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

On: 12 March 2021

Report by: Interim Chief Officer

Subject: Inspection of Hunterhill 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.
- 1.2 The Coronavirus (Scotland) (No. 2) Act and subsequent guidance, places a duty on the Care Inspectorate to robustly assess care home arrangements to respond to the COVID-19 pandemic. As a result, from June 2020, inspections have centred on infection prevention and control, personal protective equipment and staffing in care settings. These are known as Key Question 7 Inspections and focus on 'How good is our care and support during the COVID-19 pandemic?'.
- 1.3 This report summarises the findings from the Key Question 7 Inspection conducted at Hunterhill Care Home on 10th December 2020 and the subsequent follow-up visits on 21st January 2021 and 24th February 2021.

2. Recommendations

The Integration Joint Board Audit, Risk and Scrutiny Committee is asked to note:

- The content of this report; and
 - The content of Appendix 1, which details the requirements, actions and timescales that are necessary to comply with the findings of the Inspection.
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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 have been strengthened significantly including: daily Huddle meetings; weekly Multi-Disciplinary Team meetings; regular contact calls to care homes; routine staff and resident testing; undertaking supportive assurance visits and supporting care homes following inspections.
- 3.2 The Care Inspectorate are the official body responsible for inspecting standards of care in Scotland. They regulate and inspect care services to ensure they meet the appropriate standards.
- 3.3 The Coronavirus (Scotland) (No. 2) Act and subsequent guidance, places a duty on the Care Inspectorate to robustly assess care home arrangements to respond to the COVID-19 pandemic. As a result, from June 2020 Inspections have centred on infection prevention and control, personal protective equipment and staffing in care settings, these are known as Key Question 7 Inspections which focus on 'How good is our care and support during the COVID-19 pandemic?'. The Key Question is supported by the following three associated quality indicators:
- 7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.
 - 7.2 Infection control practices support a safe environment for both people experiencing care and staff.
 - 7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.
- 3.4 As part of these Inspections, Key Question 7 together with the three quality indicators are evaluated against a six-point scale:
- 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
- 3.5 On conclusion of an Inspection, the Care Inspectorate will 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 Hunterhill Care Home

4.1 On 10th December 2020, the Care Inspectorate concluded a Key Question 7 Inspection at Hunterhill Care Home, this was supplemented by a follow-up inspection on 21st January 2021. Following these inspections, 5 requirements were placed on Hunterhill Care Home with the Care Inspectorate grading Hunterhill at 3, Adequate.

4.2 On 24th February 2021 the Care Inspectorate undertook a follow up inspection of Hunterhill Care Home. Following inspection requirements being met by Hunterhill Care Home, the Care Inspectorate have graded Hunterhill at 4, Good.

4.3 The following sections provide a summary of the findings from the Inspections and monitoring visit.

4.4 The Inspectors spoke to eight family members and reported very positive feedback with one family member stating that they have always found their loved one's care to be "first-rate".

4.5 Following observations, the Care Inspectorate placed five requirements on the HSCP, these recommendations together with the relevant updates from the monitoring visit are as follows:

Requirement 1: By 18 January 2021 you must ensure that the nutrition and hydration needs of residents at risk of malnutrition or dehydration are identified, are being regularly assessed and adequately met.

Follow up Inspection 21st January: It was acknowledged that several improvements have been made and a responsive system to monitor and manage the nutrition and hydration needs of residents had been introduced. This requirement has now been met.

Requirement 2: By 18 January 2021 you must ensure that information about the use, administration, and effect of "as required" and routine medication, is clear, evaluative, and regularly reviewed. This will help ensure that people receive support that is right for them.

Follow up Inspection 24th February: It was acknowledged that several improvements have been made to the information and recording systems for "as required" medication, supporting staff to

make decisions about its use and also evaluate its effectiveness. This requirement has now been met.

Requirement 3: By 22 February 2021 you must ensure that care and support provided reflects each person's current and future needs, choices and wishes. To do this you must ensure each resident has a robust, accurate, person-centred care plan which reflects their assessed needs.

Follow up Inspection 24th February: It was acknowledged that care plans were inclusive of personal preferences and contained relevant person-centred information. This requirement has now been met.

Requirement 4: By 18 January 2021, the provider must develop and implement a robust and transparent quality assurance process to maintain, evaluate and action any issues in relation to infection prevention and control. The service should do this in line with the National Infection Prevention and Control Manual.

