

## **Agenda Item 8**

### **Summerford Care Inspection Update**



**Title/Subject:** Summerford Care Inspection Update  
**Meeting:** Clinical and Care Governance Committee  
**Date:** 20 June 2019  
**Submitted By:** Head of Social Work Adult Services  
**Action:** For Noting

**1. INTRODUCTION**

- 1.1. The purpose of the report is to provide an update on the outcome of the Care Inspectorate's follow up inspection of Summerford House which took place between 25 and 27 March 2019. This is attached at appendix 1.

**2. RECOMMENDATION**

The Clinical and Care Governance Committee is asked to:

- 2.1. note that the Care Inspectorate's follow up inspection of Summerford House found significant improvement in the quality of care provision.

**3. BACKGROUND**

- 3.1. The Care Inspectorate inspected Summerford House Care Home on 11 December 2018 and published its report on 7 January 2019. The inspection report found several concerns around compliance with health and safety standards, quality of care planning and management and leadership. They also raised concern over staffing levels, staff development, training and supervision. The inspection graded the service as follows:

- |    |  |                    |
|----|--|--------------------|
| a) | How well do we support people's wellbeing? | (1) Unsatisfactory |
| b) | How good is our leadership?                | (1) Unsatisfactory |
| c) | How good is our staffing?                  | (1) Unsatisfactory |
| d) | How well is our care and support planned?  | (1) Unsatisfactory |

- 3.2. At the IJB meeting on 1 February, members were advised of the immediate actions which had been taken to address the concerns highlighted by the Inspection report.
- 3.3. Summerford House provides services to people who require support with reablement, gaining or regaining skills to enable them to return to living in their own home as independently as possible. The Care Inspectorate raised concerns about Health and Safety checks of equipment and quality assurance systems including fire safety and premises manager records.



#### 4. **INITIAL INSPECTION FINDINGS**

4.1. The inspection was carried out over the following themes:

- People get the most out of their lives
- People's health benefits from their care support
- Quality assurance is well led
- Staffing levels and mix meet people's needs with staff working together
- Assessment and care planning reflects planning needs and wishes.

4.2. The inspection report (January 2019) detailed concerns over the robustness of medication administration, and failure to support those service users who had capacity to administer their own medication to self manage. Service users were also not being supported to manage their own finances.

4.3. There were concerns on:

- positive risk taking
- falls prevention
- care planning and recording
- health and safety management of equipment
- adherence to key protocols on safety management.

4.4. Care plans were not found to reflect fully the needs and wishes of the residents, who were not being adequately consulted.

4.5. The report highlighted concern over staffing levels and training, there being a lack of clarity around roles in a reablement setting, and inadequate communication and joint working between health and social care staff.

4.6. The inspection placed 6 requirements on the service, which were to be actioned by 31 March 2019, with certain equipment checks by 7 January 2019. Action taken on the requirements is detailed in section 5, with the findings of the Inspectorate at section 6.3. The Social Work Adult Service accepted in full the feedback provided by the Care Inspectorate and began immediate work to address the concerns.

4.7. The feedback from the Care Inspectorate included their assurance that from their knowledge of the other care home services operated by the Council, the findings of the Summerford inspection were specific to that care home.

4.8. Management of the service immediately prepared an action plan, in consultation with Care Inspectorate colleagues, to address the issues within an agreed timescale.

## 5. **ACTION PLAN IMPLEMENTATION**

5.1. The priority actions in regards practice which have been undertaken are highlighted as follows:

- a) Practice around administration of medication was urgently reviewed and immediate changes made. The changes, for example introduction of a new trolley system, new management oversight arrangements and external audit by a pharmacy company, have supported standards through more timeous administration and reduction in errors.
- b) A comprehensive training programme was initiated, delivering training in specialist areas including support for adults with incapacity (AWI), to support appropriate self management. The staff have also undertaken Behavioural Support Strategies (BSS) training which promotes positive risk taking.
- c) Enhanced programme of engagement with staff to enable their participation in formulating and delivering the improvement plan.
- d) Review of care planning and risk assessment practice. This work included introduction of a new case record format and changes to the approach to reablement, enhancing joint working between social care and health staff.
- e) A renewed emphasis on the involvement and participation of service users in their reablement plan.
- f) An overall effort to improve consistency of communication and understanding of roles at all levels.
- g) Immediate action to correct failings on equipment checks and health and safety procedures and protocols.
- h) Significant improvement to the infrastructure of the Care Home have been implemented, including redecoration, the creation of a gym to support reablement work and re-development of an atrium space and interior garden for social activities.
- i) There has been significant improvement work in regards staff development, which has included an increased senior management input throughout the period of the improvement work. Significant improvement has been achieved with absence levels.
- j) Engagement work was undertaken with family members and carers of current service users.

