
To: Renfrewshire Integration Joint Board Audit, Risk and Scrutiny Committee

On: 18 November 2022

Report by: Head of Health and Social Care

Subject: Inspection of Montrose Care Home by the Care Inspectorate

1. Summary

- 1.1 Social care services are subject to a range of audit and scrutiny activities to ensure that they are undertaking all statutory duties and are providing appropriate care and support to vulnerable individuals and groups. Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. The Care Inspectorate inspect, award grades and help services to improve. The Care Inspectorate also investigate complaints about care services and can act when standards of care are not met.
- 1.2 Since 1 April 2018, the Health and Social Care Standards have been used across Scotland. They were developed by Scottish Government to describe what people should experience from a wide range of care and support services. They are relevant not just for individual care services, but across local partnerships. The Care Inspectorate's expectation is that they will be used in planning, commissioning, assessment and in delivering care and support.
- 1.3 This report summarises the findings from the Inspection conducted at Montrose Care Home on 17-19 August 2022.
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2. Recommendations

It is recommended that the IJB Audit, Risk and Scrutiny Committee:

- Note the content of this report
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3. Background and Context

- 3.1 Protecting and safeguarding care home residents and staff continues to be a key priority for the HSCP and as a result our clinical and care governance arrangements were strengthened significantly during the

Covid-19 pandemic including: daily huddle meetings; weekly Multi-Disciplinary Team meetings; routine staff and resident testing; undertaking supportive assurance visits and supporting care homes following inspections. Whilst some of these arrangements have been stepped back, adaptations to our practice using the learning from additional infection prevention and control measures, allows efficient step up of arrangements in the event of any risk.

- 3.2 The Care Inspectorate use a quality framework that sets out the elements that address key questions about the difference care is making to people and the quality and effectiveness of the aspects contributing to those differences.

The quality framework is framed around six key questions. The first of these is:

How well do we support people's wellbeing?

To try and understand what contributes to that, there are four further key questions:

How good is our leadership?
How good is our staff team?
How good is our setting?
How well is our care planned?

The final key question is:
What is our overall capacity for improvement?

- 3.3 There are up to 5 quality indicators associated with each question, with key areas identifying practice covered by each indicator.

Quality indicators are evaluated against a six-point scale:

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| 6 | Excellent - Outstanding or sector leading |
| 5 | Very Good - Major strengths |
| 4 | Good - Important strengths, with some areas for improvement |
| 3 | Adequate - Strengths just outweigh weaknesses |
| 2 | Weak - Important weaknesses and priority action required |
| 1 | Unsatisfactory - Major weaknesses and urgent remedial action required |

- 3.4 On conclusion of an Inspection, the Care Inspectorate publish a report which details: feedback from families/carers; their observations throughout the Inspection including strengths and areas for improvement; any requirements, recommendations, or enforcement; and an evaluation. In addition, the Care Inspectorate will also consider any areas for improvement identified in previous inspections to the care home.

4. Inspection of Montrose Care Home

4.1 On 17 August 2022, the Care Inspectorate began an unannounced 3-day inspection of the service at Montrose Care Home. Following this inspection, 3 previous areas for improvement were recorded as met and the Care Inspectorate graded Montrose Care Home as 4 – Good.

4.2 The breakdown of the key questions considered during the inspection and the quality indicators are as follows:

How well do we support people's wellbeing? 4 - 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. **(4 – Good)**

How good is our leadership? 4 - Good

2.2 Quality assurance and improvement is led well **(4 – Good)**

4.3 In making their evaluation of the service, the inspectors:

- Spoke with nine people using the service and two of their family and friends during the inspection process.
- Sought the views of six family members by email.
- Spoke with 15 staff and managers from the service.
- Observed practice and daily life.
- Reviewed documents.
- Spoke to one visiting professional.
- Received three emails from visiting professionals.

4.4 Key messages from the inspection:

- Staff treated everyone with kindness, compassion, dignity and respect.
- People living in the service were supported to maintain relationships with those people important to them.
- People had up to date assessments and care plans that informed their care and support.
- Staff worked closely with health and social care partners to support people's health and wellbeing.
- The service was visibly clean, odourless and dust free.
- The service had a consistent and stable staff team.
- The management team acknowledged improvements to their IPC (Infection Prevention and Control) were necessary to be in line with the best practice guidance NIPCM (National Infection

Prevention and Control Manual).

