

Policy and Sustainability Committee

10.00am, Tuesday, 23 February 2021

Drumbrae Care Home Improvement Notice Update

Executive/routine
Wards
Council Commitments

1. Recommendations

- 1.1 Take assurance from the actions undertaken to achieve the requirements set out in the Care Inspectorate's Improvement Order and implement sustainable improvement.

Judith Proctor

Chief Officer, Health and Social Care Partnership

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Drumbrae Care Home Improvement Notice Update

2. Executive Summary

- 2.1 The Edinburgh Health and Social Care Partnership (the Partnership) were issued with an Improvement Order by the Care Inspectorate in relation to Drumbrae Care Home (appendix 1). The Improvement Order required that the Partnership put in place immediate measures to improve significantly, aspects of care and support provided in the home.
- 2.2 In July 2020, the Care Inspectorate notified the Partnership that significant improvement had been made in all areas inspected in December 2019 and that the Improvement Order was lifted.

3. Background

- 3.1 An unannounced inspection was carried out by the Care Inspectorate with feedback provided on Monday 23 December 2019.
- 3.2 Inspectors found that measurable improvements were needed in relation to ensuring:
 - service users' health, safety and well-being needs must be met in a manner which promotes their dignity and choice;
 - service users receive high quality care and support which meets their health, safety and wellbeing needs;
 - health, safety and well-being needs be met by implementing safe and effective arrangements for the management of medication;
 - service users' health and social care needs be met by staff who are appropriately trained, competent and skilled;
 - Service users' health and social care needs be appropriately assessed, met, evaluated and effectively communicated between all relevant staff.
- 3.3 The deadline for achieving the improvement required under this Improvement Order was initially 28 February 2020, then extended to 30 June 2020.

- 3.4 A Large Scale Investigation (LSI) was re-established in January 2020. An independent Chairperson was appointed to ensure objectivity and the LSI group provided independent scrutiny of the improvement plan, supported with evidence from the Residential Review Team (RRT) who reviewed outcomes of people living in the home.

4. Main report

- 4.1 Immediate action was taken in response to the Improvement Order. Due to the unplanned long-term absence of the Care Home Manager, an experienced Care Home Manager from another care home within the Edinburgh estate was appointed. Initially on a temporary basis, this has now been made permanent to ensure sustainability of improvements made.
- 4.2 An Improvement Plan was quickly developed, linked specifically to actions required in the Improvement Notice. An Oversight Group was established to ensure operational delivery of the plan, identify support for the Care Home Manager to overcome any blockages and escalate any areas of concern. Dedicated support from the CEC Quality Assurance Team was based in the care home and worked closely with the management team to implement the plan and gather evidence required for reporting to the Care inspectorate and LSI. A report was submitted regularly to the Partnership Executive Team detailing progress against the plan.
- 4.3 Staffing was quickly stabilised and has been maintained since the beginning of 2020, including through the covid pandemic. Recruitment for care staff has been undertaken with 7 care staff recently appointed. A business case has also been approved to secure permanent nursing staff within the care home.
- 4.4 With the support of the Chief Nurse and Deputy Chief Nurse, additional nursing support has been dedicated to DCH since April 2020 to immediately address the clinical needs of the residents and provide safe governance. This included a full time Deputy Care Home Manager and two nurses. As a result of this dedicated nursing input, there has been improved health outcomes for the residents relating to nutrition, skin integrity and pain control.
- 4.5 In collaboration with the Care Inspectorate, work was undertaken to review the care planning tool and ensure that it was person centred and met the needs of residents. Every resident had their care plan reviewed and staff have been supported, including with training, in care planning and recording.
- 4.6 By May 2020, the LSI Group were reporting evidence of tangible outcomes relating to residents wellbeing. Despite dealing with the consequences of the covid pandemic, staff confidence and competence improved and their willingness to actively engage in the improvement programme was also reported.

