



# **REPORT ON NATIONAL CARE HOME CONTRACT MONITORING FIRST VISIT**

Provider Visited: Kincarrathie House

Type of Contractual Arrangement: National Care Home Contract

Contract Compliance Officer: Dave Henderson

Date of Visit: 8<sup>th</sup> February 2018

Date of Draft Report: 23<sup>rd</sup> April 2018

Approved by Zoe Robertson McCranor Date: 23<sup>rd</sup> April 2018

Date of Final Version: 2<sup>nd</sup> May 2018

## **Introduction**

Contract compliance is a stand-alone exercise separate from that undertaken by other regulatory agencies but will be informed by these functions. All visits by Community Care Contract Compliance Officers will use the agreed Contract Monitoring Framework and will focus on checking, controlling and recording whether the service is being provided in accordance with the terms of the National Care Home Contract.

## **Background**

Kincarrathie House is a residential care home for older people set in fourteen acres of parkland on the outskirts of Perth. The home is owned by the Kincarrathie Trust and is a charitable trust.

Accommodation comprises of 44 single rooms with en-suite facilities, 1 room is dedicated for respite clients. Residents have access to a number of public rooms and gardens.

It was observed during visit the internal and external condition of the home to be in very good condition.

The long term manager of the care home who has been in post for sixteen years is due to retire in mid-2018 and the board of trustees are in the process of recruiting for a replacement.

## **Reporting**

The monitoring visit to the service took place on 8th February 2018. The following methods were used in order to obtain the information contained in this report:

- Discussions with the Manager
- Discussions with the Deputy Manager
- Sampling of residents personal records
- Completion of training evaluation tool
- Evidence of staff induction training
- Evidence of staff supervision
- Sampling of recorded training
- Evidence of health and safety measures
- Examination of policies and procedures
- General observation of Care Home living conditions
- Discussions with residents

The report is based on the principles of the National Care Standards 'Care Homes for Older People' and 'National Care Home Contract including relevant legislation, regulations and guidance from the Social Services Council.

## **Care Commission / SCSWIS / Care Inspectorate Report**

The last available report on the Care Inspectorate website relates to an unannounced visit undertaken on 6th November 2017. As a result of the inspection three recommendations were made relating to:

- Records for the application of creams should evidence these are in accordance with the prescribed instructions.
- The service should evidence a robust stock control system for all residents to ensure medication does not run out.
- The service must ensure all staff members have undertaken statutory training prior to being included in the numbers of staff on rotas.

Based on the findings of the visit Kincarrathie House was awarded the following grades:

Quality of Care and Support – 5 (very good)

Quality of Environment – N/A

Quality of Staffing – 5 (very good)

Quality of Management and Leadership – N/A

It is the responsibility of the care home manager to advise the Contract Compliance Officer – Care Homes (within one week) when:

- A SCSWIS inspection is complete
- The grading outcome SCSWIS from an inspection

	Care Inspectorate Annual Return - 7
Have you kept written records of all complaints you have received?	Yes
How many complaints did you receive?	1
How many complaints did you receive which were about allegations of abuse?	0
Where complaints involved allegations of abuse, did you notify the local authority of these allegations?	n/a

### Discussions with residents

	Care Inspectorate Annual Return - 2017
In 2016 total number of admissions	15

Total number of discharges	9
Total number of deaths in hospital	2
Total number of deaths in care home	7
Total number of deaths in hospice or community hospital	0
How many outbreaks of infection?	2
How many serious injuries in total?	0
Total number of thefts from service users	0
How many incidents of restraint of service users?	0
How many people in your service had had a fall?	179
How many people in your service were admitted to hospital due to a fall?	3

During the monitoring visit the Contracts Compliance & Commissioning Officer met separately with two residents both who had lived in the care home for approximately one year.

The residents gave differing views in relation to food. One resident thought the food was “very good” with plenty of choice and alternatives made if requested. She also commented a lot of the vegetables were freshly grown in the extensive gardens in the care home. She also explained the chef came round on a daily basis to speak to residents about that day’s menu.

In contrast the other resident thought the menu was “boring, with the same taste” and personally would prefer more salads. She is however asked if she wishes alternatives from the menu. It was noted by the officer that the care home provided adapted crockery for the resident to allow her to drink her cup of tea.