## 6. FOLLOW UP INSPECTION

6.1. The follow up inspection was carried out over 25 - 27 March 2019 by the same colleagues from the Care Inspectorate who had conducted the December inspection. The Inspectorate noted significant improvement and regraded the service as follows:

- |    |   |              |
|----|---|--------------|
| a) | How well do we support people's wellbeing | (3) Adequate |
| b) | How good is our leadership?               | (3) Adequate |
| c) | How good is our staffing?                 | (3) Adequate |
| d) | How well is our care and support planned? | (3) Adequate |

6.2. The Inspector noted the pace of change, with significant improvement having been achieved within a short space of time.

6.3. It is unusual that a Service achieves an increase across two points on the grading system between inspections. The following summary highlights the findings of the Inspectorate across the requirements they made in their December report:

- a) **Requirement 1;** the Inspector found the service had made significant improvements to the medication administration system. The service is meeting appropriate control measures. This requirement has been met within the timescales.
- b) **Requirement 2;** The Inspector noted that service users are now being enabled to manage their own medication in their rooms and are now prompted by staff. Monies were also being stored and managed by residents supported by staff. It was noted that a positive risk taking plan is being developed by the service. This requirement has been met within the timescales.
- c) **Requirement 3;** The Inspector noted the service had made significant progress with its quality assurance systems. Health and Safety monitoring and repairs were being carried out timeously. Audit tools to monitor service user's health were now in place and resident meetings were taking place and leisure activities were evident. The environment, courtyards and gardens were welcoming and safe. Additional equipment had been installed in the gym and was being used by health and social care staff to assess and monitor service user's progress. This requirement has been met within timescales.
- d) **Requirement 4;** The Inspector found the service had put in measures to ensure appropriate staff in place at all times to support residents, this allowed more care planning and the staff brought in had increased the skills mix. Staff have and are being recruited. All of these measures meant the service had met this requirement.

- e) **Requirement 5;** The Inspector found that training staff and developing a training plan had been prioritised and that staff were being given opportunities to develop their skills. The Inspector found that the service had developed a supervision plan and this was being carried out. It was noted joint health and social work practice was being carried out and commended the joint health and social work training that had been developed. As a result the Service had met this requirement.
- f) **Requirement 6;** The Inspector found that the service had developed reablement care plan, that the plan was comprehensive with plans for agreed outcomes and that service was working toward staff being confident in supporting residents with their care plan. The assessments had also been developed, that regular reviews were now happening but recognised staff were in a process of developing their skills. The Inspector felt this requirement was being met within the timescales. This concluded the Inspector's report and the service was re-graded to a 3.

## 7. CONCLUSIONS

- 7.1. The Service as a whole is steadfastly committed to learning from all external scrutiny and inspection processes. The learning and reflection includes consideration of the circumstances in which our own self evaluation processes fail to identify service failings and opportunities for improvement.
- 7.2. The report provides an update to the Board on the Care Inspectorate's follow up report on Summerford House. The follow up action plan implemented by senior management and staff of Summerford with support from their Health colleagues has enabled significantly increased assurance, such that the service has unusually been re-graded up by two as opposed to one point on the Inspectorate's grading system. Whilst this progress is positive and evidences much work and commitment by all staff concerned to deliver a speedy turn around over a 13 week period, it remains that is work in progress, with a continuing need for commitment and momentum.

### **Resource Implications**

Significant resource has been allocated to the improvement work detailed in this report, commensurate with the level of concern raised by the December inspection.

### **Impact on IJB Outcomes and Priorities**

The ongoing work is designed to delivery the outcomes described in the Strategic Plan.

### **Legal & Risk Implications**

The improvement work provides assurance around full compliance of the service with statutory responsibilities and requirements.

