



Item No. 14

Meeting Date Wednesday 7th February 2024

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

Report By: Frances McMeeking, Assistant Chief Officer, Operational Care Services

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**Older People's Residential and Day Care Services
- Care Inspectorate Activity**

Purpose of Report:

To advise Committee of the outcome of the inspections of Wallacewell Day Care Service and Hawthorn House Care Home, provided by Glasgow City HSCP, which were undertaken by the Care Inspectorate in July 2023, and August and November 2023 respectively.

Background/Engagement:

The introduction of the Regulation of Care (Scotland) Act 2001 has established a system of care regulation covering the registration and inspection of care services by the Care Inspectorate against a set of national care standards.

Every care service in the country is clearly rated under a grading system which was introduced by Scotland's national care regulator. This is designed to make it easier for members of the public to check the quality and performance of a care service and make informed choice about whether to use it – or not.

Following each inspection, each service is awarded a grade for measured outcomes based on the principles of the Health and Social Care Standards.

Following a programme of revised inspections in response to the Covid-19 pandemic, wherein Care

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	Inspectorate engagement and inspections placed particular focus on infection prevention and control (IPC), personal protective equipment (PPE) and staffing in care settings, the inspection schedule in 2023 focused on the standard inspection methodology as published by Care Inspectorate.
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Governance Route:	<p>The matters contained within this paper have been previously considered by the following group(s) as part of its development.</p> <p>HSCP Senior Management Team <input checked="" type="checkbox"/></p> <p>Council Corporate Management Team <input type="checkbox"/></p> <p>Health Board Corporate Management Team <input type="checkbox"/></p> <p>Council Committee <input type="checkbox"/></p> <p>Update requested by IJB <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p>
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Recommendations:	<p>The IJB Finance, Audit and Scrutiny Committee is asked to:</p> <p>a) Note the content of the report.</p>
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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:	Fully compliant across respective registered services.
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Personnel:	N/A
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Carers:	N/A
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Provider Organisations:	N/A
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Equalities:	N/A
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Fairer Scotland Compliance:	N/A
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Financial:	N/A
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Legal:	N/A
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Economic Impact:	N/A
Sustainability:	N/A
Sustainable Procurement and Article 19:	N/A
Risk Implications:	N/A
Implications for Glasgow City Council:	N/A
Implications for NHS Greater Glasgow & Clyde:	N/A

1. Purpose

- 1.1. To advise of the outcome of the inspections of Wallacewell Day Care Service and Hawthorn House Care Home, provided by Glasgow City HSCP, which were undertaken by the Care Inspectorate in July 2023, and August and November 2023 respectively.

2. Background

- 2.1. The introduction of the Regulation of Care (Scotland) Act 2001 has established a system of care regulation covering the registration and inspection of care services by the Care Inspectorate against a set of national care standards.
- 2.2. Every care service in the country is clearly rated under a grading system which was introduced by Scotland's national care regulator. This is designed to make it easier for members of the public to check the quality and performance of a care service and make informed choice about whether to use it – or not.
- 2.3. Following each inspection, each service is awarded a grade for measured outcomes based on the principles of the Health and Social Care Standards.
- 2.4. A programme of revised inspections was introduced in response to the Covid-19 pandemic, wherein Care Inspectorate engagement and inspections placed particular focus on infection prevention and control (IPC), personal protective equipment (PPE) and staffing in care settings, the inspection schedule in 2023 focused on the standard inspection methodology as published by Care Inspectorate.

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- 2.5. The themes covered in the inspection of Wallacewell followed a standard inspection methodology, with the initial inspection of Hawthorn House in August 2023 focused on requirements and areas for improvement following a complaint; a secondary inspection of Hawthorn House in November 2023 which followed the standard inspection methodology including completion of a full inspection of the service.
- 2.6. The Care Inspectorate also carried out independent consultation with service users and families via an inspection volunteer confidential survey.
- 2.7. Glasgow City Health and Social Care Partnership Older People's Residential services provide 24-hour care and support to 550 residents across 5 directly provided care homes. Every week over 750 skilled social care staff provide high quality care and support to residents.

3. Report

- 3.1. The Care Inspectorate measured outcomes against selected principles in the new Health and Social Care Standards. These grades were awarded on a scale of 1 to 6 with 1 being Unsatisfactory and 6 being Excellent.
- 3.2. One inspector from the Care Inspectorate undertook the inspection of Wallacewell, evaluating the service based on key areas that are vital to the support and wellbeing of people experiencing care.
- 3.3. The service was previously inspected in February 2018 under the Care Inspectorate's previous inspection methodology, including quality themes.

Wallacewell Day Care Service	Grade
Care and Support	5 - Very Good
Environment	6 - Excellent
Staffing	5 - Very Good
Management and Leadership	5 - Very Good

- 3.4. Through consideration of detailed evaluations in July 2023, the Care Inspectorate awarded the following grades for this service.

