

Inspection report

Ochil Care Home Care Home Service

2 Etrick Drive
Perth PH1 1SB

Inspected by: Patsy McDermott
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 22 March 2007

Service Number

CS2007142952

Service name

Ochil Care Home

Service address2 Etrick Drive
Perth PH1 1SB**Provider Number**

SP2003002454

Provider Name

Barchester Healthcare Ltd

Inspected ByPatsy McDermott
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

22 March 2007

Period since last inspection

One month

Local Office AddressCentral East Region
Perth and Kinross Team
Compass House
11 Riverside Drive
Dundee
DD1 4NY.

Introduction

Ochil Care Home has been registered with the Care Commission as a Care Home for Older People since 1 April 2002.

The home is located within a pleasant residential area on the Western outskirts of Perth; and, is registered to provide care to a maximum of 79 residents.

Care is provided for older people with a variety of needs, including nursing, respite and palliative care - the latter being provided in cooperation with NHS Tayside. The home recognised that it had limited capacity to deal with more challenging aspects of mental health care and was reviewing its functions.

The home is purpose-built and is approximately 15 years old. Accommodation is provided on two floors with lift access facilitating movement for those with impaired mobility. There are 78 en-suite rooms, which provide for single occupancy - one room, however, has the capacity to accommodate two residents, where a need is identified.

The home has plans to build an extension specifically aimed at caring for people with Palliative Care needs. The Care Commission needs to be consulted about this formally.

Basis of Report

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

This announced inspection took place on 22 March 2007. The inspection was undertaken by Patsy McDermott, Care Commission Officer.

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

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

The service failed to submit a completed Annual Returns as requested by the Care Commission.

The Care Commission Officer gathered information for the report from the following sources:

Discussions with members of staff

Discussions with residents
Discussions with carers in the unit on the day of inspection
Observation of interaction between staff and residents
Examination of personal records of residents made by staff
Examination of the home's policies, procedures and essential records
Examination of staffing arrangements
Tour of the premises

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards - Care Homes for Older People:

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- Standard 4: Your environment
- Standard 5: Management and staffing arrangements
- Standard 13: Eating well
- Standard 19: Support and care in dying and death
- Standard 20: Moving on
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The national themes of :

Contract arrangements, inspection and complaints information and Safe keeping of money and valuables were examined at the last inspection.

The national themes for this service were:

Access to single rooms

- Fire safety
- Safer recruitment

SCCC Code of Practice

- Service users' finances

The Inspection took into account, the sections of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002, Statutory Instrument 11.

Action taken on requirements in last Inspection Report

There were five requirements in the last report.

- (1) The Service must meet the agreed staffing schedule at all times.
- (2) The administration of medications must follow the medication procedures of the company.
- (3) Staff must respond appropriately to buzzers at all times and staff responses are formally audited by the Manager.
- (4) The service should ensure that there are sufficient staff to meet the needs of service users needs, particularly when people who are unable to walk are left in the lounges out of reach of the buzzer system.
- (5) The service should ensure that there are sufficient staff to avoid service users who use wheelchairs are not left unattended in the dining area.

As the last inspection was a month ago the above requirements have not yet been met and will be carried forward.

Comments on Self-Evaluation

The service failed to submit a self-evaluation form as requested by the Care Commission.

View of Service Users

Many residents were unable to express an opinion regarding the care provided but the Care Commission Officer spoke with informally with service users who were generally happy with their bedrooms and the standard of housekeeping within the home. All the service users commented that the staff were very busy and did not always respond promptly to verbal or buzzer calls. Carer comments included "buzzers not responded to promptly, people are kept waiting".

The food was said to "very good" with varied choices and alternatives available on request

View of Carers

Relatives interviewed had concerns about staffing levels which they felt reduced the staff response time when their relative required assistance to access the toilet and the staff did not have time to sit with service users in the lounges or engage in activities.

The carers interviewed commented that the food and choices offered by the service appeared to be of a good quality.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 4: Care Homes for Older People - Your Environment

Strengths

Strengths

The service had completed the expected checks of the fire safety equipment and had contracts in place for routine maintenance of these. There was a specialist fire risk assessment in place. Fire drills and fire training for staff were recorded and staff interviewed confirmed that they had received training including night shift staff.

All bedrooms meet the minimum space standards recommended in the National Care Standards and had en suite toilets and washbasins. Service users had personalised their own rooms in a variety of different ways including using small pieces of furniture, pictures and soft furnishings. All room doors had locks which could be operated manually.

The Home was found to be clean and tidy at the time of this inspection with no lapses in standards observed. Service users expressed satisfaction with the standard of housekeeping.