The earlier inspection undoubtedly identified potential risk to safety of service users and the improvement work detailed here has mitigated risk appropriately.

**Consultation**

This is not required for the report.

**Equalities Assessment**

There was no impact assessment required as this is an update.

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Approved for submission by: Patricia Cassidy, Chief Officer

**Authors:** Joe McElholm, Head of Social Work Adult Services

**Date:** 21 May 2019

**List of Background Papers:**

Appendix 1: Care Inspectorate Report dated 27 March 2019

## Summerford House Care Home Service

Summerford Road  
Camelon  
Falkirk  
FK1 5BT

Telephone: 01324 501842

Type of inspection:  
Unannounced

Completed on:  
27 March 2019

Service provided by:  
Falkirk Council

Service provider number:  
SP2004006884

Service no:  
CS2003011511



## About the service we inspected

The Care Inspectorate regulates services in Scotland. Information about all care services is available on our website at [www.careinspectorate.com](http://www.careinspectorate.com).

Summerford House provides re-ablement services for older people. The service currently also provides long term care for a small number of permanent residents. A service can be provided for up to 27 people. The accommodation offers 24 re-ablement rooms and three long term care rooms.

Accommodation is organised into four separate group living areas, which include, a communal lounge with integral dining and small kitchen facilities where snacks and hot drinks can be prepared. A large, central lounge known as "centre court", provides space for people to relax and socialise with family, friends and other residents or enjoy activities and entertainment. The home is surrounded by a large garden and four courtyard areas where residents can relax.

The service is provided by Falkirk Council working in partnership with health colleagues, including occupational therapy and physiotherapy to support people using the re-ablement service to regain and maintain the skills and abilities to return to and remain in their own homes.

Summerford House is situated in a residential area in Falkirk with access to local amenities and public transport.

The service registered with the Care Inspectorate on 1 April 2011.

## How we inspected the service

We wrote this report following an unannounced inspection. This was carried out by one inspector, with support from an inspection assistant between 25 and 27 March 2019. We provided feedback on an on-going basis to the service manager and operations manager.

This was the second unannounced inspection carried out during this inspection year and focused on progress made by the service since the last inspection which was concluded on 11 December 2018. This report should be read in conjunction with the report of the same date.

During the inspection, we gathered evidence from various sources. We spoke with relatives and residents, we sampled residents' care plans, staff training information, health and safety systems including analysis of incident and accident information and quality assurance systems. We also examined the medication system and records used by the service.

## Taking the views of people using the service into account

We spoke with a number of people using the service who told us they were happy with the care and support they received. Residents spoke very highly of the staff and members of the management team.

Comments from people included the following:

"the staff are all very good"

"staff set my hair for me every couple of days. I really enjoy that"

"the girls are very kind and considerate"

"the staff do everything they can for me including the domestics and the cooks"

"the food is great, I've put on weight since I came in here"

"this place is absolutely lovely. The lads doing the painting are so nice and cheery"

"staff don't have a lot of time to sit and chat. They are very busy".

## Taking carers' views into account

Relatives we spoke with were very positive about the recent redecoration in the home and the new furnishings, particularly how bright and cheerful the environment now looked. One relative told us "it's just how you'd want your own home to look".

Relatives spoke highly about the standard of care and support their relative received and told us staff were caring, patient and compassionate. Communication with the service was good and people were informed of any changes or concerns immediately.

Relatives told us managers were approachable and helpful and kept them up to date about the changes in the home.

## What the service has done to meet any requirements we made at or since the last inspection

### Previous requirements

#### Requirement 1

Medication must be managed in a manner that protects the health and wellbeing of people using the service. In order to achieve this, the service must, by 31 March 2019:

- a) Ensure medication is appropriately labelled so each individual medication can be identified.
- b) Ensure full audits of the home's medication system are carried out regularly and overseen by the manager.

This is to ensure care and support is consistent with the Health and Social Care Standards which state, "If I need help with medication, I am able to have as much control as possible" (HSCS 2.23) and to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This requirement was made on 7 January 2019.

#### Action taken on previous requirement

We were pleased to find the service had made significant improvements to the medication system and practice in the home.

