



REPORT TO: PERFORMANCE & AUDIT COMMITTEE – 29 MAY 2018
REPORT ON: OUTCOME OF CARE INSPECTORATE INSPECTION – TURRIFF HOUSE
REPORT BY: CHIEF FINANCE OFFICER
REPORT NO: PAC25-2018

1.0 PURPOSE OF REPORT

The purpose of this report is to advise the Performance & Audit Committee of the outcome of the recent Care Inspectorate inspection of Turriff House older people’s care home

2.0 RECOMMENDATIONS

It is recommended that the Performance & Audit Committee (PAC):

- 2.1 Notes the content of this report and the content of the inspection report (attached as Appendix 1).
- 2.2 Notes the one recommendation as detailed in paragraph 4.6 of this report and the submitted action plan to address this (attached as Appendix 2).
- 2.3 Notes the grades awarded to the service, the strengths of the service, and the positive comments made by service users and carers.

3.0 FINANCIAL IMPLICATIONS

None.

4.0 MAIN TEXT

4.1 Turriff House

Turriff House was inspected by the Care Inspectorate on 7th March 2018. The Care Inspectorate inspection report is attached as Appendix 1. The service was inspected on two quality themes:

Theme	Grade
Quality of care and support	5 (very good)
Quality of management and leadership	5 (very good)

Previous inspections	Themes inspected	Grade
01/03/17	Quality of care and support Quality of management and leadership	5 (very good) 5 (very good)
17/02/16	All 4 quality themes inspected	3 x 5 (very good) 1 x 4 (good)
19/09/14	All 4 quality themes inspected	4 x 4 (good)

4.2 Turriff House is a care home for older people. The care home is full and cares for 32 residents, the vast majority of whom have a diagnosis of dementia. The home is divided into four suites of eight bedrooms with en-suite shower rooms as well as separate sitting and dining areas. There is also a central, communal hall area, which is used for activities and events.

- 4.3 The Inspector reported that 'People could expect to receive care that was appropriate to their needs and respected their wishes. Care plans were person-centred and provided clear direction to staff about people's care needs and what they could do for themselves. This meant that staff could provide the correct level of support, whilst taking account of people's personal interests and preferences.'
- 4.4 The Inspector also noted that 'People were encouraged to make suggestions for improving the service. Regular meetings took place with people using the service, and staff members, where views were expressed about matters such as mealtime menus, activities programmes and development of the home's environment. The suggestions of people's families and carers were also sought through drop-in meetings and questionnaires. Such involvement helps to keep a focus on improvements that matter to the people using the service.'
- 4.5 Relatives and service users' comments included:
- "Staff do so much to help me, in every way",
- "The home is clean"
- "The food is good".
- 4.6 There was one recommendation in the report:
- 'In order to promote an effective and consistent approach in dealing with stress and distress (due to anxiety and pain), relevant care plans should provide more direction to staff on how to manage people's experience in this area.'
- 4.7 This issue related to the recording of information in care plans. All care plans have guidance recorded for staff but the inspector considered there needed to be more detail. The manager has made some immediate changes and is to arrange further training for the staff team on prevention of stress / distress, pain management and how to reflect this in more detail in the care plans.

5.0 POLICY IMPLICATIONS

This report has been screened for any policy implications in respect of Equality Impact Assessment and Risk Management. There are no major issues.

6.0 RISK ASSESSMENT

This report has not been subject to a risk assessment as it relates to the publication of Care Inspectorate information and therefore does not require a policy decision.

7.0 CONSULTATIONS

The Chief Officer and the Clerk were consulted in the preparation of this report.

8.0 BACKGROUND PAPERS

None.

Dave Berry
Chief Finance Officer

DATE: 16 April 2018

Angie Smith
Resource Manager
Health & Social Care Partnership

Turriff House Care Home Service

4 Rannoch Road
Dundee
DD3 8RB

Telephone: 01382 436420

Type of inspection: Unannounced
Inspection completed on: 7 March 2018

Service provided by:
Dundee City Council

Service provider number:
SP2003004034

Care service number:
CS2003000479

About the service

Turriff House is a care home service, which is provided by Dundee City Council. The home is registered to provide care for 32 older people. Nursing care is not provided.

