

Inspection report

Woodhurst Care Centre Care Home Service

Old Bridgend
Carluke ML8 4HN

Inspected by: Gillian McPake
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 31 March 2007

Service Number

CS2006131737

Service name

Woodhurst Care Centre

Service addressOld Bridgend
Carlisle ML8 4HN**Provider Number**

SP2005007835

Provider Name

Canterbury Care Homes Ltd

Inspected ByGillian McPake
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

31 March 2007

Period since last inspection

4 months

Local Office AddressSouth West Region
Princes Gate
60 Castle Street
Hamilton
ML3 6BU

Introduction

Woodhurst Care Home is a care home registered to accommodate forty older people. The building is set in a quiet residential area of Carluke with well maintained gardens to the front of the Home and grounds to the side. The home is quite close to the town centre with its shops and other amenities. During the inspection there were 33 services users living there. The service was registered by the Care Commission on 1st April 2002.

The home was recently been taken over by Canterbury Care Homes Ltd.

The aims and objectives as stated by the Home are 'to encourage the individual to achieve maximum independence and happiness, within the limits of disability and handicap. Promoting this in a comfortable and protected environment which provides needs such as meals and nursing care tailored to the requirements of the individual'.

Basis of Report

This report was written following an unannounced inspection by one Locum Care Commission Officer carried out over the course of one day on the 31st March 2007.

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 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, action taken upon requirement and recommendations.

The service was required to have a medium 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, complaints and or other regulatory activity.

During the inspection the Officer spoke with three members of staff and three service users. The Officer also looked at a range of Policies, Procedures and records including:

- Policies relating to Staff Recruitment
- Complaint Policy and Procedures
- Policies and Procedures on Prevention ,Identification and Investigation of Abuse
- Fire Safety Policies, Procedures and records relating to fire safety
- Administration of Medication
- Whistle Blowing
- Managing Risk
- Resident Care Plans

Due to the recent change in ownership of the Home new policies, procedures and documentation had been, or were in the process of being introduced.

This unannounced inspection took place on a Saturday when management and administrative staff were not on duty therefore certain documentation such as staff personal files and resident administration files were not available for inspection. This meant that certain parts of the Care Standards and Inspection Themes could not be fully inspected.

The Officer also undertook an inspection of the premises and observed interactions between staff and service users.

The Care Commission Officer took all of the above into account and reported on whether the service was meeting the following National Care Standards and Themes for inspection.

Care Homes for Older People

- Standard 3: Your Legal Rights
- Inspection Theme: Office of Fair Trading Report into Unfair Care Agreements in Care Homes and Resident Finances.
- Standard 5: Management and Staffing Arrangements
- Inspection Theme: Safe Recruitment

The Officer also examined action taken with regard to the Requirements and Recommendations made in the previous inspection report.

Action taken on requirements in last Inspection Report

Two Requirements were made in the last inspection.

1.The Manager must take a review of nutritional risk screening procedures to ensure that service users at risk of malnutrition are identified and appropriate care plans developed and monitored. Details of actions taken must be clearly documented in the care plans.

The Officer was informed that the M.U.S.T. tool had been introduced for all service users to meet this requirement. An inspection of a sample of resident care plans confirmed this.

2.The Manager must undertake a review of fluid risk screening procedures to ensure that service users at risk of dehydration are identified and appropriate care plans developed, implemented and monitored.

The Officer could find no evidence of risk screening specific to fluid intake in any of the care plans inspected. From interviews with staff it appeared that sufficient fluids were offered throughout the day and fluid balance charts were maintained should a resident be ill. There was, however, no evidence of assessment on admission or at regular intervals thereafter with regards to fluid intake. This Requirement was repeated. (See Requirement 1)

Comments on Self-Evaluation

Not applicable for this inspection

View of Service Users

The Officer spoke with three residents during the inspection. All commented favourably regarding their care.

“I am very comfortable here”

“it’s very homely”

The interactions witnessed by the Officer between staff and residents appeared relaxed and friendly.

View of Carers

No carers were spoken with during the inspection.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 3: Care Homes for Older People - Your Legal Rights

Strengths

Reports from the previous inspection were readily available for residents and their next of kin.

An information pack for prospective or new residents was available. Included in this was a copy of the service's Conditions of Admission & Terms of Business. This pack also contained details of costs and details of services not included in those costs. Information on the service's complaint procedures and contact details of the Care Commission were included.

Areas for Development

The Officer was unable to access service user administration files due to the date of the inspection therefore could not verify if signed copies of resident agreements were kept. This will be followed up at a future inspection

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

Strengths

The service had a comprehensive Policies and Procedures manual in place. Policies in this included:

- Staff Recruitment
- Administration of Medicines
- Health and Safety
- Whistle Blowing
- Management of Waste Products
- Risk Assessment and Management
- Complaints
- Abuse
- Visits to the home including visits by children

· Restraint

The Officer was informed that the induction pack for new staff included a check list to indicate the staff had read specific policies.

