



Item No. 11

Meeting Date Wednesday 19th February 2020

**Glasgow City
 Integration Joint Board
 Finance, Audit and Scrutiny Committee**

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**CARE INSPECTORATE ACTIVITY WITHIN
 DIRECTLY PROVIDED OLDER PEOPLE'S RESIDENTIAL AND DAY CARE SERVICES
 JULY 2019 – DECEMBER 2019**

Purpose of Report:	To provide the IJB Finance, Audit and Scrutiny Committee with a summary of Care Inspectorate activity within directly provided older people's residential and day care services in the period July 2019 - December 2019.
Background/Engagement:	<p>The Care Inspectorate is the independent regulator of social care and social work services across Scotland formed under the Public Service Reform (Scotland) Act 2010. Statutory inspections of care homes for older people and day care services for older people are carried out once a year and once every three years respectively. This cycle of inspection is a minimum standard and services may also be subject to further inspection and scrutiny activity including investigation of complaints.</p> <p>The Care Inspectorate also has responsibility for registration of care homes for older people and day care services.</p> <p>Inspection reports are published on the Care Inspectorate public website. Managers carry out engagement sessions with residents, staff and family members around inspection activity.</p>

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Recommendations:	The IJB Finance, Audit and Scrutiny Committee is asked to: a) note the findings of this report in respect of the range of provided residential services inspected and trends in relation to grades awarded and; b) note the introduction of a new quality framework and revised inspection methodology following the introduction of new Health and Social Care Standards in April 2018.
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Relevance to Integration Joint Board Strategic Plan:

These services are integral to the IJB's strategy for delivering high quality care and effective outcomes for the city's most vulnerable older people.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	This report is relevant in relation to national outcomes 3,4,7,8 and 9.
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Personnel:	None
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Carers:	None
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Provider Organisations:	None
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Equalities:	None
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Fairer Scotland Compliance:	None
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Financial:	None
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Legal:	None
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Economic Impact:	None
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Sustainability:	None
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Sustainable Procurement and Article 19:	None
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Risk Implications:	Poor inspections may mean that vulnerable people are not receiving good quality care and are likely to have poor outcomes. There are also risks to the public image of the
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	Health and Social Care Partnership as inspection reports are publicised on the Care Inspectorate website.
Implications for Glasgow City Council:	Care Inspectorate gradings for residential and day care provided by Glasgow City Council/Health and Social Care Partnership have a direct impact on the public perception of the Council, and by extension the Health and Social Care Partnership. This report confirms an overall pattern of high inspection grades for these services and a generally high level of confidence in the Council's registered services for older people.
Implications for NHS Greater Glasgow & Clyde:	None

1. Purpose of Report

- 1.1 This report provides the IJB Finance, Audit and Scrutiny Committee with a summary of Care Inspectorate activity across directly provided residential and day care services for older people in the period July 2019 to December 2019.
- 1.2 Detail is also provided on the new quality inspection framework for older people's residential services.
- 1.3 The Care Inspectorate published a total of three inspection reports during the reporting period in respect of three directly provided Older People's Residential Care Homes. No inspections were carried out in respect of Day Care Services in the reporting period.

2. Quality Framework for Care Homes for Older People

- 2.1 The Care Inspectorate has developed new inspection frameworks which reflect the ambition of the new [Health and Social Care Standards](#). These are focussed on wellbeing and the difference that high quality care and support makes to people's lives. A new quality framework is in place for inspection of older people's care homes and the new methodology underpinning this was utilised for all inspections referenced in this report.
- 2.2 The framework is based on the new Health and Social Care Standards which came into effect in April 2018. The standards are made up of headline outcomes which set out the standard of care a person should expect when using health and social care services in Scotland.

These headline outcomes are:

1. I experience high quality care and support that is right for me
2. I am fully involved in all decisions about my care and support

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3. I have confidence in the people who support and care for me
4. I have confidence in the organisation providing my care and support
5. I experience a high quality environment if the organisation provides the premises.

The standards are underpinned by five principles:

- Dignity and Respect
- Compassion
- Be included
- Wellbeing
- Responsive Care and Support.