The care home is purpose-built and is divided into four units, each accommodating eight people. Each unit has eight bedrooms with en-suite shower rooms as well as separate sitting and dining areas. All units are on ground floor level and have access to secure gardens. People are able to move freely between the units and garden areas. There is also a central, communal hall area, which is used for activities and events.

The service was previously registered with the Care Commission and became registered with the Care Inspectorate on 1 April 2011.

What people told us

We spoke with 11 people using the service and gathered views from one Care Standards Questionnaire (CSQ). In addition, we spoke with two relatives/carers during the inspection and gathered comments from another four relatives using CSQs.

Overall, the comments we received were very positive and most people strongly agreed that they were happy with the standard of care they received. Staff were generally seen as being helpful and kind, despite being busy at times. Some people felt that they could have more to do, although many people identified that there was regular input from an enthusiastic activities coordinator.

We heard that "staff do so much to help me, in every way", that the "home is clean" and that the "food is good". There was little in the way of negative comments about the care provided or the home's environment.

Self assessment

The service had not been asked to submit a self-assessment prior to this inspection taking place. We were advised of the service's plans to improve the quality of care provision and how these would be taken forward.

Advice was given to the service manager about possible formats for setting out the service's improvement plan.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	not assessed
Quality of staffing	not assessed
Quality of management and leadership	5 - Very Good

What the service does well

People were cared for by staff who were familiar with their care and support needs. Staff were warm and friendly in their approach to people using the service, as well as their visitors, which helped ensure that people felt valued and respected.

People could expect to receive care that was appropriate to their needs and respected their wishes. Care plans were person-centred and provided clear direction to staff about people's care needs and what they could do for themselves. This meant that staff could provide the correct level of support, whilst taking account of people's personal interests and preferences.

There were regular formal reviews of care needs, which involved people using the service and their representatives. This helped ensure that care plans were adapted to meet changing needs and took account of people's views about their care. People, however, could have been more involved in completing their care-related risk assessments and "routine" reviews of care. The service stated that they would make improvements in this area - this will be reviewed at the next inspection.

Mealtimes were a pleasant and sociable experience. People were able to make food choices at the time of serving and alternatives were available on request. Assistance with eating and drinking was given, where needed, and meals were served at a relaxed pace. People using the service were involved in periodic reviews of the menus and the quality of food was described as good.

People should be able to take part in regular activities, in order to promote their physical and psychological wellbeing. Activities programmes were arranged by an enthusiastic activities organiser, who aimed to ensure that people had regular access to activities that suited their needs and abilities. People clearly appreciated the opportunities made available for them to participate in these programmes.

People using the service could be sure that their health needs were adequately supported. This was provided through regular access to services such as: GPs, District Nurses, the Dementia Liaison Team and Speech and Language Therapy.

People were encouraged to make suggestions for improving the service. Regular meetings took place with people using the service, and staff members, where views were expressed about matters such as mealtime menus, activities programmes and development of the home's environment. The suggestions of people's families and carers were also sought through drop-in meetings and questionnaires. Such involvement helps to keep a focus on improvements that matter to the people using the service.

People could be confident that the service had processes in place to ensure that their care records were up to date and that policies and procedures were operating correctly. We found that the service had well developed audit processes to cover areas such as: care planning, medicines administration, accidents and incidents, falls and general risk assessments. This helped to ensure that people received consistent, good quality care.

What the service could do better

Whilst the needs of people with dementia, and other cognitive impairments, was considered in the design of the building and garden areas, improvements could be made to signage to help people find their way around the building. This may encourage people to use communal areas and visit other parts of the home without the need for staff assistance.

Some care plans could have provided more direction in how to manage people's stress and distress, as well as the assessment of pain for those who had difficulty in communicating. This would help promote an effective and consistent approach by staff and reduce the degree of distress, which may be experienced by people who are anxious or in pain. This was identified in the last inspection report and is an area which needs to be developed (see Recommendation 1).

Submission Declaration

Declaration I confirm that by submitting this action plan I have the authority of the service provider to complete the action plan.

Name:

Chris Hebenton

I am: (Select an option)

The manager of the service / The owner of the service