Follow up Inspection 24th February: It was acknowledged that the care home had effectively implemented a robust and transparent quality assurance process to maintain, evaluate and action any issues in relation to infection prevention and control. It was highlighted that this process was successfully being used by staff. This requirement has now been met.

Requirement 5: By 22 February 2021, the provider must ensure that service users experience a service which is well led and managed. The provider must:

- Put in place and implement robust and transparent quality assurance processes, including action planning, in order to provide clear and consistent information to all staff. This should include but not be limited to, team meetings, supervisions and observed practice.
- Formally assess and evaluate the quality of training for staff and include input from staff on their individual development needs.

Follow up Inspection 24th February: It was acknowledged that a number of team meetings had taken place since previous inspection, and that this was inclusive of action planning whilst supporting provision of clear and consistent information to all staff. A new supervision tool has been created and was in place to support the

planning and monitoring of supervision. This requirement has now been met.

- 4.6 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 6th February 2020. These areas for improvement together with the update from the most recent inspection are as follows:

Area for Improvement 1 - The management team should draw up aims and objectives for the respite unit to ensure staff and resources are in place. This will ensure that staff are prepared for admissions and each placement is a success.

Area for Improvement 2 - Meaningful activity should be available for each resident and respond to their needs, wishes and choices. Staff, at times, need to be less task orientated and spend more meaningful time engaging with residents.

Update from Key Question 7 Inspection: The Care Inspectorate noted that at the time of the inspection they were unable to assess these areas for improvement due to Covid-19 pandemic and as a result these will remain as areas for improvement for the care home.

Area for Improvement 3: Each resident should have a robust, accurate person-centred care plan which reflects their assessed needs. This should include a plan for such areas as stress and distress and living with dementia if appropriate.

Update from Key Question 7 Inspection 24th February: This area for improvement has been met through Requirement 2.

Area for Improvement 4 - Staff need to ensure that record keeping in care records and medication protocols is accurate and meaningful to inform the ongoing care needs of each resident. The care plans for those living with dementia and stress and distress should be robust and the rationale for administering medication, for example to assist with distress, should be clear.

Update from Key Question 7 Inspection 24th February: This area for improvement has been met through Requirement 2.

- 4.7 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 requirements and 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 requirements and areas for improvement continue to be fully met, please refer to Appendix A.

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

List of Background Papers

- (a) Inspection of Care Home Services by the Care Inspectorate – 19th June 2020
- (b) The Inspection reports for Hunterhill Care Home are available to download from the [Care Inspectorate website](#)¹.

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¹ <https://www.careinspectorate.com/index.php/care-services?detail=CS2006121927>

HUNTERHILL CARE HOME

Action Plan: December 2020 - February 2021

<p>REQUIREMENT:</p> <p>The service must ensure that the nutrition and hydration need of residents at risk of malnutrition or dehydration are identified, are being regularly assessed and adequately met.</p>	<p>TO BE MET:</p> <p>18 January 2021</p> <p>MET:</p> <p>21 January 2021</p>
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ACTION TO BE TAKEN:

- The Malnutrition Universal Screen Tool will be used to determine score for every resident, determining action required to meet nutritional needs, and specific needs such as altered textures, adapted cutlery, etc.
- Resident's hydration needs will be reflected in their care plan, noting if a dietician has set a daily fluid intake goal, and if there are requirements such as thickened fluids, preferences, drinking aids, etc.
- Recording systems will be in place for all residents with hydration and nutrition goals, reviewed weekly through audits to determine any further actions required, further informing the care plan.
- Staff will be trained to identify residents at risk of malnutrition and dehydration, and when referral is required to dietician and/or speech and language therapist. Risks include physical and mental factors impacting on resident's intake, as well as environmental factors such as residents isolating in their bedroom.
- Directions from healthcare professionals will be clearly recorded in the care plan, including nutrition and hydration goals, and support required to achieve goals.
- There will be management oversight through weekly audit of residents weights, reviewing actions taken where risks are identified, confirming nutrition and hydration charts are reviewed to determine action required, ensuring healthcare professionals are consulted in every instance where risk is identified, actions are reflected in care plans and that steps are being taken toward achieving resident individual goals.