Areas for Development

None identified for this standard

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

The home completed the expected checks of the fire safety equipment and had contracts in place for routine maintenance of these. There was a specialist fire risk assessment in place. The manager stated all fire safety recommendations had been met.

An audit of the service's safer recruitment policies and procedures has been carried out by the Care Commission. In summary, the service was able to evidence, as legal requirements and good practice, a start date of employment, together with details of the position held, a record of skills, experience, qualifications and details of an appointment.

Where appropriate, checks were in place relating to a professional registration.

The service was aware of the future need for social care staff to register with the Scottish Social Services Council (SSSC) and was actively preparing for such registration.

The Service undertook the relevant checks on both new employees and volunteers.

The Service had not made a decision on rechecking staff Disclosures but the manager stated Barchester's policy was to do two yearly rechecks and Ochil would undertake this procedure.

The Service had demonstrated its ability to take appropriate action to ensure that all employees were fit in relation Disclosure information.

The accident and incident records were seen to be completed appropriately.

Areas for Development

None identified for this standard.

Areas for Development/Improvement from the last report:

A copy of the most recent inspection report was not on display on the notice board in each unit of the home. The manager stated that she would provide a copy of the inspection report to residents or family members if requested.

(See recommendation 1)

The complaints procedure was not explained to service users and their families on admission to the service.

(See recommendation 2)

The Care Commission's complaints posters and leaflets were not readily available to service users and their families.

(See recommendation 3)

The balances were held in a pooled account and some service users had above £500, with no apparent interest being paid. This does not concur with the principle of managing monies in service users' best interests and the Provider is expected to amend this situation.

(See recommendation 4)

Although the safekeeping of valuables was kept to a minimum there was a safe for use if necessary but there was no written procedure for the holding of service users' valuables.

(See recommendation 5)

The staffing schedule for Ochil Nursing Home was not met on the day of inspection. Further examination of the staff rotas indicated shortfalls on several occasions prior to this inspection.

The manager confirmed this was the case and one of the activities co-ordinators had recently left the service. This short fall had been commented on by service users, relatives and staff.

(See requirement 1)

It was observed on arrival at the unit just before breakfast, the nurse who was administering medication left the trolley unattended for several minutes whilst attending directly to a service user in their bedroom.

(See requirement 2)

It was also noted that the buzzer was continually ringing during a 30 minute period. The manager stated this had been reported as an on-going problem and staff had been advised they must respond to the buzzer immediately. Staff were seen to be extremely busy helping people to get ready for breakfast and responding to the needs of people who were already dressed and waiting for breakfast.

(See requirement 3)

During the visit it was apparent that service users who were settled into the lounges were unable to summon carers if they required help. Staff were seen to be passing through the lounges but no staff were present on a structured, timetabled basis.

(See requirement 4)

Staff and relatives commented there was a lack of stimulation or activities once people were in the lounges as the staffing levels did not allow for these contingencies.

(See recommendation 6)

Staff interviewed and the manager confirmed that there were no formal supervision or appraisal systems in place.

(See recommendation 7)

National Care Standard Number 13: Care Homes for Older People - Eating well

Strengths

The Service had a written policy on food, fluid and nutrition. Nutritional assessments were seen to be carried out at time of admission and reviewed regularly.

Fresh fruit was available in the dining room at the time of the inspection and service users were offered a daily menu containing fruit and vegetables.

Cooked breakfasts were available daily for service users.

The Manager advised resident's likes and dislikes were recorded by the Chef and care staff were also aware of preferences.

There was evidence of specific diets being provided for service users.

All menus were attractively displayed on a notice board in the hallway and on individual menus on each table.

The service was able to access the services of a dietician, to support service users with specific dietary needs.

Residents were weighed monthly and more often if there were any concerns.

Staff advised that service users were encouraged to drink fluids and hot and cold drinks were available at all times for service users.

Areas for Development

None identified for this standard except those which are to be carried forward:

The notices in relation to breakfast time was stated to be 8.30 am but although several service users who were in adapted wheelchairs, were observed to wait in the dining room and foyer areas, until after 9 am.

In the upstairs dining area it was noted, and confirmed by staff, two people in wheelchairs had been in the dining area at least twenty minutes before breakfast was served.

(See requirement 5)

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

Strengths

Strengths

The service had a policy on Dying and Death and the service was able to offer palliative care which was supplemented by the local District Nursing service.

The staff member interviewed stated staff would work in conjunction with allied agencies to ensure that the best care was received at this time. Staff had received training in palliative care and spoke of how worthwhile and helpful this training had been.