With regard to Staff Recruitment the home had specific policies or procedures in place for Equal Opportunities, Scottish Criminal Records Office Checks, Taking up References and checking registration with the S.S.S.C. and the Nursing & Midwifery Council. The Officer was unable to gain access to staff personal files to verify if these procedures were adhered to.

Resident's personal funds held on their behalf by the home were securely kept in a safe.

The service was developing personal evacuation plans for each of the residents. There was a policy in place regarding emergency procedures.

The Officer observed that all the fire doors were closed during the inspection; this had been a recommendation in the previous inspection report.

Records of electrical testing were kept. This had been a recommendation in the previous inspection report.

Areas for Development

There was no evidence of a policy on staff training or of a clear written staff development strategy and yearly training plan. (See Recommendation 1)

The resident's personal funds held by the service were only accessible to the residents when the administration office was open. Consideration should be given to making these funds more readily available to the residents. (See Recommendation 2)

The officer was unable to inspect the written records of any transactions involving the residents' personal funds as they were also not accessible out with office hours. This will be followed up at a future inspection.

There was no evidence of Policies relating to residents personal finances and valuables. (See Recommendation 3)

The Fire Log contained some details of staff fire training but these details did not contain staff names, only numbers of staff attending or generic term e.g. "staff meeting" Nor was there evidence that the person conducting the training could be deemed "competent". (See Recommendation 4)

The records of checks relating to fire safety contained within the Fire Log were not up to date. The weekly checks of Emergency Lighting, Means of Escape, and Fire Alarm Tests were last dated as being done on 26/09/06. (See Recommendation 5)

There was no evidence of Fire Drills being carried out. (See Recommendation 6)

The service's Fire Risk Assessment had last been carried out in January 2006 there was no evidence of this being scheduled for review. The provider advised the Care Commission during registration in November 2006 that the previous provider had addressed the

recommendations made by Strathclyde Fire and Rescue services, dated 4 May 2006. (See Recommendation 7)

The service's Emergency Plan was not specific to the premises and did not contain specific details of post evacuation procedures but there was evidence that the Manager was currently developing this plan. The Officer requested that the service continue to develop these procedures and put them in place as quickly as possible.

The introduction of Part 3 of the Fire (Scotland) Act 2005 on 1 October 2006 transferred the responsibility for enforcing fire safety in all care settings to the Fire and Rescue Services. The Care Commission will no longer impose requirements in regard to fire safety. The Care Commission will now make recommendations in relation to fire safety and a covering letter highlighting these will be forwarded to the local Fire Officer for consideration and follow up action as required.

Enforcement

No enforcement action has been taken since the last inspection.

Other Information

Action taken on Recommendations made in last Inspection Report and not already covered in this report.

1.The Home should review all service user's care plans to ensure all the nutritional information contained in them is detailed and appropriate to meet the needs of the individual service user. This should be reviewed when necessary or when there are any changes to the individual's condition.

The home had recently introduced new documentation for resident's care plans and had also commenced using the M.U.S.T. tool in all care plans.

2.A suitable policy and procedure on dying and death should be developed and made available to staff, service users and their representatives. Individual care plans should identify clearly an individual's wishes through dying and death. This should be recorded and reviewed as necessary.

Policies on Care of the Dying and Bereaved and Death of a Client had been put in place. New care plan documentation had been introduced and was being developed.

Requirements

A requirement is a statement setting out an enforceable action required of a service provider in order that the service complies with current legislation, usually within a specific timescale.

1.The Manager must undertake a review of fluid risk screening procedures to ensure that service users at risk of dehydration are identified and appropriate care plans developed, implemented and monitored.

This is in order to comply with:

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

Timescale for implementation: 4 weeks from publication of this report

Recommendations

A recommendation is a statement setting out proposed actions to be taken by the service provider aimed at improving the quality of service (based on good practice and professional judgement) but which would not be subject to enforcement action if not actioned.

1.The service should develop a policy regarding staff training. A staff development strategy and annual training plan should also be developed.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

2.Consideration should be given to implementing a system whereby residents can gain access to personal funds held by the service on their behalf at all reasonable times including times out with normal office hours.

National Care Standards, Care Homes for Older People, Standard 5, Management and

Staffing Arrangements.

3.The service should develop clear written policies and procedures relating to service users' personal finances and valuables.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

4.All staff should receive Fire Safety training on commencement of employment and at six monthly intervals there after. Full details of all Fire Safety Training should be recorded in the appropriate section of the Fire Log. These details should include the names of the staff participating, the date, duration and nature of the training. This training should be carried out by a competent person.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

5.All checks pertaining to Fire Safety should be completed on schedule and records of these checks entered in to the Fire Log. These checks should include Emergency Lighting, Means of Escape and Fire Alarm Tests.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

6.Fire Drills should be carried out on a regular basis. Full details of these drills including the names of those participating should be recorded in the Fire Log.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

7.The service should review its Fire Risk Assessment on a regular basis and forward the assessment to the local Fire Authority.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

Gillian McPake
Care Commission Officer