Both residents like their respective rooms and had brought in personal items in addition to their own furniture. One of these residents has a mobile leather reclining chair to allow her to use it anywhere in the care home; this was a specialist chair purchased by the care home specifically for this resident. Neither of the residents had any concerns regarding the cleanliness of their rooms by domestic staff.

Staff received very positive comments by both residents. One resident explained that as part of the interview process potential new staff are given a “walk round” the care home to see how they interact with residents and residents can be involved in the formal interview process. Both residents felt staff knew their likes and dislikes; one commenting that staff knew in particular that she liked to spend as time outside in the grounds of the care home.

There is a small formal activity programme in place for afternoons which includes life stories, flower arranging, board games / quiz, hand and foot massage, short walks; evidenced the activity calendar on the noticeboard outside the main lounge.

Activities continue to regularly be facilitated in the care home with activity co-ordinators in post; a weekly activity planner is on the walls in the care home but also produced in a sheet format and circulated to residents. Kincarrathie House is part of the Care Inspectorate CAPA (Care about Physical Activity) pilot programme.

One of the two residents has deteriorating eyesight and is likes to listen to “talking books”; she explained the mobile library visits regularly and there is also a wide range within the care home. She also has her own Kindle and Tablet and uses the WIFI provided by the care home. She likes taking part in all the activities in the care home to keep her busy. For example the previous day she made a card for her great granddaughter whilst at night there was a musical performer. On the afternoon of the monitoring visit she was going on a local bus outing organised by the care home. Every Tuesday she attends a group facilitated in the city centre by the Blind Society.

The other resident also likes to part in all the organised activities and commented how many different activities were available, she also mentioned the bus outings, arts and craft sessions, library service as well as having visits from family.

A number of mobility scooters are owned by the care home to allow residents who are unable to walk around the grounds to enjoy the gardens.

## **2. Organisational Capacity and Capability**

### **Staff**

	Care Inspectorate Annual Return - 2017
Total number of staff at 31 December	58
Total number of days that staff was absent due to sickness?	390
How many WTE staff vacancies did you have at 31 December	0

The total number of staff who left between 1 January and 31 December	24
The total number of staff who were recruited between 1 January and 31 December	27
Have you found vacancies hard to fill?	Yes <ul style="list-style-type: none"> <li>• Too few applicants</li> <li>• Too few applicants with experience</li> </ul>
How many different agency or bank staff have you used	8

### Registration

	Care Inspectorate Annual Return - 2017
Is the manager a member of the PVG	Yes
Have you completed PVG retrospective checking on all staff carrying out regulated work?	Yes
How frequently do you intend to request an update for existing staff with the PVG scheme?	Every 3 years
How many staff at 31 December was required to be registered with the SSSC?	36
How many staff members were at 31 December actually registered?	31
How many staff at 31 December had applications for registration with the SSSC pending?	5

### Misconduct / Dismissal / Suspension

	Care Inspectorate
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	Annual Return - 2017
How many social services workers did these circumstances apply to between 1 January and 31 December?	0
How many of them did you refer to the SSSC?	0
How many of your staff members who are social service workers have you taken disciplinary action against between 1 January and 31 December?	0
How many staff, who you have taken disciplinary action against, have you reported to SSSC between 1 January and 31 December?	0
How many staff have you reported to the NMC between 1 January and 31 December?	n/a
How many staff have you reported to professional bodies, other than the SSSC and NMC between 1 January and 31 December?	0
How many complaints did you receive about your staff between 1 January and 31 December?	0
How many of the complaints you received about your staff, between 1 January and 31 December, did you investigate and find to be justified?	0

## 2.2 Induction and Training

*A.9.30 of the National Care Home Contract states “The Provider shall have in place and review as appropriate a staff development strategy and an effective yearly training plan to meet the requirements of the Care Standards”.*

	Care Inspectorate Annual Return - 2017
Mapping your staff against the dementia Promoting Excellence framework how many staff were at the following levels	Informed – 5 Skilled – 0 Enhanced – 0 Expert - 0
Is your service using the six leadership capabilities and the SSSC “Step into Leadership” resource to support workforce development?	No
How many of your staff has a current accredited first aid certificate?	30
Is someone with a current, accredited, first aid certificate available at all times when service users are receiving care?	Yes
How many of your staff administers medicines (including applying prescribed creams and ointments)?	16
How many of your staff who administer medicines has completed the SQA Higher National Unit F9D9 34 Administration of Medication?	2
How many of your staff who administer medicines has completed the SVQ unit HSC375 Administer Medication to individuals?	16



Training is facilitated through a range of sources e.g. internal, Perth & Kinross training calendar, SVQ and e-learning. The deputy manager has now the remit of overseeing the training programme and is currently reviewing and revamping the current training records.