Areas for Development

In some of the care plans examined information to the end of life wishes of service users and their relatives was not recorded.

(See recommendation 8)

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

Strengths

Strengths

The staff nurse advised that every effort was made to make any transition for residents as stress free as possible and residents and their relatives were actively supported on any forward move.

She stated that time is given to allow the process to go at the resident's pace. Discussions and planning included the service user and their relative or representative.

A key worker system was in place which facilitated support at all times including any transitional move.

The Home had established links with allied health care professionals and Social Work care management teams who would be involved in any move.
The service had a discharge policy in place and would provide a transfer for any service user who was moving to another service.

Areas for Development

There were no areas identified for development for this standard.

Enforcement

No enforcement action had been initiated by the Care Commission in respect of this service.

Other Information

Requirements

Requirements from the last inspection report:

(1) The Service must meet the agreed staffing schedule at all times.

This is in order to comply with: SSI 2002/114 Regulation 13(a) - a requirement that providers shall ensure that at all times suitably qualified and competent persons are working in the care home in such numbers as are appropriate for the health and welfare of services users.

Timescale for implementation: 24 hours from the publication date of this report.

(2) The administration of medications must follow the medication procedures of the company.

This is in order to comply with:

SSI 2002/114 Regulation 4(1)(a) - a requirement to make proper provision for the health and welfare of service users.

Timescale for completion: within 1 week of receipt of this inspection report

(3) Staff must respond appropriately to buzzers at all times and staff responses are formally audited by the Manager.

This is in order to comply with:

SSI 2002/114 Regulation 4. (1) - a requirement that providers shall make proper provision for the health and welfare of service users.

Timescale for implementation twenty fours from the publication date of this response.

(4) The service should ensure that there are sufficient staff to meet the needs of service users needs, particularly when people who are unable to walk are left in the lounges out of reach of the buzzer system.

This is in order to comply with:

SSI 2002/114 Regulation 13 (a) - a requirement that providers shall ensure at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users.

SSI 2002/114 Regulation 4 (1)(a)(b) - a requirement that providers shall make proper provision for the health and welfare of service users at all times and provide services in a manner which respects the privacy and dignity of service users.

Timescale for implementation: within 24 hours of the publication date of this report.

(5) The service should ensure that there are sufficient staff to avoid service users who use wheelchairs

are not left unattended in the dining area.

This is in order to comply with:

SSI 2002/114 Regulation 13 (a) - a requirement that providers shall ensure at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users.

SSI 2002/114 Regulation 4 (1)(a)(b) - a requirement that providers shall make proper provision for the health and welfare of service users at all times and provide services in a manner which respects the privacy and dignity of service users.

Timescale for implementation: within 24 hours of the publication date of this report.

Recommendations

Recommendations from the last inspection report:

1 The manager should provide a copy of the latest inspection report is on display and available to new residents or their representative/family prior to them moving in to the home and inform them when a new report is available.

Inspection reports should continue to be offered to service users and carers throughout the service users' stay in the care home.

National Care Standard Number 1: Contract Arrangements, Inspection and Complaints Information

2 The manager should ensure that complaint information is explained to people prior to admission.

National Care Standard Number 1: Contract Arrangements, Inspection and Complaints Information

3 The manager should ensure that complaint information is available and leaflets and posters informing service users and their relatives about the care Commission complaints procedure should be on display.

National Care Standard Number 1: Contract Arrangements, Inspection and Complaints Information

4 The care service should ensure that when resident's funds are kept in a pooled account, then the funds of each resident are separately accounted for and any interest apportioned accordingly. Balances are kept low where possible, with excess transferred to the individual's interest - bearing account. This is in order to comply with the Adults with Incapacity (Scotland) Act 2000 - Guidance for Managers - Code of Practice, 2.8, 2.9. Adults with Incapacity (Scotland) Act 2000 - Guidance for Managers - Code of Practice, 6.25.

5 It is recommended that the home should implement a policy regarding the safekeeping of money and valuables.

National Care Standard Number 2: Safekeeping of Money and Valuables

6 In order to increase the interest in the daily lives of service users, it is recommended that each lounge in the Home is supplied with a variety of equipment and games, for care staff to plan some informal activities or use spontaneously, when the opportunity arises.

National Care Standards for care homes for older people, Standard 17: Daily life.

7 It is recommended that all staff should receive supervision and appraisal at least every six months and

National Care Standards for Care Homes for Older People, Standard 5: Management and staffing arrangements.

8 It is recommended that the physical, personal and spiritual care in dying and death and funeral arrangements are recorded in care plans and reviewed on a regular basis.

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

Patsy McDermott
Care Commission Officer