Wallacewell Day Care Service	Grade
<ul style="list-style-type: none">How well do we support people's wellbeing?<ul style="list-style-type: none">1.1 People experience compassion, dignity, and respect1.2 People get the most out of life1.3 People's health benefits from their care and support	5 - Very Good 5 - Very Good 5 - Very Good 5 - Very Good
<ul style="list-style-type: none">How good is our leadership?	4 - Good

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2.2 Quality assurance and improvement is led well		4 - Good
0	Requirements	
0	Recommendations	
0	Areas for Improvement	

Wallacewell Day Care Service – Requirements – July 2023

No requirements were made at the time of inspection.

Wallacewell Day Care Service – Areas for Improvement – July 2023

No areas for improvement at the time of inspection.

- 3.5. The Care Inspectorate carried out an inspection of Hawthorn House Care Home in August 2023; this was as a follow up action from a complaint made by the family of a resident. The service was previously inspected in 2022.
- 3.6. One inspector from the Care Inspectorate undertook this initial inspection of Hawthorn House. The inspector evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care.
- 3.7. To prepare for the inspection, the Care Inspectorate reviewed information about the service, including the post-inspection action plan that was submitted in 2022.

Hawthorn House Care Home – Requirements – August 2023

1. To ensure the safety of people experiencing care, the provider must, at a minimum:
 - Complete and record an assessment of people’s falls risk
 - Develop a care plan which sets out the support people require and the strategies to mitigate any risk of falls
 - Engage with the falls team for advice and support in respect of people who are known to be a falls risk
 - Provide staff with training and guidance on falls management
 - Develop and implement policy and procedure guidance on falls risk management.
2. The provider must ensure that the nutritional needs of people experiencing care are met in line with best practice. In order to achieve this, the provider must, as a minimum:
 - Develop and implemented policy guidance around supporting people with their nutrition
 - Develop and implement care plans and risk assessments which identify the support people require to meet the nutritional needs

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- Ensure all food monitoring is undertaken where indicated and, that this is evaluated to inform care planning
 - Ensure weight monitoring is accurately recorded and evaluated
 - Demonstrate active consultation with allied health services, including GP, dentist, and dietician where concerns have been identified with poor nutritional intake or weight loss
 - Ensure that staff have access to appropriate training and best practice guidance on managing people's nutritional needs.
- 3.8. A follow up visit occurred on 25th August 2023. The purpose of the inspection was to review progress in areas for improvement and/or any requirements from the previous complaint-led inspection, as detailed below.
- 3.9. The Care Inspectorate noted progress in meeting the areas for improvement and requirements made at the last complaint visit, confirming the requirements had been fully met within agreed timescales, subsequently restating these requirements as Areas for Improvement, as detailed below.

Hawthorn House Care Home – Areas for Improvement – August 2023

1. To ensure people experiencing care can have confidence in the staff supporting them, policy and procedural guidance should be developed and implemented on the assessment and management of falls.
 2. To ensure people experiencing care can have confidence in the staff supporting them, policy and procedural guidance should be developed and implemented on nutrition and hydration.
 3. To ensure people experiencing care can have confidence that their health and wellbeing is monitored carefully, there should be a clear and consistent approach to food and fluid monitoring to inform care plan development and review.
- 3.10. A subsequent inspection was carried out at Hawthorn House Care Home across 4 days, commencing on 20th November 2023, following the standard inspection methodology in completing a full inspection of the service.
- 3.11. Three inspectors from the Care Inspectorate undertook this inspection of Hawthorn House. The inspectors evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care.
- 3.12. To prepare of the inspection, the Care Inspectorate reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service, and intelligence gathered since the last inspection.
- 3.13. The service was previously inspected in June 2022 under the current inspection methodology.

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Hawthorn House Care Home		Grade
<ul style="list-style-type: none"> How well do we support people's wellbeing? 		4 - Good
1.3 People's health and wellbeing benefits from their care and support		4 - Good
1.2 People experience meaningful contact that meets their outcomes, needs, and wishes		4 - Good
1.3 People's health and wellbeing benefits from safe infection prevention and control practice and procedure		5 - Very Good
<ul style="list-style-type: none"> How good is our leadership? 		4 - Good
2.2 Quality assurance and improvement is led well		4 - Good
0	Requirements	
0	Recommendations	
3	Areas for Improvement	

3.14. Through consideration of detailed evaluations in November 2023, the Care Inspectorate awarded the following grades for this service:

Hawthorn House Care Home		Grade
<ul style="list-style-type: none"> How well do we support people's wellbeing? 		3 - Adequate
1.1 People experience compassion, dignity and respect		4 - Good
1.4 People get the most out of life		3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure		3 - Adequate
<ul style="list-style-type: none"> How good is our leadership? 		3 - Adequate
2.2 Quality assurance and improvement is led well		3 - Adequate
<ul style="list-style-type: none"> How good is our staff team? 		3 - Adequate
3.2 Staff have the right knowledge, competence, and development to care for and support people.		3 - Adequate
<ul style="list-style-type: none"> How good is our setting? 		4 - Good
4.1 People experience high quality facilities		4 - Good
<ul style="list-style-type: none"> How well is our care and support planned? 		3 - Adequate

