

BANFF & BUCHAN AREA COMMITTEE – 26 NOVEMBER 2019

DURNHYTHE CARE HOME – SERVICE IMPROVEMENT PLAN

1 Reason for Report / Summary

- 1.1** The purpose of this report is to update the Area Committee on the Service Improvement Plan for Durnhythe Care Home, Portsoy, following the recent Care Inspectorate report.

2 Recommendations

The Committee is recommended to:

- 2.1 Consider and comment on the service Action Plan for improvement.**

- 2.2 Request an update report be provided within twelve weeks.**

3 Purpose and Decision Making Route

- 3.1** Durnhythe Care Home, Portsoy, is registered with the Care Inspectorate to provide a care home service to a maximum of 35 people. The service provider is Aberdeenshire Council. At the time of writing there are 26 residents.

- 3.2** The home is set within landscaped grounds in Portsoy. There are two floors and there is a lounge and dining room on each floor. There are shared bathrooms / shower rooms and toilets on both floors. One bedroom has en-suite facilities.

- 3.3** The aims and objectives of the service are to:

- fulfil the rights of people using the service and meet their needs as far as possible
- provide a safe and secure environment which does not over-protect but makes people aware of any risks
- respect people for who they are
- make full use of resources available to assist people to reach their potential
- always listen with empathy to any views and to act accordingly

- 3.4** As reported to Committee on 10th September 2019, the most recent unannounced visit by the Care Inspectorate raised a number of concerns and has resulted in various requirements being made. The gradings by the Care Inspectorate are shown in the table below and the full inspection report is available at:

<https://www.careinspectorate.com/index.php/care-services>

3.5

1.1 People experience compassion, dignity and respect; 3 - Adequate
1.2 People get the most out of life; 3 - Adequate
1.3 People's health benefits from their care and support; 2 - Weak
1.4 People are getting the right service for them; 4 - Good
2.2 Quality assurance and improvement is led well 2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together; 3 - Adequate
4.1 People experience high quality facilities; 3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes; 3 - Adequate

4 Discussion

- 4.1 In response to the inspection report an improvement action plan was developed and submitted to the Care Inspectorate. The improvement plan (Appendix 1) will be monitored by the Clinical and Adult Social Work Governance Committee, a formal sub group of the Integration Joint Board.
- 4.2 An experienced Care Home Manager from elsewhere in Aberdeenshire has also been working with the service to ensure urgent action and momentum around the changes required.
- 4.3 The newly appointed Health and Social Care 'Location Manager' for Banff intends to set up an Improvement Group drawn from relevant experienced staff across Aberdeenshire to ensure delivery of the objectives and, importantly, how these can be permanently embedded into the service along with an enhanced culture of self-evaluation.
- 4.4 The Committee will note that the physical facilities are graded (3) adequate. Given the committee's additional role in considering future investment in the improvement of the building it is relevant to highlight that Aberdeenshire Health & Social Care Partnership is currently facilitating community workshops across Aberdeenshire, in partnership with Housing colleagues, with a view to setting out a future strategic position for accommodation and support for older people and people with physical disabilities ('homely settings').
- 4.5 Although data projections suggest a surplus in Care Home places across Banff & Buchan in years to come, the position in neighboring Buchan and Formartine is very different and there is considerable cross over in placements. Durnhythe will therefore continue to play an important role in meeting the required care home placement capacity across Aberdeenshire in the years to come. Peterhead Care Village is the only social care capital project currently in the council's Capital Plan. The IJB is likely to be asked to approve for publication a 'Market Position Statement' in early course, once community engagement on future needs is completed. Predicting how the market will respond is difficult,

but even if a private provider was to initiate a new build care home, that could potentially replace Durnhythe, the time from inception to being operational is likely to be a very minimum of five years. Members will also be aware that several large scale private national providers have recently publicly reported financial difficulties.

- 4.6** Officers would be very happy to arrange a presentation on the 'Homely setting' work to the committee if members felt that would be useful.

5 Council Priorities, Implications and Risk

- 5.1** It is an Aberdeenshire Council priority to 'support the delivery of the Health and Social Care Strategic Plan'.

