

# Inspection report

## Forebank Care Home Care Home Service

26 Forebank Street  
Dundee DD1 2PB

**Inspected by:** Lesley Toner  
**(Care Commission Officer)**

**Type of inspection:** Unannounced

**Inspection completed on:** 3 June 2005

**Service Number**

CS2003000494

**Service name**

Forebank Care Home

**Service address**26 Forebank Street  
Dundee DD1 2PB**Provider Number**

SP2003002125

**Provider Name**

Four Seasons Health Care Limited

**Inspected By**Lesley Toner  
Care Commission Officer**Inspection Type**

Unannounced

**Inspection Completed**

3 June 2005

**Period since last inspection**

6 months

**Local Office Address**Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

## **Introduction**

This unannounced inspection was carried out as part of a planned follow up of 11 inspections of Four Seasons Healthcare services which took place in September 2004. The inspection of Forebank care home followed the same format as the previous inspection, and focussed on the environment, personal plans (including medication) and safe recruitment processes. Verbal feedback was provided to the manager of the service on the day of the inspection, and the findings are included in this report, to which a local response must be made. An overview of the findings from all the follow up inspections will also be provided to Four Seasons.

## **Basis of Report**

This unannounced inspection took place on 3 June 2005 between the hours of 9am and 5.30pm. It was carried out by Care Commission Officers Lesley Toner and Linda Paterson.

The inspecting officers gathered information from the following sources:

- Discussions with the manager of the care home and three members of staff in private
- Discussions with three relatives and four residents
- Observation of interactions between staff and residents
- Examination of 10 residents' personal plans and medication records
- Examination of 15 staff files
- Examination of 10 residents' bedrooms and communal areas of the home

The inspection focussed on the Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114) and the following National Care Standards for Care Homes for Older People:

- Standard 4: Your Environment
- Standard 5: Management and Staffing Arrangements
- Standard 6: Support Arrangements

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

Previous requirements were not the focus of this inspection and will be reported on at the next inspection.

## **Comments on Self-Evaluation**

There was no self-evaluation for this unannounced inspection.

## **View of Service Users**

The Care Commission Officers spoke to four residents. Although it was not possible to gain formal comments about the service the brief comments and behaviour of residents (e.g. spontaneous smiles) suggested a higher level of contentment and satisfaction than on the previous inspection visit. (Three residents had expressed dissatisfaction at the previous visit). The officers noted that all residents seen appeared to be settled and no resident appeared in any way distressed during this inspection.

## **View of Carers**

The CCOs held discussions with relatives of two residents and spoke briefly to one other relative. One expressed a high level of satisfaction with the service and said that as an assertive person she would ensure that she raised any concerns immediately. However she had not found this to be necessary. The other relative said that her family member had been unsettled for a few weeks after moving into the care home but was now happy and settled. She identified two concerns that she had raised with staff; one of these had been addressed but a missing item of clothing had yet to be found.

## **Regulations / Principles**

### **National Care Standards**

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

##### **Strengths**

There were improvements in the general standard of cleanliness in the home since the last inspection.

Ten residents' bedrooms were examined. All were clean and tidy, and several were personalised with items of furniture, flowers and personal belongings.

Two lounge areas were examined. Both were clean. One was particularly bright and had appropriate music playing.

Three bathrooms and one shower room were examined. Two bathrooms and the shower room were clean. Bathing seats were in working order.

One relative who was interviewed commented on the high input of cleaning in the home. She said she was regularly in the home and that 'they are always cleaning'.

Appropriate beds were provided for most residents at risk of falling.

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

1. Two residents who had been assessed as at risk of falling from a standard bed were sleeping on mattresses on the floor. One of these residents also slept inside a zipped cocoon. Such sleeping arrangements do not provide appropriate dignity for residents, present manual handling risks to staff and are a form of restraint. (See requirements 1 and 2)

2. The bath in area one bathroom had a large hole in the side and the bath seat was dirty. These issues present risks of cross infection. One bathroom was being used for storage and was not in use. There was a broken hose clip on one shower. (See requirement 3)

3. Three bedrooms had broken or loose shelves in en-suite bathrooms; one had curtains falling from runner. (See recommendation 1)

4. No progress had been made to the issue of fitting locks on residents' doors. (See recommendation 2)

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

##### **Strengths**

Files for 15 members of staff were examined and the Care Commission Officers interviewed two adaptation nurses and a carer, all of whom had recently started work in the home.

Evidence of Disclosure Scotland checks for 12 of the 15 staff members was seen; the two

adaptation nurses stated that police checks had been carried out during their recruitment although records of these checks were not seen.

Nine staff files contained two appropriate references; all had at least one appropriate reference from a current or previous employer. All recently recruited staff had been recruited using appropriate application forms and an interview.

In discussions with the manager he described recent positive action he had taken on disciplinary issues and said that where possible new care staff had a period on placement in the home before being formally recruited, to ensure their suitability and aptitude for employment.