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	5.1 Assessment and personal planning reflects people's outcomes and wishes.	3 - Adequate
2	Requirements	
0	Recommendations	
4	Areas for Improvement	

Hawthorn House Care Home – Requirements – November 2023

1. By 29th February 2024, the provider must make proper provision for the welfare and safety of people residing in the care home, by ensuring that a satisfactory quality of service is consistently provided. To help achieve this, they must, at a minimum, fully implement a quality assurance system which includes the following:
 - Use of internal audits to check key areas to ensure that policies and procedures are being followed. This should include, but not be limited to, medication management, monitoring and assessment of risks, analysis of accidents and staff training, development and practice, infection prevention and control, care plans, and care reviews.
 - Any issues found through the audit process are highlighted and a service improvement plan made with timescales for any actions required taken to address those issues.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'I benefit from a culture of continuous improvement, with the organization having robust and transparent quality assurance processes' (HSCS 4.19).

2. By 29th February 2024, the provider must ensure that people receive the appropriate support in relation to food, fluid, nutritional support, and weight loss.

To do this, the provider must, at a minimum, ensure:

- That the nutrition and hydration needs of people identified as at risk of malnutrition or dehydration are regularly assessed and adequately met;
- That information in personal plans regarding how nutrition and hydration needs are to be assessed, monitored, and met, is accurate, up-to-date, and regularly evaluated; and
- That food and fluid intake charts are fully completed, and that the information contained therein is used to inform the planning of care and support. Any issues found through the audit process are highlighted and a service improvement plan made with timescales for any actions required taken to address those issues.

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This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulations 4(1)(a).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that 'I benefit from a culture of continuous improvement, with the organization having robust and transparent quality assurance processes' (HSCS 4.19).

Hawthorn House Care Home – Areas for Improvement – November 2023

1. To support people's wellbeing and social inclusion, the service should review how they plan and enable people to participate in a range of activities of their choosing, both indoors and outdoors.

In doing this, they should:

- Develop activity plans with people, and
- Ensure activity provision is discussed with the team, and that related outcomes are being, met and evaluated.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both in doors' (HSCS 1:24) and 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6).

2. To support people's wellbeing and ensure they experience interventions that are safe and effective if receiving 'as required' medicines, the service should ensure a medication protocol is in place for each person assessed as requiring one, and should:

- Record the name of medication and the date when medication was started by the prescriber; the route (if other than oral), the dose, the frequency, the minimum time interval between doses, and the maximum number of doses in 24 hours.
- What alternatives/other courses of action may be followed before medication is offered (if any).
- What the medication is for; the expected outcome, and record whether the medication was effective; and
- The date for review, ensuring there is a mechanism for this to be followed up.

This is to ensure 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)

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3. To ensure people continue to be included, the service should combine the processes of monitoring the practice of staff and supervision. This would enable some supervision to be based on observations of competency and afford people using the service the opportunity to give their opinion about support they receive from staff.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve.' (HSCS 4.8)

4. To ensure people experiencing care can have confidence in the staff supporting them, policy and procedural guidance should be developed and implemented on nutrition and hydration.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state that: 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.' (HSCS 1.34)

- 3.15. HSCP directly provided care homes and day care services are committed to a robust strategy of continuous improvement, measured through the Service Improvement Plan, which is reviewed by Older People's Residential (OPR) and Day Care Services senior management team monthly in collaboration with the cycle of improvement and development visits by the OPR Improvement, Development, and Innovation Team.
- 3.16. This team work closely with HSCP Older Peoples operational service providing improvement support for tests of change and conduct development visits to each service. The team employ an internal inspection schedule, in addition to priority action visits wherein the benefit of additional support and scrutiny has been identified. Furthermore, the team supports scheduled visits by the HSCP Care Home Quality Assurance team.
- 3.17. Development visits from the Improvement, Development, and Innovation team provide an additional layer of evaluation which can then lead into feedback and service improvement plans. Development visits have been prioritised based on an appreciative inquiry approach which seeks to identify key strengths within the service as well as areas for improvement. This is then reported through Care Home Governance meetings held 4-weekly providing a tier of scrutiny to improvement frameworks.
- 3.18. The senior management team of Older People's Residential and Day Care Services regularly provide updates to the Care Inspectorate at the six weekly liaison meetings on the progress of this plan.
- 3.19. Key areas identified are reflected in service improvement planning to address the areas for improvement raised by the Care Inspectorate and for overall quality improvement.

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4. Recommendations

4.1. The IJB Finance, Audit and Scrutiny is asked to:

- a) Note the content of the report.