

Action Plan for Drummond Grange



Dear Sir or Madam,

We thought it might be useful to residents, potential residents, their relatives and friends to summarise our response to the Care Inspectorate's latest inspection report, carried out in December 2016, setting out the actions we have been and are taking to improve care at Drummond Grange. We were grateful that the Care Inspectorate noted good practice in some important areas. Their rating for the home was that it was 'adequate', in four of the areas inspected against at the time of their inspection, however, and that some improvements are specific requirements. We value the Care Inspectorate's view of how we deliver care, recognise that we need to improve services at Drummond Grange and are determined to do better.

We were pleased the Care Inspectorate noted: "Everybody knows me very well. I am very happy with my regular carer usually. Staff support me and promote my independence. If I request anything, I always get it," "Staff always involve me in all tasks possible. Very happy with the support received from staff" and: "I am very happy with the way staff treat me."

We are already addressing issues identified in the report but we know that there are areas in which ongoing work is needed, and we want to reassure you that we are taking appropriate actions. We believe that setting out these actions will help everyone interested in care at Drummond Grange to understand the inspection report and how we are improving the care we offer.

We were recently visited by the Care Inspectorate, following up the published report. In verbal feedback they were pleased with our progress in important areas on the requirements below. Their updated report will be published in the near future.

Report findings and actions

The Care Inspectorate asked us to ensure that all staff are aware of advice, guidance and care regarding supporting residents with eating and drinking.

In order to improve in this area:

All resident's dietary and special requirements are communicated to care staff at handover. Care staff receive a daily handover sheet on which they note any changes or instructions. Care staff are now given protected time to review residents' care plans.

All staff who assist with meals undertake choking and dysphagia training

Observation of the meal time experience is undertaken by the General Manager and Deputy Manager on a regular basis.

Our home trainer carries out field observation as well as short interviews with staff to ensure that training is being put into practice.

The home receives ongoing support from the company's hospitality team.



The Care Inspectorate asked us to ensure that residents receive the oral and personal care needed to maintain a healthy skin and mouth, and to promote their dignity and well-being.

In order to improve in this area:

Preparing staff to undertake the role of carer starts at interview: the interview is carried out by a senior member of staff to ensure that the potential carer understands what is expected of them. Where possible a resident sits in on the interview.

During induction the carer will receive three days classroom-based learning covering adult support protection, infection control, moving and handling, dysphagia and choking and administrative aspects of their role. This is delivered by the regional trainer. Oral care is discussed and training given whilst carrying out the choking and dysphagia training, as poor oral care can be a contributory factor in residents refusing food. MI skin training is also undertaken at induction. We will refresh training for all staff in the home.

Once assigned to a unit the carer is inducted on all aspects of person-centred personal care. Only when they are deemed to have an understanding of the standards expected are they put on the rota. Extensions to the induction period are always considered if required. Protected e-learning time is also made available to every member of staff. Staff are assigned an

experienced carer to act as a supportive mentor throughout their 12-week induction, ensuring that their induction portfolio is completed. The carer and the mentor must work together a minimum of one day per week. One-to-one supervision is undertaken with

each member of staff every three months in accordance with Barchester Healthcare's policy on supervision. This can be done by the Unit Manager or the Senior Carer.

The Deputy Manager will meet with each carer at the end of their 12-week induction period before signing them off. 'Caring for smiles',

an organisation for improving oral healthcare, deliver training for new staff.

The Care Inspectorate asked us to ensure that all residents are assessed and regularly reviewed for risk of falls and that their individual needs are met.

In order to improve in this area:

Falls risk assessment and prevention training is being delivered by the Regional Trainer and undertaken by all care staff (using the 'Footsteps' measurement tool and training).

Residents are cared for in a safe environment where risk of falls is minimised: this is built into our environmental action plan (e.g. improved lighting).

Every resident has a falls risk assessment in their care plan.

After any incident, the falls diary, care plan and risk assessment are updated appropriately.

Care plan and risk assessment reviews are routinely undertaken monthly, or more often if the resident's needs change.

A Health and Safety group reviews all falls on a quarterly basis.

Residents' needs in relation to appropriate foot care have been addressed, and residents are encouraged to wear appropriate footwear.

The Care Inspectorate asked us to ensure that all residents at risk of pressure damage to their skin receive appropriate care to reduce the risk of damage.

In order to improve in this area:



On admission every resident's baseline Waterlow score (a means of measuring pressure damage risks) is taken and recorded. Any equipment required is put in place. The Waterlow score is reviewed on a monthly basis or more often if required. Any changes are reflected in the care plan and trigger referrals to health care professionals for advice and support. Recommended aids and pressure relieving equipment are put in place. Staff have had internal and external training covering pressure relief and wound management.

Staff are working closely with the Care Home Liaison Nurse Manager, learning from her expertise and knowledge.

An audit of care plans is undertaken by the Deputy Manager on a monthly basis. The home has moved from monthly to weekly governance reporting.

The weekly report is followed up within 24-hours where possible

Any changes in residents' conditions is reported at the daily 'stand-up' meeting.

The Care Inspectorate asked us to ensure that all staff deliver pain assessment, pain monitoring and pain management that is effective for people with limited communication.

In order to improve in this area:

The PAINAD assessment tool is now used in our Memory Lane community for people living with dementia and on the Kevock unit for older people.

The DOLOPLUS assessment tool is used with younger adults.