Medication was now being dispensed from original packaging. This system ensured staff could be sure they were administering the correct medication to residents.

We were pleased to find evidence that staff were managing residents' stressed and distressed behaviour without the use of "as required" medication on most occasions due to their knowledge and relationships with residents. We reminded the service to ensure protocols were written by the prescribing medical practitioner to detail when "as required" medication should be administered.

We were satisfied controlled medication was being well managed and stored. The administration of medication was being appropriately recorded.

## Met - within timescales

### Requirement 2

In order to support people to improve their quality of life the service must, by 31 March 2019, develop and implement positive risk taking plans that address the full range of people's needs including physical, psychological, social and emotional needs.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "I make informed choices and decisions about the risks I take in daily life and am encouraged to take positive risks which enhance my quality of life" (HSCS 2.24) and to comply with regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SS1 2011/210).

This requirement was made on 7 January 2019.

### Action taken on previous requirement

We noted the service had introduced an assessment process to enable residents to manage their own medication. This supported people to maintain their existing skills. People were also now able to store their medication in their rooms and be prompted by staff to take their medication. This replicated the support people received whilst living in their own homes and maintained people's skills and abilities.

People were now keeping their own money and could use the lockable storage facilities that were available in their rooms. This meant people had access to their money when they required it.

We noted the service used a support plan format that incorporated the assessment and management of risk. We suggested risk enablement plans should be separated to enable staff to continue to build on and embed their developing risk enablement skills.

The service had recently introduced re-ablement plans which included assessing and managing risks. We asked the service to continue to prioritise the development of falls risk assessments. We look forward to seeing how these plans develop to provide additional positive risk taking opportunities for people.

## Met - within timescales

### Requirement 3

The provider must, by 31 March 2019, develop effective and robust quality assurance systems. To ensure this, the provider must put in place a system to:

- a) Ensure the service is managed appropriately, ensuring areas of responsibility and accountability are clear to all staff.
- b) Ensure all health and safety monitoring checks are carried out on a regular basis.

- c) Develop systems to monitor compliance with required health and safety checks.
- c) Ensure areas for improvement are identified, appropriately recorded and followed-up with outcomes and improvements clearly identified.
- d) Ensure staff are trained in quality assurance and recording systems and can demonstrate their understanding and their role.
- e) Ensure the views of people using the services or their representatives are sought on a regular basis and used to plan and make improvements to the service.

This is ensure care and support is consistent with the Health and Social Care Standards which state "My environment is secure and safe" (HSCS 5.17) and to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/ 210.

This requirement was made on 7 January 2019.

## Action taken on previous requirement

We were pleased to find the service had made significant improvements in monitoring and managing health and safety and quality assurance systems.

We found health and safety and maintenance records were clear and organised systematically. This enabled us to evidence that health and safety monitoring checks and repairs and maintenance were being carried out within required timescales.

We were satisfied that areas for improvement identified were, where possible, rectified and learning was used to reduce the risk of similar events reoccurring.

We found an improvement in the audit of tools used to monitor residents' health. This assured us changes and concerns about residents' health could be identified and appropriate medical support sought.

We saw residents' meetings were taking place on a monthly basis. We were happy to see residents were making choices and decisions in areas including menus, activities and entertainment in the home and the redecoration of the home and new furnishings. The operations manager told us meetings would be increased to two weekly to increase engagement with residents.

We found the service had worked hard to introduce a programme of social and leisure activities for residents. This included visiting entertainment, day trips and small group activities in individual units. We saw residents and staff enjoying these activities together. Forthcoming activities were advertised on notice boards to inform residents and relatives. A folder contained photographs of residents enjoying various pastimes and entertainment and recorded the feedback residents gave after participating in activities.

We noted Falkirk Council had committed to the upgrading of the environment at Summerford House. The garden and courtyard areas were undergoing maintenance and development to make these areas welcoming, enjoyable and safe for residents.

Each unit had been redecorated and replacement lounge and dining furniture and kitchens had been sourced to provide warm, homely and contemporary living spaces. Replacement flooring and furnishings had made the centre court area a pleasant and inviting space. We directed the operations manager to the Kings Fund guidance regarding dementia friendly environments. A dementia friendly environment could contribute to residents' health and safety, well-being and re-ablement.