All staff has individual logins to the e-learning system and can access the system both in the care home and at home; e-learning modules are not allocated specific to each staff member's role but instead are allocated as either "essential" and "non-essential" for all staff. Printable certificates are part of the e-learning system and can be printed off and kept in individual staff files. The deputy manager leads on all recording and monitoring of e-learning training.

A range of management reports can be accessed by the manager and deputy manager. Reports can be filtered by a range of options e.g. course, staff member, compliance levels.

The deputy manager evidenced a spreadsheet for E-learning. The spreadsheet clearly identifies courses completed, started and not yet started. A more succinct summary spreadsheet was also evidenced; these showed essential E-learning stats for the care home were:

<b>Module</b>	<b>No. of Users Assigned</b>	<b>Number of users passed</b>
Adult Support & Protection	53	47
C.O.S.H.H.	53	16
Dementia Awareness	53	7
Fire Awareness	53	12
First Aid	53	47
Flu Awareness	53	0
Health & Safety	53	8
Infection Control	53	18
Manual Handling	53	50

The deputy manager explained that the above modules are refreshed annually and staff members have begun the process of completing them again. Staff members have been given deadlines for initially completing two modules with COSHH and Infection Control being required to be completed by 28<sup>th</sup> February.

A folder has been set up with individual tabs for each of the modules and months clearly identified for completion; this is to assist the deputy manager in monitoring the progress of e-learning.

Non-essential training modules are:

<b>Module</b>	<b>No. of Users Passed</b>	<b>% of Staff</b>
Anaphylaxis Awareness	53	0
Assisting with medication	0	0
Catheter care	53	0
Child Protection	53	0
Communication	53	1
Complex Behaviour	53	1
Continence Care	53	0
Customer Engagement	53	0
Diabetes Awareness	53	0
Diet & Nutrition	53	0
Epilepsy Awareness	53	0
Equality & Diversity	53	0
Falls Prevention	53	0
Food hygiene	53	8
Grief & Loss	53	0
Grief & Loss – Managers	53	0
Induction Training	53	2
Lone working	0	0
Management of complaints	53	0
Meaningful Activities	53	1
Medication Awareness	53	2
Mental health awareness	0	0
Palliative Care	53	0
Parkinson's Disease Awareness	53	0
Person Centred Care	53	0
Personal Care	53	0
Record Keeping	53	0
Restraint	53	0
Staff Appraisals	53	1
Stress & distress	0	0
Stroke awareness	53	0
Tell Someone	53	0
Wound Care	53	1

Records for practical training are still held in individual team folders; this is the main area which the deputy manager is focusing on as the folders cover a number of years and are cumbersome to access. Records therefore are in a state of transition. It is the deputed intention that only the most recent training record will be kept in the folder for each staff member and previous records / certificates will be archived. This will allow her and the team leaders the ability to monitor practical training easier than at present. In place for 2018 is a "Mandatory training folder" which records training undertaken in moving and handling, first aid, adult support & protection and fire training.

Manual handling – evidenced a matrix which showed that all care staff had in date training.

Dementia training has been identified as a priority for 2018, staff will complete their e-learning during 2018 however Promoting Excellence training is to be sourced to support staff. A member of night shift is already allocated as a “dementia ambassador”.

It was discussed with the manager the benefits of completing the Kings Fund audit tool which includes a suite of dementia friendly assessment tools for use in care settings focusing on the environment of the care home.

Medication training is predominately through training workbooks provided by the home’s external pharmacist. Twelve staff members of staff have already completed this training during January 2018.

Senior staff complete medication modules as part of their SVQ qualifications; this includes practice observations. It was discussed with the manager the benefits of introducing this as an annual reassessment for all staff administering medication.

A staff training notice board has now been introduced to ensure staff members are aware of all training opportunities. Also in place is a “planned training folder” for 2018 which lays out in monthly tabs all training booked for the year.

To support the deputy manager the officer has arranged for her to attend the internal training group held by the three Perth & Kinross Council care homes.