- 5.2** The table below shows whether risks and implications apply if the recommendations are agreed.

5.3

Subject	Yes	No	N/A
Financial		X	
Staffing		X	
Equalities			X
Fairer Scotland Duty			X
Town Centre First			X
Sustainability			X
Children and Young People's Rights and Wellbeing			X

- 5.4** An equality impact assessment is not required because the recommended actions will not have a differential impact on persons sharing any of the same protected characteristics. There are no staffing or financial risks identified as a direct result of this report.

6 Scheme of Governance

- 6.1** The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report their comments are incorporated within the report and they are satisfied that the report complies with the Scheme of Governance and relevant legislation.

6.2 The Committee is able to consider this matter under Section B1.2 of Part 2A of the Scheme of Governance-List of Committee Powers as it is being asked to comment on a matter which impacts its Area.

ANGIE WOOD
INTERIM CHIEF OFFICER

Report prepared by Mark Simpson
Date 12th November 2019

List of Appendices – *Appendix 1; Durnhythe Action Plan*

ACTION PLAN FOR THE CARE INSPECTORATE FOR DURNHYTE CARE HOME, PORTSOY - APRIL 2019

KEY: Green text: Action complete
Amber text: Action in progress
Red text: Action yet to commence

Requirements	Action	By Whom	Timeline
<p><u>How well do we support people's well-being?</u></p> <p>The provider must ensure that significant improvements are made to all aspects of the management of medication in line with best and legal practice.</p>	<p>Controlled-Drug Register:</p> <ul style="list-style-type: none"> All medication to be entered into a new controlled drug register with the index at front clearly indicating the current page for each controlled drug for each resident. Return expired or not clearly labelled controlled drugs and update the controlled drug register accordingly regardless of whether they are health professional administered medication. All liquid controlled drugs to have a running total after each administration once a new bottle is commenced. <p>Returns:</p> <ul style="list-style-type: none"> All outstanding returns to be promptly sent to pharmacy (Have had at least 2 uplifts since the inspection). Returned medication to be stored in a locked returns cupboard in the locked medical room prior to uplift. All stopped medication to get a 'medication stopped' label attached and placed in the locked returns cupboard prior to uplift by pharmacy with the returns register duly updated. Liaise with Baird's pharmacy and try to establish an agreement for regular monthly returns ideally a few days after the start of 		

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	<p>the new monthly cycle – agreement reached. Monthly uplift commences with next cycle starting at end of October 2019.</p> <p>Medical room to be cleaned and cleared of any out-of-date items e.g. sterilised water, bandages etc.</p> <p>Stock cupboard to be rearranged in alphabetical order of resident’s names and all the dividers cleaned and scrubbed.</p> <p>All staff administering medication to undergo 6 shadow/competency assessment sessions (Only 3 sessions left in total to complete).</p> <p>A clear table/chart with dates and rounds to be maintained as part of evidence of competency assessments.</p> <p>Manager reviewing a medication error to follow medication error flowchart and take actions as appropriate. Documentation completed by staff following an error needs to demonstrate reflection on the harm the error can potentially lead to and actions they plan to take in the future to avoid a similar error.</p>	<p>Managers</p> <p>Yvonne Petrie</p> <p>Anuj, AMs</p>	<p>25/11/19</p> <p>ongoing</p> <p>ongoing</p>

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	<p>Ensure timely notification is submitted to the Care Inspectorate via e-forms when an error has the potential to cause significant harm. Seek advice from Care Inspector (Frances) if required prior to submitting notification.</p> <p>Drug trolley:</p> <ul style="list-style-type: none"> Trolley use procedure to be adapted so that the staff member completing a round, prepares the trolley for the next round so that only the medication needed at the next round is in the trolley. All other medication to be returned in order to the locked cupboard under the worktop in the medical room. All staff administering medication to be updated regarding the procedure change. <p>Medication Procedures:</p> <ul style="list-style-type: none"> Review Medication procedures folder and remove any out-of-date procedures. Create procedures that are missing from the partnership procedures but would benefit Durnhythe team to reduce risk of errors e.g. trolley use procedure, liquid medication disposal 	Anuj, AMs	Ongoing