- 4.7 In May 2020 an unannounced covid inspection was undertaken by the Care Inspectorate. Feedback was positive. The Care Inspectorate reported care and support being provided to people in a planned and organised way; there were sufficient staff on duty to meet people's needs day and night and; staff were trained in the use of PPE and social distancing. There were no requirements or improvements identified as a result of this inspection.
- 4.8 Starting in the spring 2020, weekly video conferences with the Care Inspectorate occurred to provide evidence of actions taken and outcomes being achieved in relation to the Improvement Order. In June 2020, the Care Inspectorate spoke directly with staff, reviewed residents' case notes, care plans and other information. All this information, in addition to that supplied to the LSI was used by the Care Inspectorate as evidence for compliance with the Improvement Notice.
- 4.9 On 1 July 2020, the Partnership were notified that significant progress had been made, that all areas of improvement had been complied with and that the Improvement Order was no longer in force (appendix 2). The care home was also regraded upwards to reflect the positive improvements made.
- 4.10 The LSI has remained ongoing to ensure that the improvements made have been sustained. The LSI Group is currently reviewing its role and future as improvements have been sustained throughout 2020.
- 4.11 A monthly Care Home Oversight Report is currently being trialled in Drumbrae Care Home that provides performance against KPIs, including a focus on incidents (e.g. medication errors and falls), staffing levels, agency use, outstanding reviews of care plans, audit analysis and staff compliance with mandatory training. The purpose of this report is to provide senior managers with information on how well the care home is performing and to escalate any areas of concern. If successful, this report will be rolled out to other EHSCP Care Homes.
- 4.12 A phased admission plan has also been prepared and submitted to the LSI Group for approval. This has been well received by the group and it is hoped that admissions will begin, early 2021.

5. Next Steps

- 5.1 Begin recruitment of nursing staff
- 5.2 On approval of the phased admission plan, begin admitting new residents
- 5.3 Build on existing improvements made and ensure sustainability.

6. Financial impact

- 6.1 There are currently 34 empty beds in Drumbrae Care Home. Due to no people being admitted to Drumbrae Care Home over the past year while improvements have been made, additional beds have had to be purchased from external providers.
- 6.2 Due to levels of improvement required, staffing levels have not reduced on the short-medium term.
- 6.3 Nursing staff will be funded through existing vacancies and reallocation of agency use towards permanent staffing establishment.

7. Stakeholder/Community Impact

- 7.1 Two meetings were held with Drumbrae Care Home staff and a further two meetings held with residents and their families, all on 7 January to explain the implications of the Improvement Notice and the action being taken in response. All meetings were attended by the Care Home management team, HSCP senior management and two inspectors from the Care Inspectorate. Approximately 40 - 45 staff attended meetings and approximately 40 residents and family members also attended meetings. Meetings were offered to those unable to attend
- 7.2 Due to the impact of the covid 19 pandemic and restricted visits to care homes, there have been no further group meetings with residents or their families. In addition to regular communication with families either by phone or when able to visit, there has been regular communication through an Improvement Newsletter. All residents and relatives were informed that the Improvement Notice was lifted.

8. Background reading/external references

- 8.1 There is no background reading.

9. Appendices

Appendix 1 Improvement Notice – 23 December 2019

Appendix 2 Compliance with Improvement Notice – 1 July 2020

Recorded delivery

City of Edinburgh Council
Waverley Court
4 East Market Street
Edinburgh
EH8 8BG

23 December 2019
2019378488
CS2012311175

Dear Sir/Madam

IMPROVEMENT NOTICE
SECTION 62 PUBLIC SERVICES REFORM (SCOTLAND) ACT 2010 (“the Act”)

Social Care and Social Work Improvement Scotland (hereinafter referred to as “the Care Inspectorate”) has concluded that Drumbrae Care Home, 24a Ardshiel Avenue, Drum Brae, Edinburgh, EH4 7HP is not operating in accordance with requirements imposed by or under the Act. The Care Inspectorate hereby gives you notice that unless there is a significant improvement in provision of the service, it intends to make a proposal to cancel your registration in terms of section 64 of the Act. The nature of the improvements to be made, and the period within which they must be made, are specified below.

Improvements

1. By 28 February 2020, service users’ health, safety and well-being needs must be met in a manner which promotes their dignity and choice. In particular you must:
 - a) Set out clear roles and responsibilities and lines of communication for both the management team and staff teams,
 - b) On each shift deploy staff according to their skills and experience and service users’ needs,
 - c) Plan, deliver and evaluate the care to service users given by staff to ensure service users are receiving a level of care that meets their assessed needs,

- d) Put in place and implement an effective system to identify and minimise risks to service users,
- e) Ensure that service users' care and support is planned, delivered and evaluated with compassion, dignity and respect,
- f) Ensure service users receive care and support that meets their needs and is right for them, and
- g) Ensure staff are appropriately registered with their professional body and that accurate records of their respective registrations are kept.

This is in order to comply with Regulations 3, 4(1)(a)&(b) and 9(2)(c) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

- 2. By 28 February 2020, service users must receive high quality care and support which meets their health, safety and wellbeing needs. In order to achieve this, you must ensure that there are always suitably qualified and competent staff working in and deployed across the service in such numbers as are appropriate for the health, welfare and safety of people.