Kincarrathie House continues to have an induction programme in place; evidenced completed induction packs.

The home has a policy of employing new staff on an initial three month trial period before they are offered a permanent contract. New starts follow a four week induction training programme covering personal care, occupational therapy, residents call system, meals and drinks, policies and procedures etc. The induction period includes a weekly “protected” time with their mentor.

All staff members are asked at their job interview if they are willing to achieve SVQ qualifications and have been employed on that basis. The manager monitors SVQ statistics in the care home.

### No Recommendations

## **2.3 Staff supervision and support**

The manager continues to carry out supervision on the deputy manager, heads of departments, and team leaders who in turn then supervise their own staff members.

A supervision matrix continues to be in place to assist the manager monitor the supervision programme; it was evident that the supervision programme has been maintained for care staff however the manager is already aware of and addressed the issue of housekeeping staff not always receiving supervisions.

Evidenced a wide sample of individual supervision records, it was clearly evident that there was a range of discussions in relation to staff training and also career development.

The manager is aware of the SSSC “Post Registration Training and Learning” (PTRL) guidance which places requirements on SSSC members to submit written accounts of their own learning and development. A process is being put in place by the manager to ensure staff members follow the guidance; future supervision sessions can include this subject. This is also a topic the deputy manager will discuss with the training leads at the Perth & Kinross Council care home training meeting.

No Recommendations

### **3. Organisational Capacity and Capability**

#### **3.11 Business Continuity**

*A.22.1 of the NCHC states “The Provider will develop, implement, maintain and hold responsibility for processes and procedures in relation to business continuity. The Provider shall maintain a business continuity plan which takes account of the supports reasonably expected to be available from statutory authorities including but not limited to, the civil and emergency planning provisions within the Local Authority area. The Provider shall provide a copy to the Council or Other Purchaser on request. The Provider shall notify the Council or Other Purchaser as soon as reasonably practicable of the activation of said plan.”*

As a critical supplier to Perth & Kinross Council the home must have a Business Continuity plan.

Kincarrathie House continues to have in place an “emergency evacuation procedure in event of serious incident”; part of this document is the “emergency arrangement book” covers both evacuation and non-evacuation emergencies and was last reviewed in July 2017.

In support of the plan continues to be a “firebox” which contains information and equipment required during an emergency e.g. relatives, staff and GP contact details,

The manager has held a number of desktop exercises with senior staff. The most recent was in January 2018 involving night shift staff and the issue of a prowler in the grounds of the care home. In early 2017 two different scenarios were discussed (power cuts and lift failure).

## No Recommendations

### **3.6 Recommendations from previous monitoring / reviews**

n/a

#### **Summary**

E-learning continues to be the main source of staff training in the care home. Reports are available from the e-learning “dashboard” to the management team allowing them to monitor staff progress.

The manager and deputy manager has sourced practical training during 2017 however due to the current review of the training records this was not evidenced. It was however easily evident that moving and handling training was in date for all care staff; this is facilitated by an external manual handling trainer.

Staff members continue to be supported in achieving SVQ qualifications facilitated through an external consultancy company.

Staff members who administer medication are required to complete observations as part of their SVQ qualification. Staff members are also required to complete workbooks supplied by the external pharmacist.

An induction process is still in place with a mentor allocated to new members of staff; job specific induction booklets remain in place.

The frequency of supervisions remains every eight to twelve weeks; it was evident the supervision programme continues to be followed and the staff have discussed a wide range of training during individual sessions.

An “emergency arrangement book” remains in place and has been reviewed, this is supported by a “firebox” which contains relevant information and equipment.

#### **Conclusion**

The care home is commencing a period of transition with the long term manager of the care home intending to retire in the summer however she has in place an experienced team of senior staff members.

The depute manager is currently reviewing all training records within the care home to ensure monitoring and evidencing of staff training is less cumbersome.

Staff have taken opportunities during supervision to fully discuss their training needs; future training discussions at supervision will be expanded to include the SSSC “Post Registration Training and Learning” (PTRL) requirements. Dementia training for staff is to be a particular focus for 2018.

The monitoring visit undertaken by the Contract Compliance & Commissioning Officer looked at only specific areas of the National Care Home Contract, based on the findings of the visit it is appropriate to recommend that a follow up visit is not required unless circumstances dictate otherwise or recommendations are not evidenced in the timescales laid out in this report.