

Agenda Item 7

Overview: Inspection Reports



Falkirk Integration Joint Board Clinical and Care Governance Committee

26 August 2022

Overview: Inspection Reports

For Consideration and Comment

1. Executive Summary

- 1.1 This report provides an overview of inspection reports of registered Health and Social Care Partnership services published since the previous Clinical and Care Governance Committee meeting.
- 1.2 A total of 6 reports have been published since the last meeting

2. Recommendations

The Clinical and Care Governance Committee is asked to:

- 2.1 consider and comment on the content of this report.

3. Background

- 3.1 The report presents to Committee a summary of recently published inspection reports in an overview paper. Where there are significant issues arising from these reports, more detail will be provided. Committee members can highlight if they want more detailed consideration of any paper, and if so, what the appropriate reporting arrangement would be.

4. Inspection Reports

- 4.1 The following table presents reports on local inspections by the Care Inspectorate. Action plans are monitored by the HSCP Senior Leadership Team.

Publication Date	Inspection	Inspection Date
05/05/2022	Falkirk Council - Care and Support at Home – Central Locality	08/02/22
05/05/2022	Falkirk Council - Care and Support at Home - East Locality	08/02/22

Publication Date	Inspection	Inspection Date
05/05/2022	Falkirk Council - Care and Support at Home - West Locality	08/02/22
12/05/2022	Cunningham House Care Home Service	10/05/2022
24/05/2022	Grahamston House Care Home Service	19/05/2022
20/06/2022	Thornton Gardens	02/06/2022

- 4.2 Falkirk Council Housing Support and Care at Home Service had previously been incorporated under one registration that covered the whole Falkirk Council area. This registration was split into three localities in 2019, to support more effective working. The Care Inspectorate found that the managers for each of the three localities worked very closely with each other in a mutually beneficial way.

4.3 [Falkirk Council - Care and Support at Home - Central Locality](#)

An unannounced inspection of the service took place on 8 February 2022. The inspection considered two quality indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is excellent. The findings of the inspection are:

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

- 4.4 There was one area for improvement identified in how effectively the resource coordinators are working to support the service. This will be taken forward with the Locality Manager and Team Manager.

4.5 [Falkirk Council - Housing Support Service - East Locality](#)

An unannounced inspection of the service took place on 8 February 2022. The inspection considered two quality indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is excellent. The findings of the inspection are:

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4- Good

4.6 There was one area for improvement identified in how effectively the resource coordinators are working to support the service. This will be taken forward with the Locality Manager and Team Manager.

4.7 [Falkirk Council - Housing Support Service – West Locality](#)

An unannounced inspection of the service took place on 8 February 2022. The inspection considered two quality indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is excellent. The findings of the inspection are:

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4- Good

- 4.8 There was one area for improvement identified in how effectively the resource coordinators are working to support the service. This will be taken forward with the Locality Manager and Team Manager.

4.9 **Cunningham House Care Home Service**

Cunningham House care home service is situated in Grangemouth and provides a service for up to 20 people living with dementia. An unannounced inspection of the care home took place on 10 and 11 May 2022. There were no areas for improvements identified and the findings of the inspection are:

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good

4.10 **Grahamston House Care Home**

Grahamston House is a care home providing care and support for up to 36 older people living with dementia. Four of the places can be offered to people for a short break service. This service is registered separately with the Care Inspectorate.

- 4.11 An unannounced inspection of the care home took place on 18 and 19 May 2022. There were no areas for improvements identified and the findings of the inspection are:

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	5 - Very Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

4.12 The inspection followed up on three previous areas of improvement identified in May 2019 and concluded that all had been met.

4.13 **Thornton Gardens**

Thornton Gardens is registered as a care home to provide a short break and respite service to a maximum of six adults with a learning disability at any one time. Two of these places will be for emergency placements. The service has moved premises and changed its name from 'The Rowans' since the last inspection. However, a variation of registration is in place until 30 November 2022 to provide a short breaks and respite care service to a maximum of 12 adults and older people. Three of these places will be for emergency respite.