This is in order to comply with Regulation 15(a) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

- 3. By 28 February 2020, service users' health, safety and well-being needs must be met by implementing safe and effective arrangements for the management of medication. In particular you must ensure that:
 - a) Prescribed medications are available and administered safely in accordance with the prescriber's instructions at all times,
 - b) All 'as required' medications are assessed for their effectiveness,
 - c) Body maps are used to identify the areas of application of creams and emollients and the times that these are to be applied,
 - d) The topical medication administration records are fully completed following each administration and the efficacy of the treatment is assessed,

- e) Proper systems are in place to optimise pain management interventions including assessment of pain and evaluation of the effectiveness of the medication,
- f) Arrangements are in place to quality assure the medication systems and processes including ordering, administration and recording,
- g) Staff, who administer medication, receive appropriate training in all aspects of medication management and pain assessment, and
- h) Staff competency in medication management must be regularly assessed and steps taken to improve this where required.

This is in order to comply with Regulations 4(1)(a), 9(2)(b) and 15(b)(i) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

- 4. By 28 February 2020, service users' health and social care needs must be met by staff who are appropriately trained, competent and skilled. Training must include, but is not limited to, moving and handling and use of equipment for moving people. Records of training and staff competency in the use of this equipment must be kept.

This is in order to comply with Regulations 4(1)(a) and 15(b)(i) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

- 5. By 28 February 2020, service users' health and social care needs must be appropriately assessed, met, evaluated and effectively communicated between all relevant staff. This must include but is not limited to:
 - a) Carrying out and recording accurate needs assessments to include risk, choice and preferences,
 - b) Putting in place and implementing an effective system of care planning and recording,
 - c) Assessing the need for and impact of the use of assistive technology on an individual basis to prevent unnecessary restriction, disturbance, distress and isolation,

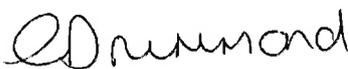
- d) The efficacy of all required interventions must be measured through evaluation and review processes.
- e) Recording and following all instructions given by external health care professionals, and
- f) Investigating and analysing accidents and incidents to identify and adopt measures for continuously improving the management of risk.

This is in order to comply with Regulations 4(1)(a)(b)&(c) and 5(2)(b) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

Please note that where more than one improvement is specified, failure to demonstrate compliance with any one of the improvements within the required timescale may result in us proceeding to make a proposal to cancel registration.

Please contact me if you would like to discuss this notice, or if there is anything in the notice you do not understand.

Yours faithfully



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By email: Judith.Proctor@edinburgh.gov.uk

Edinburgh City Council
Waverley Court
4 East Market Street
Edinburgh
EH8 8BG

1 July 2020
2019378488
CS2012311175

Dear Sir/Madam

COMPLIANCE WITH IMPROVEMENT NOTICE

On 23/12/2019 you were served with an Improvement Notice in relation to Drumbrae Care Home, 24a Ardshiel Avenue, Drum Brae, Edinburgh EH4 7HP, in terms of section 62 of the Public Services Reform (Scotland) Act 2010 ("the Act"). The Improvement Notice stated that unless there was a significant improvement in provision of the service, Social Care and Social Work Improvement Scotland (hereinafter referred to as "the Care Inspectorate") intended to make a proposal to cancel your registration. The Improvement Notice specified the nature of the improvements to be made, and the period within which they were to be made.

As there has been a significant improvement in the service, the Care Inspectorate has decided not to proceed to make a proposal to cancel the registration of the service. Our conclusions about the improvements made are noted below.

Improvements

1. By 30 June 2020, extended from 29 May 2020 and 28 February 2020, service users' health, safety and well-being needs must be met in a manner which promotes their dignity and choice. In particular you must:
 - a) Set out clear roles and responsibilities and lines of communication for both the management team and staff teams,

Care Inspectorate, Headquarters, Compass House, 11 Riverside Drive, Dundee, DD1 4NY
We have offices across Scotland. You can find details at careinspectorate.com

- b) On each shift deploy staff according to their skills and experience and service users' needs,
- c) Plan, deliver and evaluate the care to service users given by staff to ensure service users are receiving a level of care that meets their assessed needs,
- d) Put in place and implement an effective system to identify and minimise risks to service users,
- e) Ensure that service users' care and support is planned, delivered and evaluated with compassion, dignity and respect,
- f) Ensure service users receive care and support that meets their needs and is right for them, and
- g) Ensure staff are appropriately registered with their professional body and that accurate records of their respective registrations are kept.