Formal training in recruitment procedures for the manager was planned.

Staff who were interviewed said that they had felt welcomed and well supported when beginning to work in the home. They said that guidance from more experienced staff was readily available. Induction records were seen for six staff members.

It was noted that staff training in fire procedures was planned and took place during this unannounced visit.

### **Areas for Development**

1. There was no record of a Disclosure Scotland check for one carer. There was also no record kept of dates when forms were submitted to Disclosure Scotland. A more robust system to ensure that checks are carried out for all staff is required. (See requirement 4)
2. The manager had no procedural guidance on the action required in response to a positive disclosure. (See recommendation 3)
3. Although staff interviewed said that they had been given good support and guidance when beginning work in the home, induction records were incomplete. Most induction records were signed only by the candidate and not by their mentor/supervisor. (See requirement 5)

### **National Care Standard Number 6: Care Homes for Older People - Support Arrangements**

#### **Strengths**

Ten residents' personal plans were examined. All had daily entries and a cover sheet with photograph, next of kin/contact person and GP details. Nine had assessment documentation. One personal plan was for a resident who was very recently admitted and some detailed care plans were already in place. Full assessments for this resident were still in progress. All records were signed by a staff member.

There were records of dates of review of eight residents' personal plans in consultation with relatives/representatives, with minutes for seven of these review meetings. For one of the remaining residents there were records of discussions with the residents' guardian.

Medicine Administration Records for the same ten residents were examined. In four of these

there were no gaps. Staff had used appropriate coding to record reasons for the gaps in the records in three charts. In one case this was also cross referenced to the care plan.

Hand-written amendments to Medicine Administration Records were signed and dated by staff members.

There was good evidence of appropriate action taken by staff to request reviews of medication by GPs.

### **Areas for Development**

1. There had been no formal review for one resident. A system should be established to ensure that review dates are set in advance for all residents on at least a six-monthly basis. (See recommendation 4)

2. Some aspects of medication management did not follow best practice guidance:

- Pre-printed labels from the pharmacy were routinely used to add new medications to Medicine Administration Charts. Best practice guidance states that changes should be hand-written, signed, dated and cross-referenced to the prescriber.
- Where hand written changes had been made to MAR charts these were not cross referenced to the prescriber.
- A small number of unexplained gaps in the in the MAR charts for four residents was noted.
- Although photocopies of newly prescribed medications including antibiotics were kept, there was no system in place to cross reference repeat prescriptions to the prescriber. (See recommendation 5)

## **Enforcement**

There has been no enforcement action against this service since the last inspection.

## **Other Information**

None identified at this inspection.

## **Requirements**

1. The provider is required to assess each service user currently sleeping on a mattress on the floor and make appropriate and safe arrangements to ensure this practice ceases.

This is in order to comply with:

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114), Regulation 4(1)(a) – a requirement to make proper provision for the health and welfare of service users

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

2. The use of restraint must be properly recorded and should follow best practice guidelines, for example 'Rights, Risks and Limits to Freedom' (Mental Welfare Commission 2002).

This is in order to comply with:

SSI 2002/114 Regulations 4(1)(c) and 19(3)(a) – requirements concerning the use of restraint.

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

3. All bathrooms and shower rooms must be kept in a sound state of repair.

This is in order to comply with:

SSI 2002/114 Regulation 10(2)(b) – a requirement to ensure that the premises are fit for use.

Timescale for implementation: two months from receipt of the inspection report.

4. Enhanced Disclosure Scotland checks must be carried out for all staff with direct access to residents. A robust system to ensure that such checks are carried out must be developed.

This is in order to comply with:

SSI 2002/114 Regulation 9 – a requirement to ensure that all staff are fit to be employed in a care service

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

5. An up to date record of induction and training must be kept and audited for all staff to evidence that staff have appropriate training for the work they are to perform.

SSI 2002/114 Regulation 13 – a requirement to ensure that staff employed in the home are suitably qualified and competent.

Timescale for implementation: three months from receipt of the inspection report.

## **Recommendations**

1. Shelving fixed in residents' bathrooms should be securely fixed to avoid risk of injury.

National Care Standards - Care Homes for Older People

Standard 4: Your Environment

2. Locks should be fitted to residents' doors in order to provide appropriate privacy and dignity. Staff should be able to open locks in an emergency.

Standard 4: Your Environment

3. The home should have a clear policy and procedures for responding to a positive disclosure check.

Standard 5: Management and staffing arrangements

4. A system should be established to ensure that review dates are set in advance for all residents on at least a six-monthly basis.

Standard 6: Support Arrangements

5. The management of medication should be based on current best practice guidance, for example - The administration and control of medicines in care homes and



children' services (RPSGB 2003), Guidelines for the administration of medicines (NMC 2002) and Guidelines for Records and Record keeping (NMC 2002).  
Standard 15: Keeping well – medication

**Lesley Toner**  
**Care Commission Officer**