is to comply with SSI/ 2002 114 Regulation 4 (1) (a) Welfare of users.

Timescale for implementation: on receipt of report.

Recommendations

Regulation 19 (3) (b)

1. The fire procedure should be updated and be more informative as to what action staff should take in the event of a fire.

Regulation 19 (3) (c)

2. Fire alarm test should be carried out weekly and recorded.

Regulation 19 (3) (c)

3. Staff should be reminded to sign the fire safety audit checklist.

Linda Taylor

Care Commission Officer