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	<p>procedure, medication receipt procedure, prescription receipt procedure, controlled drug sign-off procedure.</p> <p>All AHSCP medication procedures to be issued to staff administering medication along with the new procedures mentioned above specific to Durnhythe (Procedures organised into booklet and booklets already being issued. Controlled drug sign-off procedure to be issued as an add-on from next week onwards) – all active staff have been issued procedures. Only staff currently on long-term absence e.g. maternity remaining.</p> <p>Topical medication:</p> <ul style="list-style-type: none"> • Creams for all residents to be reviewed with ANP to ensure that any creams prescribed are still required and are at the correct dosage and frequency and implement any recommended changes as soon as possible. • Daily topical audit by care staff to be supplemented with a weekly audit by an Assistant Manager of all topical creams/jointments/drops etc. for the residents in one zone of 	<p>Managers</p> <p>Jacqueline Chalmers, Yvonne Petrie</p> <p>Assistant Managers</p>	<p>31/08/19</p> <p>31/08/19</p> <p>Ongoing</p>

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	<p>the building focussing on an accurate and detailed body map, opening and expiry dates on labels and application in accordance with MAR sheets. A different zone to be audited each week.</p> <p>Whenever only one Social Care Officer is scheduled on a late shift, night shift SCO to start at 9 pm to assist with bed-time medication to ensure residents get their medication in time and the SCO has support. One early shift SCO to start at 7 am next day to take over morning round from the night-shift SCO.</p> <p>Organise Care Staff meeting to discuss all procedural changes, any medication related concerns and further suggestions regarding how medication administration could be further improved.</p> <p>Seek Advice from Care Inspector and Inspectorate Improvement Advisor (Pharmacy) regarding action taken and planned improvements.</p> <p>Daily medication audit to be checked at morning handover prior to medication administration.</p>		

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	<p>All staff who have not completed Safer medication in Care Settings course on ALDO (online learning platform) in 2019 to repeat this training.</p> <p>Organise appropriate training through Baird's Pharmacy (pharmacy issuing Durnhythe medication) requesting them to couple this with a medication audit when over to deliver training – Dates currently being negotiated with Pharmacy.</p> <p>Request input from the Continuous Improvement Officer within the partnership to review processes and errors and offer appropriate advice and support (Gillian Strachan to visit Durnhythe on the 23rd and the 26th of September to support with same).</p> <p>Paracetamol Administration sheet from the previous day to be reviewed by the Duty Manager following which they are to liaise with staff and investigate if the gaps between administrations are not ideal and consider improvement to this for future administration.</p>	<p>SCOs and Managers</p> <p>Anuj Dawar, Jacqueline Chalmers</p> <p>Anuj Dawar</p> <p>Assistant Managers</p>	<p>30/11/19</p> <p>ongoing</p>

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<p><u>How good is our leadership?</u> <u>Requirement 1.</u> The provider must make significant improvement to quality assurance processes to ensure that areas of poor practice are identified and then measures taken for improvement. The processes must be focussed on improving the outcomes for people.</p>	<p>Please see the requirement on 'How well do we support people's well-being?' for the action plan in relation to improvement planning for all aspects of medication management procedures and quality assurance systems aimed at ensuring the medication errors are being reduced as much as possible and the residents receive their medication accurately and appropriately.</p> <p>Resident meetings and relative meetings to be held at least once every 2 months.</p> <p>Feedback received from resident and relative meetings to be used to help develop and continuously update the service improvement plan.</p> <p>Cook &/or Assistant Cooks to meet with the residents, discuss and gain feedback on menu, meal provision, dining experience etc. at least once monthly (Feedback obtained 11/07/19 and 20/08/19 at present) and implement appropriate changes as soon as possible based on info gathered.</p> <p>Kitchen domestic member to regularly complete a Meal Feedback form with residents.</p>	<p>Anuj, AMs</p> <p>Anuj, AMs</p> <p>Domestic team</p>	<p>09/09/19 → ongoing</p> <p>Commence improvement planning from November meetings</p> <p>31/08/19 → ongoing</p>