PAINAD was introduced to the Memory Lane community as part of the '10-60-6' advanced dementia care training programme. All relevant guidance notes are available on the unit.

Past history is recorded: e.g. how the resident previously reacted when in pain.

Every resident who is unable to communicate their needs in relation to pain is assessed monthly using DOLOPLUS. Should the resident not be prescribed regular medication then homely remedies (such as paracetamol) are used. If used for two consecutive days the GP is informed and a review undertaken. Regular analgesia is then considered.

The Care Inspectorate asked us to ensure that all residents receive their medicines safely, effectively and as intended by the prescriber, with clear accompanying records.

In order to improve in this area:

All Registered Nursing staff have completed the Barchester Healthcare Drug Competency training and testing.

Supervision based on accountability and record keeping is undertaken with all Registered Nursing staff and senior care workers.

The Royal College of Nursing have delivered a session on professional accountability to all Registered Nursing staff, which will ongoing throughout the year for all new staff.

All stock balances are recorded at the beginning of the new medicine cycle.

Medication Administration Record sheets are checked for accuracy against the medicines at the beginning of the medication ordering cycle.

Daily reconciliation of medicines is now undertaken, with any discrepancies reported in a timely manner to the Deputy Manager.

The Deputy Manager carries out weekly medication audits on each unit.

Peer audit has also been introduced on a monthly basis.

If required because of prescribing errors, dispensing errors or emergency prescription staff make hand-written entries on Medication Administration Record sheets. These entries are signed for by



two Registered Nurses or a Registered Nurse and a senior carer who has completed their Drug Competency. The names of staff must also be printed. The person known to have authorised the instruction must also be identified.

Medication Administration Record sheets instructions will be clear when, where and why topical medication is to be applied.

Helpful support around medication management has been given to the home by the Care Inspectorate's Pharmacist Advisor, who has also reviewed our new local medication management policy, drafted following the recent audit.

The Care Inspectorate asked us to ensure that service is provided in a manner that promotes dignity and safety, based upon an agreed environmental improvement plan.

In order to improve in this area:

A comprehensive environmental improvement plan was drafted and is being implemented. Copies are available on request.

The Care Inspectorate asked us to ensure that staffing levels comply with existing staffing schedules, that staff are appropriately trained and that their knowledge and practice is evaluated as a part of training.

In order to improve in this area:

We continue to comply with the 2008 staffing schedule. DICE, a tool for assessing staffing requirements based on individual need is now updated to reflect residents' needs. Clear rotas are displayed daily in the reception area. A four week rota is available at all times.

The home has been identified as a training hub for the region for Barchester Healthcare staff. A regional trainer has been employed and is in the home two days per week, during which time all mandatory and legislative training will be updated as required. The home's training priorities are identified and an appropriate programme developed. The home's trainer is delivering Barchester Healthcare's Dementia Level One training throughout the home. The Dementia Care Specialist will continue Level Two training for staff working in the Memory Lane community.

The home trainer spends time on the floor carrying out field observations. She is introducing workbooks and training evaluation forms to ensure that learning has influenced practice.

A programme of Scottish Vocational Qualifications Level Two and Three training is ongoing.

We have two more staff training as Care Practitioners in 2017.

The Care Inspectorate asked us to ensure that all staff are recruited with records meeting our recruitment policy.

In order to improve in this area:

All recruitment policies and procedures now follow Barchester Healthcare's Human Resources policies. All references received are checked and signed off by the General Manager or Deputy Manager. A regular audit is carried out by the Regional Business Manager on her visits to the home. All care staff are registered with the Scottish Social Services Council within the allocated time frame.

The Care Inspectorate asked us to ensure that the service we provide is of a good standard and continues to improve, based on quality assurance systems appropriate to the needs of people living with dementia, and that records for all staff reflect this.



In order to improve in this area:

The Dementia Care Specialist carries out CAREFUL observations (CAREFUL is a tool for assessing strengths, weakness and developing care plans that will help) in the Memory Lane community and continue with the roll out of Level One and Level Two Dementia Training. The Deputy Manager and a dementia specialist Carer have undertaken CAREFUL training.

The company appointed a Quality Assurance Officer in May 2017: a full quality assurance audit will be undertaken every two months, and overseen centrally.

The Deputy Manager undertakes a monthly audit of care plans and medications.

Resident, relative, and friends meetings are held on a monthly basis, giving the opportunity to contribute to the management of the unit and encouragement to come forward with ideas and suggestions that may improve the wellbeing of the residents.

Accountability for change

We are pleased that the Care Inspectorate noted good practice in areas of our work at Drummond Grange, recording relatives saying: "Every time I visit Drummond Grange to visit my friend I find the staff are helpful and care for the residents. My friend could not be in a better place in my opinion," "Always find my friend in good spirits," and:

"I am very happy with the care that my mum receives in the dementia unit. She appears happy and well cared for."

However, we know that we need to improve in some specific areas and to consolidate improvements in other. We are working hard to ensure that we meet Care Inspectorate requirements and to improve our working practices. We are monitoring our progress carefully, audited through regular visits from senior managers. Our progress is also monitored by the Care Inspectorate, and we look forward to a new report based on their most recent visit.

As General Manager for Drummond Grange these actions are currently accountable to me. If you would like to talk about any of the issues this raises I and my team would be pleased to do so.

Sincerely,

Eleanor Wilson, General Manager,

27/04/2017