More details on the new standards can be found at www.newcarestandards.scot

2.3 The new Quality Framework for Care Homes for Older People is focussed on outcomes and how well older people experience our care. There are six key questions, the first of which is:

➤ **How well do we support people’s wellbeing?**

To understand what contributes to that there are a further four key questions:

- **How good is our staff team?**
- **How good is our leadership?**
- **How good is our setting?**
- **How well is our care and support planned?**

Under each question there are three to four “quality indicators”.

The final key question is:

- **What is our overall capacity for improvement?**

Appendix 1 provides an illustration of the “key questions” and “quality indicators”.

A six point scale is retained to evaluate performance across quality indicators during inspections:

6	Excellent	Outstanding or sector leading
5	Very Good	Major Strengths
4	Good	Important Strengths
3	Adequate	Strengths just outweigh weaknesses
2	Weak	Important weaknesses – priority action required
1	Unsatisfactory	Major Weaknesses - urgent remedial action required

Appendix 2 provides descriptors of the grading scale.

More detail on the new inspection framework can be found at:

www.careinspectorate.com/index.php/inspections/new-inspections.

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4. Care Inspectorate Grades – Residential Care Homes

4.1 Table 1 outlines the grades awarded by the Care Inspectorate for three older people’s residential services delivered by Glasgow City HSCP.

Table 1

Care Home	How well do we support people’s wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is Care and Support Planned?
Hawthorn 13 August 2019	4	Not Assessed	Not Assessed	Not Assessed	4
Orchard Grove 7 August 2019	5	Not Assessed	Not Assessed	Not Assessed	4
Riverside 11 July 2019	4	4	4	5	3

4.2 Table 2 provides grading outcomes from the previous inspection of units in Table 1 above under the new inspection methodology.

Table 3 provides grading outcomes from the previous inspection of Riverside Care Home under the old inspection methodology.

Table 2

Care Home	How well do we support people’s wellbeing?	How good is our leadership?	How good is our staff team?	How good is our setting?	How well is Care and Support Planned?
Hawthorn 5 Nov. 2018	4	Not Assessed	Not Assessed	Not Assessed	4
Orchard Grove 8 Aug. 2018	5	Not Assessed	Not Assessed	Not Assessed	4
Riverside 15 Nov. 2018	4	4	3	5	4

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Table 3

Care Home	Management and Leadership	Staffing	Environment	Care and Support
Riverside March 2018	3	3	5	3

- 4.3 Riverside Care Home opened in June 2017. The management team and staff in Riverside have worked to achieve improvements in the day to day experiences of residents and staff and this was reflected in improved inspection grading in November 2018. This continues to be reflected in the inspection of July 2019, where improvement can be noted in the staff team grading. The lowering of the grade for how well care and support is planned is reflected in the need to further embed person-centred practice and evidencing of outcomes.
- 4.4 Both Hawthorn and Orchard Grove Care Homes maintained the grades of their previous inspections.
- 4.5 It is important to recognise the operational challenges and overall commitment of staff and managers in supporting the de-commissioning of five residential care homes and the safe transition of residents and staff to two new build care homes (during the reporting period) while maintaining good Care Inspectorate grades. This work has also been undertaken in the context of changing needs of service users as a result of the HSCP's strategic priority to enable independent living for longer thus supporting more and frailer older people to remain living in the community for as long as possible. This has meant that the residential units now routinely support older people at end of life and with complex needs. In common with the wider HSCP service there is an expectation that these new services will continue to evolve to meet the needs of older people in the future and not simply continue to provide the same services they have in the past.
- 4.6 A continuing and determined focus on delivering the best possible outcomes and quality of life to older people in the city that require support from the HSCP has enabled the service to maintain a high standard of care while delivering significant service reform. Moving forward it is expected that the resident population will be frailer and the average length of stay will be shorter. This will continue to present challenges which requires adapted models of care over time and investment in managers and staff to ensure they have the skills and competence to meet the increasing needs of service users. Operational planning is ongoing in this respect.

5. Care Inspectorate Grades – Day Care Services

- 5.1 No Day Care Service received an inspection in the reporting period. Current grading across all day care units sits at grade 4 or above for care and support.