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	<p>Mealtime audits to be completed by Duty Managers once monthly.</p> <p>Mealtime audits and feedback forms to be analysed at every cook's meeting and consider further appropriate changes that can help improve the outcomes for the residents.</p> <p>Durnhythe Environment champion to liaise with Doocot View Dementia Champion and hopefully arrange to undertake a King's Fund Tool assessment together at Durnhythe and make a plan for further improvements to the resident's environment indoors and outdoors – Zoe has contacted Denise (Doocot View Dementia Champion) and is waiting to confirm the date for this. 11/11/19: Zoe is unfortunately off-sick so Anuj is making contact with Denise/Kim to organise.</p> <p>Any further proposed environment improvements (and improvements recently made) to be discussed with residents and relatives at formal and informal meetings, their opinions and suggestions sought and improvement plans modified accordingly.</p>	<p>Duty Manager</p> <p>Cook, Assistant Cook, Sheelagh Wilkes (AM), Anuj</p> <p>Zoe Mair, Doocot Dementia Champion with support from Anuj</p> <p>Zoe Mair, Anuj Dawar</p>	<p>17/9/19 → ongoing</p> <p>30/11/19</p> <p>Ongoing</p>

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	<p>All staff to ensure falls forms are placed in the falls document holder in the writing room once they have completed it.</p> <p>Duty Manager receiving a falls form to ensure that the form is processed within their shift including an update to the falls cross.</p> <p>Advice to be sought from the tissue viability nurse in relation to completion of the skin integrity cross. Advice to be shared with Assistant managers to ensure appropriate completion of the skin integrity cross – emailed Ethel Wilson and Matthew Sunter to request. 11/11/9: Anuj liaising with Ethel over emails.</p> <p>Daily task list to be prepared for completion by the Assistant Managers on a daily basis. This list must include completion of Falls Cross, Skin integrity Monitoring, Medication Error recording, Paracetamol administration sheet check, respite referrals.</p> <p>Anuj to review daily task list completion on a monthly basis, liaising with relevant Assistant Manager in absence or inaccurate completion of the task list.</p>	<p>Staff advised of same</p> <p>Duty Managers</p> <p>Anuj Dawar</p> <p>Anuj Dawar, Yvonne Petrie, Jacqueline Chalmers</p> <p>Anuj Dawar</p>	<p>Ongoing</p> <p>30/11/19</p> <p>31/08/19</p> <p>October 2019 → ongoing</p>

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	<p>The service to have regular staff meetings that are to be minuted. (Meetings schedule prepared and in place for remainder of 2019 and a few meetings have already taken place in line with the schedule)</p> <p>Staff feedback and suggestions to be used for development and improvements to the Service improvement plan.</p>	Anuj, Assistant Managers	ongoing

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<p><u>How good is our leadership?</u> <u>Requirement 2.</u></p> <p>The service provider must make significant improvements to ensure that there is effective concern and complaint management. In order to do this the provider must:</p> <ol style="list-style-type: none"> 1. Respond to all written and verbal complaints as per the provider's complaints policy and retain accurate records of the investigation and outcomes of complaints raised. 2. Put in place system to audit concerns and complaints. 	<p>Durnhythe Managers to adhere to the AHSCP complaints policy and procedure.</p> <p>Staff concern forms received to be placed in the Complaints folder on receipt and to be updated herein throughout the investigation – none received in August or September 2019.</p> <p>All staff concerns received to be treated as complaints and complaints policy and procedure followed while investigating and responding to the staff concern.</p> <p>All concerns and complaints received over a month to be audited by the Anuj and the Duty Manager at the beginning of next month and further appropriate actions planned (e.g. adapting quality assurance mechanisms if concerns or complaints in relation to a specific area are increasing) – only 1 concern in September 2019.</p> <p>The service to maintain a complaints safety cross to monitor and audit concerns/complaints – in place since 01/08/2019.</p>	<p>Anuj, AMs</p> <p>Anuj, AMs</p> <p>Anuj, AMs</p> <p>Anuj, AMs</p>	<p>Ongoing</p> <p>31/8/19 → ongoing</p> <p>31/8/19 → ongoing</p> <p>September 2019 → ongoing</p>
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