We noted additional equipment had been installed in the re-enablement suite. Allied health professionals and staff used this space to assess and monitor residents' progress towards regaining and maintaining their mobility and daily living skills.

Work was on-going to redecorate corridors and other communal areas and we look forward to seeing the finished works at the next inspection.

## Met - within timescales

### Requirement 4

The provider must, by 31 March 2019, demonstrate that the level of staffing is adequate to provide the assessed level of support to service users at all times.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state "My needs are met by the right number of people" (HSCS 3.15) and to comply with Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 7 January 2019.

### Action taken on previous requirement

The home was undergoing redecoration when we carried out the inspection. Residents were sharing lounges in order that the redecoration work in the units could take place. The number of residents in the home had been reduced to 15 to limit the impact of any inconvenience during the works programme.

We found staffing levels were appropriate and enabled two residents to go out with staff on one of the days during the inspection. The manager assured us the staff ratio would be maintained when the number of residents in the home increased.

We were pleased to find the service had introduced systems to ensure the units had staff in situ at all times. Staff carried devices that enabled them to communicate with managers and colleagues without leaving the units and meal trolleys were now delivered to and from units by domestic or kitchen staff. Lap top computers had been made available for staff in each unit. This enabled them to carry out care planning and complete recordings.

We noted the service had experienced challenges in recruiting suitable staff however we heard interviews had recently taken place and prospective new staff had been identified. We met two agency staff who were working five days per week to provide a consistent service for residents. Experienced staff from other Falkirk Council services had been seconded to Summerford House to provide additional support and increase the skill mix.

## Met - within timescales

### Requirement 5

The provider must, by 31 March 2019, demonstrate proper provision for the safety and welfare of services users is made. In order to achieve this, the provider must ensure that persons employed in the care service receive training appropriate to duties they are to perform.

This is in order to ensure care and support is consistent with the Health and Social Care Standards which state "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice

and follow their professional and organisational codes" (HSCS 3.14) and to comply with Regulation 4 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 7 January 2019.

#### Action taken on previous requirement

We heard Falkirk Council had prioritised the training of Summerford House staff after the last inspection. We examined training records and the service training plan and were confident that staff were being provided with opportunities to undertake the appropriate learning and development. Staff files were now in place and contained copies of training records and certificates.

The service had developed a supervision plan and we noted staff were receiving supervision. We look forward to finding out how this additional support improves staff learning and practice.

We had the opportunity to attend a staff training day where a series of workshops were delivered by health colleagues including re-ablement, delirium, tissue viability, infection control and falls prevention.

We spoke with nine staff from Summerford House during the training day and they told us they now understood their roles and responsibilities through on-going support from managers and undertaking training. Staff felt more confident in their roles.

We were pleased to see further joint working between health and social care staff when we attended the weekly progress meeting held between allied health professionals, senior social care workers and staff from each unit. Staff told us they felt included in monitoring residents' progress.

#### Met - within timescales

### Requirement 6

The provider must, by 31 March 2019, ensure that residents' care plans provide robust, detailed information based on an assessment of needs, that identifies people's agreed outcomes and provides staff with effective guidance on how to support those needs. The provider must ensure that the written plan is being effectively monitored, reviewed and audited.

This is to ensure care and support is consistent with the Health and Social Care Standards which state "My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices" (HSCS 1.15) and to comply with Regulation 5 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 7 January 2019.

#### Action taken on previous requirement

The service had developed a re-ablement care plan that was to be completed within 72 hours of a resident's admission to Summerford House. We found care plans were comprehensive and aimed to agree outcomes and goals with residents.

Details of residents' progress were to be recorded daily. We were pleased to find all residents being admitted to the service had re-ablement care plans and the service was working towards ensuring care plans were fully completed.

We were aware an assessment tool had been developed and we asked the service to begin using the tool as soon as possible. This would enable residents, relatives and staff to identify and agree suitable outcomes.

We were pleased to find residents were being offered regular reviews of their care and support.

We were satisfied the quality of care planning had improved since the last inspection however further learning and support is required to ensure social care workers are able to embed their recent learning. The operations manager assured us additional training will be offered for staff and support will be provided by senior staff in the home. We will continue to support the home to make further improvements.

Met - within timescales

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).



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