4.14 An unannounced inspection of the care home took place on 31 May and 2 June 2022. The findings of the inspection are:

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4- Good

- 4.15 The inspection followed up on four areas of improvement identified by the Care Inspectorate in October 2018. The inspection concluded that for three areas for improvement these had been met. The remaining improvement action related to care planning and noted that the service should review the format used to ensure that staff have appropriate information to deliver care and support effectively depending on each person's length of stay and complexity of health needs.
- 4.16 [Forth Valley Royal Hospital \(FVRH\)](#) Healthcare Improvement Scotland (HIS) carried out an unannounced inspection to Forth Valley Royal Hospital on 5 and 6 April 2022 using their safe delivery of care inspection methodology. The report was published 21 June 2022 and identified areas of good practice as well as areas of requirement.
- 4.17 The inspection covered a range of areas: acute assessment unit, emergency department, intensive care unit and six wards. The public and staff communal areas of the hospital along with additional wards.
- 4.18 Inspectors returned to Forth Valley Royal Hospital on 19 April 2022 to follow up on areas of concern identified during the earlier inspection and visited three additional wards A11, B11 and B32.
- 4.19 The inspection report highlighted areas of good practice which included:
- A staff member was available at the hospital entrance and outpatient's department to support visitors and patients to follow guidelines and pathways to reduce the risk of cross infection
 - On many occasions the inspection team observed positive and caring interactions between staff and patients
 - Good teamwork between staff groups to support the delivery of care
 - During the staffing huddles consideration was given to ensure that supplementary staffing were appropriately distributed across the hospital. This ensured that agency workers employed had the necessary skills, knowledge and competencies for using the electronic systems.
- 4.20 The inspection report highlighted areas of requirement which included ensuring:
- care and comfort rounding charts are completed within the prescribed timeframes
 - hospital ward doors are only locked in accordance with the locked door policy and all staff who apply it are fully aware of the correct process

- all sterile stock is stored appropriately to reduce the risk of cross infection, in line with the National Infection Prevention and Control Manual
- all staff comply with hand hygiene and the use of gloves, in line with the National Infection Prevention and Control Manual
- cleaning is in line with national guidelines and local policy, particularly in relation to additional beds
- there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds or non-standard care areas are in use
- senior management decision making regarding staffing risks and mitigations are open and transparent
- a clear understanding of the number of actual staff in post and that workforce data is accurately presented
- systems and processes are in place to identify, assess, manage and effectively communicate any patient safety risks throughout the organisation.

4.21 An action plan has been developed and will take forward these areas.

5. Conclusions

- 5.1 This report provides a summary of all relevant inspection reports which have been published since the Clinical and Care Governance Committee meeting in February 2022.
- 5.2 Local Care Inspectorate, Healthcare Improvement Scotland and Mental Welfare Commission Improvement plans are monitored by the lead service managers and the HSCP Senior Leadership Team.

Resource Implications

There are no resource implications arising from this report.

Impact on IJB Outcomes and Priorities

The IJB is committed to delivering on the outcomes and principles set out in the Strategic Plan. This requires effective planning for services, appropriate governance structures and assurance that safe, high-quality services are in place. The Inspection Reports provide standards and recommendations that the IJB can assess itself against to ensure delivery of the Strategic Plan.

Directions

A new Direction or amendment to an existing Direction is not required as a result of the recommendations of this report.

Legal & Risk Implications

There are no specific legal implications arising from this report. The key risk implications relate to the potential risk of harm to service users, financial risk and reputational risk arising from failure to implement the inspection report recommendations and requirements.

Consultation

There are no consultation requirements arising from this report.

Equalities Assessment

There are no equality implications arising from this report.

6. Report Author

6.1 Suzanne Thomson, Senior Service Manager

7. List of Background Papers

7.1 Inspection reports

8. Appendices

None