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6. Requirements and Areas for Improvement

- 6.1 No requirements were received. A total of 6 “areas for improvement” were made across all 3 residential care services that received an unannounced inspection during the reporting period.
- 6.2 All “areas for improvement” have a robust action plan attached to them to ensure improved performance and quality of service provision. Detail is provided in Appendix 3.

7. Recommendations

- 7.1 The IJB Finance, Audit and Scrutiny Committee is asked to:
 - a) note the findings of this report in respect of the range of provided residential services inspected and trends in relation to grades awarded and;
 - b) note the introduction of a new quality framework and revised inspection methodology following the introduction of new Health and Social Care Standards in April 2018.

The quality indicator framework

Key question 1: How well do we support people's wellbeing?	Key question 2: How good is our leadership?	Key question 3: How good is our staff team?	Key question 4: How good is our setting?	Key question 5: How well is our care and support planned?
1.1. People experience compassion, dignity and respect	2.1. Vision and values positively inform practice	3.1. Staff have been recruited well	4.1. People experience high quality facilities	5.1. Assessment and care planning reflects peoples' needs and wishes
1.2. People get the most out of life	2.2. Quality assurance and improvement is led well	3.2. Staff have the right knowledge, competence and development to care for and support people	4.2. The setting promotes and enables people's independence	5.2. Families and carers are involved
1.3. People's health benefits from their care and support	2.3. Leaders collaborate to support people	3.3. Staffing levels and mix meet people's needs, with staff working well together	4.3. People can be connected and involved in the wider community	
1.4. People are getting the right service for them	2.4. Staff are led well			
Key question 6: What is the overall capacity for improvement?				

The Six- Point Scale

The six-point scale is used when evaluating the quality of performance across quality indicators.

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 – priority action required
1	Unsatisfactory	Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people’s experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people’s experiences and outcomes. However improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes which are as positive as possible.

An evaluation of **adequate** applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

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An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance which require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks which cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected and their wellbeing improves without delay.

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Requirements and Areas for Improvement as a result of 5 inspections carried out in residential care homes between July 2019 and December 2019

Hawthorn – August 2019		
	Recommendation/Area for Improvement	Management Response
1	<p>The service provider should ensure that people receive high quality care and support based on relevant evidence, guidance and best practice through making improvements to medication management. This includes but is not limited to having robust auditing systems, ensuring that accurate records relating to amounts received for each person are recorded, running totals to help staff identify in a timely manner whether stocks of medication for each person are sufficient or require to be returned.</p> <p>This ensure care and support is consistent with Health and Social Care Standards which state that: 'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11) and 'My care and support meets my needs and is right for me' (HSCS 1.19).</p>	<p>Response: A full medication process review will be conducted to include how medication is ordered/checked in and where required, returned to the pharmacy thus ensuring accuracy of records. Audits will be carried out to ensure procedures are being adhered to and stock levels are accurate. Liaison with the lead pharmacist of the HSCP will support the unit in adhering to Health and Social Care Standards. Liaison with the contracted pharmacist will support service provision and quality assurance.</p> <p>Officer Responsible for Implementation: Registered Service Manager</p> <p>Timescale for Implementation: 12 Weeks from date of inspection – COMPLETE</p>

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<p>2</p>	<p>The service would benefit from reviewing their medication management procedures to ensure the accurate recording and reconciliation of medication following administration. This should include "As required" medication protocols to be in place for anyone in receipt of "as required" medication and should include which nonpharmacological intervention strategies to be used prior to administration of medication. The outcome of any "as required" medication administered should also be recorded on the reverse of the medication administration recording sheet.</p> <p>This ensures care and support is consistent with the Health and Social Care Standards which state that: 'any treatment or intervention that I experience is safe and effective'. (HSCS 1:24)</p>	<p>Response: The process for administration of "as required" medication will be reviewed to include the pathway and recording of all non-pharmacological interventions.</p> <p>A revised Medication Management Procedure is being devised and when approved via appropriate Governance, will be implemented. A Medication Forum has been established and 2 members of staff will represent the unit at these sessions to support cascading of good practice.</p> <p>Officer Responsible for Implementation: Registered Service Manager</p> <p>Timescale for Implementation: March 2020</p>
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Orchard Grove – August 2019