This is in order to comply with Regulations 3, 4(1)(a)&(b) and 9(2)(c) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

Significant improvements have been made to the management and leadership of the home to ensure the service is managed in a planned way by staff who have clearly defined roles and responsibilities. The deployment of staff is planned and managed to support service users' wellbeing. Risk assessments are completed which identify details of significant risks and safe care is planned and delivered with compassion, dignity and respect. Service users have confidence in the staff caring for them because staff are appropriately registered with their professional body. Service users receive care that meets their needs and is right for them.

This improvement has been complied with.

2. By 30 June 2020, extended from 29 May 2020 and 28 February 2020, service users must receive high quality care and support which meets their health, safety and wellbeing needs. In order to achieve this, you must ensure that there are always suitably qualified and competent staff working in and deployed across the service in such numbers as are appropriate for the health, welfare and safety of people.

This is in order to comply with Regulation 15(a) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

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The home is adequately staffed to meet the health, safety and wellbeing needs of service users. Service users have their needs met by the right number of people who have time to support and care for them.

This improvement has been complied with.

3. By 30 June 2020, extended from 3 April 2020 and 28 February 2020, service users' health, safety and well-being needs must be met by implementing safe and effective arrangements for the management of medication. In particular you must ensure that:
 - a) Prescribed medications are available and administered safely in accordance with the prescriber's instructions at all times,
 - b) All 'as required' medications are assessed for their effectiveness,
 - c) Body maps are used to identify the areas of application of creams and emollients and the times that these are to be applied,
 - d) The topical medication administration records are fully completed following each administration and the efficacy of the treatment is assessed,
 - e) Proper systems are in place to optimise pain management interventions including assessment of pain and evaluation of the effectiveness of the medication,
 - f) Arrangements are in place to quality assure the medication systems and processes including ordering, administration and recording,
 - g) Staff, who administer medication, receive appropriate training in all aspects of medication management and pain assessment, and
 - h) Staff competency in medication management must be regularly assessed and steps taken to improve this where required.

This is in order to comply with Regulations 4(1)(a), 9(2)(b) and 15(b)(i) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

There has been significant improvement to medicines management in the home to ensure service users receive their prescribed medicines by staff who have received training and had an assessment of their competency carried out. Improvements have been made to the assessment and management of pain. Recording systems and quality assurance processes have been put in place or strengthened to ensure service users receive the right medication at the right time which helps them to stay well.

This improvement has been complied with.

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4. By 30 June 2020, extended from 29 May 2020 and 28 February 2020, service users' health and social care needs must be met by staff who are appropriately trained, competent and skilled. Training must include, but is not limited to, moving and handling and use of equipment for moving people. Records of training and staff competency in the use of this equipment must be kept.

This is in order to comply with Regulations 4(1)(a) and 15(b)(i) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

An assessment of staff training needs has been made and staff have received training and competency assessments in moving and handling people, using equipment and medicines management. Staff training has taken place to strengthen staff use of care planning, pain management and skin care. A continuous programme of training is planned to ensure staff remain well informed and are kept up to date with their practice. Records of training are kept, and people are supported by staff who can meet their needs.

This improvement has been complied with.

5. By 30 June, extended from 3 April 2020 and 28 February 2020, service users' health and social care needs must be appropriately assessed, met, evaluated and effectively communicated between all relevant staff. This must include but is not limited to:
- a) Carrying out and recording accurate needs assessments to include risk, choice and preferences,
 - b) Putting in place and implementing an effective system of care planning and recording,
 - c) Assessing the need for and impact of the use of assistive technology on an individual basis to prevent unnecessary restriction, disturbance, distress and isolation,
 - d) The efficacy of all required interventions must be measured through evaluation and review processes.
 - e) Recording and following all instructions given by external health care professionals, and
 - f) Investigating and analysing accidents and incidents to identify and adopt measures for continuously improving the management of risk.

This is in order to comply with Regulations 4(1)(a)(b)&(c) and 5(2)(b) of **The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)**.

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Significant improvements have been made to the system of care planning and recording. Accurate needs, risks, choices and preferences are documented. The use of assistive technology is assessed for each individual which considers the impact of any potential restrictions, disturbance, distress and isolation. A process of evaluation and review has been started to check the efficacy of all interventions. Instructions given by external health professionals are recorded and followed.

Accidents and incidents are analysed to identify patterns and trends which helps to manage and minimize risks to ensure service users' safety.

This improvement has been complied with.

The Improvement Notice dated 23/12/2019 is no longer in force.

Yours faithfully



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