IMPROVEMENT ACTION COMPLETED:

- MUST tool and Nutritional screening tool introduced to all resident's care plans, with staff briefings to support understanding of key actions required to use these.
- Residents nutrition and hydration needs are reflected in their care plans, which are being audited using the care plan audit tool.
- Weight monitoring charts introduced with traffic light system to give clear indication and direction when action is required and the pathway to be followed.
- Nutrition and hydration charts in place for residents, when monitoring is required due to residents being unwell, isolating, or other agreed reason. Advanced Nurse Practitioner to be consulted when concerns arise.
- Management audits in place for weekly and monthly review of nutrition and hydration.
- Staff briefings completed with Nutrition and Hydration Champions for each unit.
- Staff training arranged for Champions with Dietician service.

REQUIREMENT:

The service must ensure that information about the use, administration, and effect of “as required” and routine medication, for example to assist with distress, is clear, evaluative, and regularly reviewed. This will help ensure that people receive support that is right for them.

TO BE MET:

18 January 2021

Extended to

22 February 2021

ACTION TO BE TAKEN:

- There will be a protocol in place for every resident who is prescribed “as required” medication ensuring accurate information is recorded about its purpose, function and efficacy following administration.
- Each resident care plan will reference the routine and as required medications, with information about the purpose and function of each, noting views of the resident and/or their representative about the impact of each medication prescribed.
- All as required medication will be reviewed at least every 3 months, with a record of consultation with the prescriber and any direction provided. Any changes will be reflected in the care plan, and communication with resident and/or their representative will be recorded.
- Staff will undertake training to ensure accurate recording is completed in relation to all medication, including the reasons for considering and the appropriate use of the protocols.
- Management oversight audits will be undertaken weekly to review use of all as required medication to determine appropriate use, and correlation to the care plan.
- Staff will be supported to use the Abbey Pain Scale for residents who cannot express pain, and the Numerical Pain Assessment Tool for residents who can communicate their needs. The use of pain scales will be recorded in resident care plans, providing direction appropriate to the individual circumstances.

IMPROVEMENT ACTION COMPLETED:

- As required medication (PRN) protocol in place which is extensive and robust in content, capturing the purpose and function of medication as determined by the prescriber, as well as the expected efficacy and actual efficacy following administration.
- Training ongoing to support staff in their understanding of the protocol application, and how to achieve positive outcomes for residents when considering use of as required medication.
- Abbey Pain Scale is in use to identify pain in residents living with dementia who cannot verbalise. The tool offers staff a better understanding of where residents are experiencing pain whilst minimising distress or anxiety.
- Numerical Pain Scale is in use to determine action required when residents can express feelings of pain, and the level of their pain.
- Training ongoing for support staff in ensuring appropriate/consistent use of pain scales.
- The use of pain scales is being recorded in resident care plans, providing direction appropriate to the individual circumstances.
- Tracking record established for all as required medication, identifying review dates for every protocol, and any overdue actions.

REQUIREMENT:

The service must develop and implement a robust and transparent quality assurance process to maintain, evaluate and action any issues in relation to infection prevention and control. The service should do this in line with the National Infection Prevention and Control Manual.

TO BE MET:

18 January 2021

Extended to

22 February 2021

ACTION TO BE TAKEN:

- Monthly meetings with Soft FM (facilities) will be planned, providing opportunity to improve communication and assurance of compliance across the service.
- Robust cleaning schedules will be implemented, ensuring all areas of the care home are cleaned in accordance with the infection prevention and control requirements, including increased frequency of touch point cleaning. Schedules will be checked daily by the management team and audited weekly by the care home manager and Soft FM management.
- Staff will undertake refresher training in relation to the safe use of correct cleaning materials.
- Staff will receive up to date infection control training and further opportunities will be sourced to provide ongoing and relevant information and guidance.
- Staff will continue to have daily spot checks in relation to infection prevention and control with records maintained and management oversight of action taken as required.
- Weekly management audit tool will be introduced covering infection control, quality assurance and operational matters. Action points will be identified and suitable, appropriate timescales to rectify will be agreed and monitored.
- A home wide “de-clutter” will be undertaken to remove any items within the home and units that are not able to be easily wiped down. This will help to ensure no hard surfaces are left unclean and to ensure the best practice and safety of all residents and staff.

IMPROVEMENT ACTION COMPLETED:

- Initial meetings with Soft FM management, with monthly scheduled meetings.
- Robust cleaning schedules implemented including increased frequency of touch point areas.
- Records of cleaning completed collated centrally and reviewed daily by senior social care worker.
- Training scheduled for refreshers on safe use of chlorinated cleaning products.
- Agreement with Soft FM management about monthly audit of all cleaning and training records.
- Training programme in development for additional infection control training using e-learning system.
- Management weekly audit includes review of cleaning schedules and spots checks.
- Daily infection prevention and control checks continuing, with oversight by seniors and manager.
- De-clutter exercise has been completed with improved access to all areas for comprehensive cleaning.
- Decontamination of all equipment completed, with replacement fittings ordered as required.