- The management team acknowledged improvements to their quality assurance would better improve people's outcomes

- 4.5 The report noted that staff were observed supporting residents with dignity and respect. The inspectors noted that one relative said, "From the day they moved in we have only good words to say about the staff and the care they provide." Another relative said, "The staff at the care home have been tremendous over the years". The inspectors noted that people's outcomes were significantly improved by the way the staff practiced.
- 4.6 The report noted that decisions about care and treatment were informed by care plans and a range of good practice tools, reviews, and risk assessments. The health and welfare of people were well managed by a knowledgeable staff team.
- 4.7 The report noted that the service had developed close links with external healthcare professionals, who visited regularly. Staff were quick to notice any changes in people's health and follow these up with professionals. A visiting health professional told inspectors "Staff are very approachable, and the manager and team are always looking for feedback to improve their service for service users and staff. They take and provide constructive criticism." People's health and wellbeing benefitted from the comprehensive risk assessment and multi-agency working the staff employed.
- 4.8 The report noted that the service recognised that relatives and friends may like to be actively involved in a person's care and support. Inspectors saw relatives assist their loved ones with support tasks such as eating and drinking. People's health and wellbeing benefitted their loved one being directly involved in their care and support.
- 4.9 The report noted that relatives who spoke with inspectors stated the manager was approachable and very responsive. Inspectors noted the service had not received any complaints at the time of inspection. The report noted that people said staff were highly motivated and eager to help if anyone had concerns or issues about their loved one. Throughout the three-day inspection, inspectors observed all staff support and listen to residents and relatives. One person said "I have faith in the senior team. And faith in the regular staff that they will continue to support my family member's needs. In fact, they have excelled."
- 4.10 The report noted that the service had recently implemented a quality assurance auditing tool for the service. The manager completed this tool alongside other auditing processes and procedures in order to quality assure service provision. This provided the manager with oversight of several areas within the home. The manager advised that the system is currently under review, and they discussed their plans to

further improve this with the link inspector. The report noted that people benefit from a service that is well managed and consistently develops their systems and processes.

- 4.11 As part of the Inspection, the Care Inspectorate also considered the four areas for improvement identified in the last inspection of the care home which took place on 18 June 2019. These areas for improvement together with the update from the most recent inspection are as follows:

Previous Area for Improvement 1 - The provider should ensure that residents are not restricted within the home. They should be able to walk freely and safely around as much of the home as possible. The proposed move from one unit to another should take place as agreed. The plans for opening unit doors and securing the lifts should be implemented for the benefit of residents

Update: Due to the Covid-19 pandemic, people were restricted in the service for infection prevention and control purposes. The service complied with all appropriate guidance during the pandemic. This area for improvement has been met.

Previous Area for Improvement 2 - Medication management and systems in place for PRN (as required) medication administration should be safe and accountable. All records should be completed fully to ensure safe care and practice.

Update: The provider had implemented a robust and safe medicine management system. This included a clear system for PRN (as required) medications. This area for improvement has been met.

Previous Area for Improvement 3: Person centred care planning should continue to develop, particularly for residents living with stress and distress. All records should be outcome focussed.

Update: The provider had updated their current care planning system. They were continuing to work on creating outcome focussed documentation which included stress and distress care plans. The management development plan assures inspectors that outcome focussed care planning will continue. This area for improvement has been met.

- 4.12 Care Home services are committed to the strategic vision where “Renfrewshire is a caring place where people are treated as individuals and supported to live well”. Care Home services acknowledged the areas for improvement raised in the Care Inspectorate report and took action to address these. A detailed improvement plan has been developed to closely monitor the progress against the actions to ensure that the service continues to work towards achieving the standards expected by the Care Inspectorate and Integration Joint Board.

Implications of the Report

1. **Financial** – None
 2. **HR & Organisational Development** – None
 3. **Community Planning** – None
 4. **Legal** – None
 5. **Property/Assets** – None
 6. **Information Technology** – None
 7. **Equality & Human Rights** - None
 8. **Health & Safety** - None
 9. **Procurement** – None
 10. **Risk** - Failure by services to meet and exceed the National Care Standards could lead to poor inspection results and enforcement action from the Care Inspectorate, as well as negative outcomes for service users and carers.
 11. **Privacy Impact** - None
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List of Background Papers

- (a) The Inspection reports for all Renfrewshire Council Care Homes are available to download from the [Care Inspectorate Website](#).
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