
To: Social Work, Health and Wellbeing Policy Board

On: 3 November 2015

Report by: Chief Officer, Renfrewshire Health and Social Care Partnership

Heading: Inspection of registered adult social care services 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. The last service-wide inspection took place in 2012 and the service has made good progress in implementing the improvement plan, which followed that inspection.
- 1.2 In addition to service-wide and multi-agency inspection, individually registered services are subject to regular inspection by the Care Inspectorate. Typically, residential facilities will be subject to two inspections per year, including at least one unannounced inspection. Other services are likely to be inspected once a year or less frequently.
- 1.3 Inspections are undertaken by the Care Inspectorate and the model of inspection is based on proportionate risk. Services which are graded as 'Good' or above are subject to low-intensity inspections. Services are assessed on up to four quality themes:
- Quality of Care and Support
 - Quality of Environment
 - Quality of Staffing
 - Quality of Management and Leadership

- 1.4 Renfrewshire Council adult Social Care currently provides 15 registered services, broken down as follows:
- Learning disability services – 5 services
 - Older adult services – 8 services
 - Other registered services – 2 services
- 1.5 Gradings which can be awarded to each service against the four themes are as follows:
- 1 – Unsatisfactory
 - 2 – Weak
 - 3 – Adequate
 - 4 – Good
 - 5 – Very Good
 - 6 – Excellent
- 1.6 The Care Inspectorate may impose requirements and/or make recommendations in its inspection reports. Requirements are legally enforceable and set out what is required by a care service to comply with the Regulation of Care (Scotland) Act 2001 or with the conditions of registration. A recommendation will set out an action that would improve or develop the quality of the service, but failure to meet a recommendation would not result in enforcement.
- 1.7 This report summarises the latest findings from inspections conducted since the previous update to the Social Work, Health and Wellbeing Board in May 2015.
- 1.8 The inspection activity undertaken shows that social care services provided through Renfrewshire Council continue to be of a high quality, providing a high standard of care and support. The services inspected have been graded as “Good”, “Very Good” or “Excellent” across all measures.

2. **Recommendations**

- 2.1 It is recommended that elected members:
- Note the strong performance of Renfrewshire Council adult Social Care registered services, with all services graded as Good, Very Good or Excellent for Quality of Care and Support

3. **Overview of Inspection Activity**

- 3.1 Social care services provided through Renfrewshire Council continue to provide a high standard of care and support in its registered services, as evidenced in the gradings awarded by inspectors. All services are

graded on Quality of Care and Support, and all continue to be graded as 'Good', 'Very Good' or 'Excellent' in this regard, with most also demonstrating this high standard of achievement across all measures.

4. Latest Inspection Activity in Adult Services

- 4.1 Two services have been inspected since the last update to Board – Montrose and Renfrew Care Homes for older adults. Renfrew was graded “Good” on all dimensions and Montrose was graded “Very Good” for Quality of Staffing and “Excellent” on all other areas.
- 4.2 Renfrew Care Home has a requirement in relation to providing up to date training in Moving and Assisting for all staff. Inspectors have also made recommendations regarding; following best practice guidance in relation to administration and recording of prescribed medication, ensuring the temperature within the service can be controlled by residents and staff, and completion and review of documentation for residents with distressed reactions.
- 4.3 There are no requirements in respect of Montrose Care Home. Inspectors have made a recommendation that the service ensures full explanation of “Promoting Positive Behaviour,” a learning programme that offers positive ways of working with service users who may be presenting with behaviour that is challenging, to residents and their relatives.
- 4.4 Action to address all requirements and recommendations is in place. Full details are given in Appendix 1.

5. Recurring Themes

- 5.1 The findings of recent inspections demonstrate continuing high standards of care and support across Social Care’s registered services and the commitment to continuous improvement.
- 5.2 One unit had a recommendation pertaining to staff practice in the administration of medication, which has been the subject of previous requirements and recommendations. This is an area, which is increasingly complex as the care needs of service users increase. The Care Inspectorate’s increased focus on this area is welcome in light of the growing complexity and support the service in improving practice in light of changing needs. The service is developing a policy on medication administration, which is based on the Care Inspectorate best practice guidance and consultation includes pharmacy colleagues, training colleagues and trade unions.

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** - The Recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement of individuals' human rights have been identified arising from the recommendations contained in the report it is for noting only. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be published on the Council's website.
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

List of Background Papers

- (a) None

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Appendix One: Summary of Care Inspectorate Reports

| Date of last inspection | Grades | Number and Detail of Requirements | Number and Summary of Recommendations | Progress since inspection |
|--------------------------------|---|--|---|--|
| Montrose Care Home Mar 2015 | Care: 6 Environment: 6 Staffing: 5 Leadership: 6 | None. | One. The service should ensure that the way in which "Promoting Positive Behaviour" is used is fully explained to residents and relatives. This should include their right not to engage in the process | Progress against recommendations: Briefings on the full use of Promoting Positive Behaviour have taken place at staff meetings and are scheduled for relevant carers/service user meetings. Discussions will be facilitated to promote effectiveness. |
| Renfrew Care Home Mar 2015 | Care: 4 Environment: 4 Staffing: 4 Leadership: 4 | One. The provider must ensure that up to date training in Moving and Assisting is completed by all staff. | Three. The administration and recording of prescribed medication should always follow best practice guidance. The service should ensure that the temperature within the service can be adequately regulated by residents and staff. For residents with distressed reactions, the related paperwork should be fully completed and appropriately signed. It should also be regularly reviewed and updated. | Progress against requirements: A Moving and Assisting training programme has been established, with all staff having completed the training. Progress against recommendations: Following a comprehensive review, new medication administration and recording systems are being implemented, which are designed around the best practice guidance. A review of heating systems has been conducted, with methods for improvements identified. Manager and staff briefing sessions have taken place to identify and action improvements in recording and feedback processes for residents with distressed reactions. |