REQUIREMENT:

The service must ensure that care and support provided reflects each person's current and future needs choices and wishes. To do this you must ensure each resident has a robust, accurate, person centred care plan which reflects their assessed needs.

TO BE MET:

22 FEBRUARY 2021

ACTION TO BE TAKEN:

- The service will introduce robust care plan audits to ensure that residents care needs are being met. This will include clear information about resident choice, wishes and preferences. This will allow for care plans to be more person centred and reflective of their needs.
- Support and guidance will be given to staff to enable them to write informative care plans that reflect the residents needs during the Covid pandemic. This will include reactions to isolation, staff using PPE and stressed/distressed behaviour.
- Activities for residents will be focused on and this will be evidenced throughout the care plan. This will inform the development of activities meaningful to individual residents.
- Resident communication with family will be evidenced within the care plan. Residents will be able to use make video call and phone calls facilitated by staff, to maintain contact with their family and friends.
- Reviews of resident care will be more robust and reflective of their current needs. This will reflect what has gone well and what could be better over a monthly period, informing actions required for future plans.
- Individual COVID-19 risk assessments will be put in place for each resident, which are person centred and reflective of how best to support each resident during the pandemic, including visiting arrangements and any communication areas to be supported.
- The service will introduce clear and concise plans and information to support those residents who are living with dementia who experience stress and distress, to ensure the service is meeting their care needs and their own personal choice.

IMPROVEMENT ACTION COMPLETED:

- New care planning templates introduced with focus on personalisation of plans which guide support staff towards achieving positive outcomes for each resident.
- Review templates introduced to consider monthly achievements, and outcomes for each resident, along with actions required for forthcoming period.
- Robust care plan audit introduced to ensure clear information captured about resident choice, wishes, preferences, and actions required to support individuals.
- Staff continue being supported to understand importance of person-centred practice and risk assessment in responding to resident need during the covid pandemic including supporting residents in isolation and responding effectively to stressed/distressed behaviours.
- Emphasis being placed on meaningful activity for residents specific to their interests and aspirations, reflective in individual care plans.
- Information is contained in individual care plans about supporting communication with family and friends through use of video calls, telephone calls, and most appropriate visiting arrangements. Records are maintained about effectiveness of communication and best practices.
- The dementia excellence framework continues to be used with refreshed practices to support residents who are living with dementia, particularly around the changes impacting on residents and staff because of the Covid pandemic.

REQUIREMENT:

The service must ensure that service users experience a service which is well led and managed.

TO BE MET:

22 FEBRUARY 2021

ACTION TO BE TAKEN:

- There will be transparent quality assurance processes introduced, including action planning, to provide clear and consistent information to all staff. This will include but not be limited to, team meetings, supervisions and observed practices.
- An evaluation of staff training will be undertaken, including input from staff about their individual development needs in meeting the wider needs of the service. Staff will update their own individual development plans, with oversight from the management team.
- Regular staff meetings will be reintroduced, and a calendar created and distributed to staff to raise awareness. These meetings will be documented, and information shared across the service.
- Communication folders will be put into each unit. This folder will contain useful information relating to updates on COVID guidance, manager updates and key information for staff, and a senior member of staff will be tasked with updating this. Management staff will ensure the effective use of the communication diaries in the unit.
- Manager will hold regular supervision with the senior team to encourage, monitor and support seniors in the service to undertake meaningful supervision with care staff in order to provide clear and consistent information.

IMPROVEMENT ACTION COMPLETED:

- Weekly meetings are undertaken with the senior team within the care home addressing actions required, considering improved areas of practice, elements around staffing and logistics, as well as areas for development.
- Calendar and agenda of meetings established with: Senior Care Teams, Care Staff, Soft FM team. These will be noted and stored for future reference and action points
- Improved and concise supervision tracker with action points and achievable dates
- Key information folders have been placed into each unit, containing updated information required by staff to undertake their roles in line with current guidance, risk assessments and procedures.
- Communication diary introduced for effective sharing of information between staff in every unit.
- Improved communication methods developed to relay information to whole staff group easily.
- Weekly managers' report introduced to determine good practices, as well as areas for further development.
- Observed practices are being completed daily to ensure proficiency in infection prevention and control, dining experiences and meaningful activity for residents.