	Recommendation/Area for Improvement	Management Response
<p>1</p>	<p>The service would benefit from reviewing their medication management procedures to ensure the accurate recording and reconciliation of medication following administration. This should include "As required" medication protocols to be in place for anyone in receipt of "as required" medication and should include which non-pharmacological intervention strategies to be used prior to administration of medication.</p> <p>The outcome of any "as required" medication administered should also be recorded on the reverse of the medication administration recording sheet.</p>	<p>Response: The service are undertaking a review of medication management policies and procedures, including a review of mandatory training. Checks have been put in place for Senior Social Care Workers with respect to "as required" medications to include appropriate recording practice.</p>

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	<p>This ensures care and support is consistent with the Health and Social Care Standards which state "any treatment or intervention that I experience is safe and effective. (HSCS 1:24)</p>	<p>A review of all staff knowledge and training requirements in relation to medication administration. Officer Responsible for Implementation: Registered Service Manager</p> <p>Timescale for Implementation: February 2020</p>
2	<p>The service should ensure that personal plans are reviewed at least once in every six months period whilst the person is in receipt of the service.</p> <p>This ensures care and support is consistent with the Health and Social Care Standards which state "I am fully involved in developing and reviewing my personal plan, which is always available to me". (HSCS 2:17)</p>	<p>Response: Monthly audits are undertaken by Senior Social Care Workers and evidence of these reviews are checked by the Management Team of the service. The most recent audits highlight that all reviews are being held on time.</p> <p>Officer Responsible for Implementation: Registered Service Manager</p> <p>Timescale for Implementation: September 2019 - COMPLETE</p>
Riverside – July 2019		
	Recommendations/Area for Improvement	Management Response
1	<p>The service provider should introduce direct observations for each staff member to ensure that training is integrated into their day-to-day practice and people using the service can be assured that staff are competent in carrying out their role.</p> <p>This ensures care and support is consistent with the Health and Social Care Standards: 3.14 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.</p>	<p>Response: The care home will introduce an effective and easy to use instrument direct observation tool that captures care workers interactions with residents. Observation of the interactions of the personal relationships developed & care practices delivered by care workers in partnership with individual residents is central to quality of care, quality of life and person centered outcomes on the part of residents.</p>

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		<p>The outcomes of the direct observations will be used to influence the training that the care workers are referred for. For example. MUST & Body Mass Index screening Moving & Assistance Medication Adult Support & Protection Promoting Positive Behaviour Food Hygiene Contenance Management Infection Control. Promoting Excellence in Dementia care. This will be achieved by the management team observing each staff member on four separate occasions in a twelve month period.</p> <p>Officer Responsible for Implementation: Registered Service Manager</p> <p>Timescale for Implementation: March 2020</p>
<p>2</p>	<p>The service provider should ensure care plans are in place which reflect the current needs of each resident and provide clear guidance on strategies and approaches to be used by staff to meet residents' identified needs. This ensures that support is consistent with the Health and Social Care Standards:</p> <p>1.15 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.</p>	<p>Response: The care home will ensure that residents have a personal plan that identifies, meets and reflects their holistic needs and will details how these needs are meet on a consistent basis. For example. Residents will be supported to make individual choices. All residents to be supported to achieve their potential.</p>

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		<p>Resident's nutritional needs are managed and monitored.</p> <p>Resident's mental health and wellbeing needs are discussed and recorded.</p> <p>Robust risk assessments are in place for any adult support and protection (safeguarding) issues.</p> <p>Residents who have a cognitive impairment supported to express their needs.</p> <p>Support is offered to residents and families who wish to explore the challenges of living with a life limiting illness.</p> <p>DNACPR (Do not attempt cardio pulmonary resuscitation)</p> <p>Religious; Cultural beliefs and customs</p> <p>Palliative Care Services</p> <p>Residents are called by their preferred name.</p> <p>This will be achieved by care staff having allocated time to assess resident's needs and update their personal plan on a monthly basis.</p> <p>Officer Responsible for Implementation: Registered Service Manager</p> <p>Timescale for Implementation: September 2020</p>
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