

# eForms Document

## Inspection Documents **Action Plan**

**Highbank**

**CS2003011087**

## General Information

## General Information about the Inspection

**Inspected by:** Iain McLellan

**Type of Inspection:** Unannounced

**Inspection Completed on (date):** 11 January 2017

**Additional Information:** What you enter in the text area below will be shown to the provider when the Action Plan is released. You will need to select Yes from the drop-down that is below the text area when you have finished entering your notes.

**Do not select YES until you are ready for the document to be released to the provider - you cannot reverse this decision once you have clicked on "Save & Exit"**

### Information to provider

Release this form to the service provider? Yes / **No**

## Requirements

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Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme	Quality Statement	Requirement Number
Environment	1	1
Environment	1	2

***Please enter responses for each of the requirements listed below***

*2 records*

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<b>Quality Theme</b>	Environment
<b>Quality Theme/Statement No</b>	1

<b>Requirement Number</b>	1
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The service should ensure that bathing facilities are improved to ensure they are fit to be used and are suitable for the purpose of achieving the aims and objectives of the care service. The service should: a) consult with people and relatives

b) provide an action plan.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulation 14 (1) (d).

Timescales: An updated action plan with timescales for the start and completion of facilities improvement to be sent to the Care Inspectorate by 14 May 2018.

**Action Planned:**

6 disabled bathrooms are being upgraded. New flooring and waterproof wall panelling being fitted. These will be in contrasting colours against the blue toilet seats, light switches and hand rails which will be much more dementia friendly.

Mull - bath not in use so being changed to a walk in shower room

Skye - medi bath being removed and Malibu bath (with bath chair) being fitted

Iona - Parker bath has now be fixed and reconnected

Store Room (upstairs) - Being adapted back into a walk in shower room (was used as this previously)

Jura & Lewis already have baths with showers in them, flooring, wall panelling and hand rails etc will be replaced with blue versions.

6 small toilets also being upgraded, new flooring and panelling being fitted contrasted against the dementia friendly blue toilet seats, hand rails and light switches.

Ensuites - toilet seats, hand rails will be replaced with blue dementia friendly ones.

Questionnaires have also been handed out to clients and families to ask what they think of the external/internal environment and how improvements could be made.

**Timescale:**

August 2018

**Responsible Person:**

Katherine Malone/Stuart Murray

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**Quality Theme**

Environment

**Quality Theme/Statement No**

1

**Requirement Number**

2

The service should ensure that the premises are in a good state of repair externally and internally and are decorated and maintained to a standard appropriate for the care service. The service should: a) consult with people and relatives about inside and outside areas  
b) provide an action plan.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 (SSI 2011/210), regulation 10 (2) (b) and (d).  
Timescales: An updated action plan with timescales for the start and completion of environmental improvement to be sent to the Care Inspectorate by 14 May 2018.

**Action Planned:**

Questionnaires have been handed out to clients and families asking how they feel about the internal/external environment and what improvements they think could be made.

Decoration work has been started within the bedrooms in the home by the Council and the handy person will continue decoration within the home.

External - The ramps following from the fire doors have now been just about completed and the final phase outside the main forum area (at the summer house) should be beginning in due course. Forum doors being replaced. Gardening and planting of bulbs and seedlings will take place over the next two months to get the external look better.

Furniture within some of the bedrooms has been replaced and pictures and clocks are going up. A double socket has to be fitted in all bedrooms at the bedside cabinet to enable the touch lamps to be in place for clients to use.

Pictures/canvas/prints will be rearranged around the home to give a more homely feel.

**Timescale:**

August 2018

**Responsible Person:**

Katherine Malone/Stuart Murray/Stephen Simpson

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## Recommendations

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Details of the following entries are included in the Appendix at the end of this document along with blank forms for adding new entries.

Quality Theme	Quality Statement	Recommendation Number
Environment	1	1
Care And Support	1	2
Care And Support	1	3
Care And Support	1	4

***Please enter responses for each of the recommendations listed below***

*4 records*

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<b>Quality Theme</b>	Environment
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<b>Quality Statement/Theme No</b>	1
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<b>Recommendation Number</b>	1
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It is recommended that the service makes a more homely and dementia friendly environment, suitable for people with age related vision changes.

National Care Standards, Care Homes for Older People, Standard 4 - Your Environment.

### **Action Planned:**

Sitting rooms - Prints, pictures to be put up as well as a standard lamp and new tablecloths in place to make more homely.

Bedrooms - Pictures, lamps, clocks being put in place to make rooms more homely, clients encouraged to bring some of their own belongings to make room feel a bit more like home.

Bathrooms - Contrasting colours with blue dementia friendly toilet seats, hand rails , light switches.

Signage - Visual Dementia friendly signage to be put in place. Have been in touch with Stirling University Dementia Services Development Centre to get advice on appropriate signage that could be used and at what height this would need fitted.

### **Timescale:**

August 2018

### **Responsible Person:**

Katherine Malone/Naomi Feenie

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<b>Quality Theme</b>	Care and support
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<b>Quality Statement/Theme No</b>	1
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<b>Recommendation Number</b>	2
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It is recommended that the service reviews people's needs regularly. This includes reviewing when care needs change significantly, every six months, face to face, regularly recording people's goals.

National Care Standards, Care Homes for Older People, Standard 6 - Your Support Arrangements.

**Action Planned:**

Support Plans - being updated when required but will be reviewed every month and changes recorded and agreed with client and family. 6 Month reviews will be carried out face to face with clients and families and appropriate paperwork signed by all parties and uploaded into the support plan review file.

New section added to support plan - Moving On/Discharge Plan, this shows the reason for admission, what their goal is and how they are progressing. Recording to show when they have achieved their goal or if needs have changed which is affecting their longer term plan for example going from needing a Package of Care to requiring a long term care placement, how was that decision made and how did the client feel about this decision.

**Timescale:**

June 2018

**Responsible Person:**

Management Team

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<b>Quality Theme</b>	Care and support
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<b>Quality Statement/Theme No</b>	1
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<b>Recommendation Number</b>	3
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It is recommended that the service improves its care planning and involves people in this process. This includes: - greater detail of people's needs in care records, especially details on life history, leisure activities and hobbies

- greater detail on specific safety equipment identified for specific needs
- written agreements for all safety equipment in use which could be considered a form of restraint
- availability of sufficient information for care staff at all times
- people to sign to say they are happy with their care plans.

National Care Standards, Care Homes for Older People, Standard 6 - Your Support Arrangements.

#### **Action Planned:**

Support plan section on life history (past, present, things I enjoy) will be completed with client and family (if required). New Activity Plan being added to support plan to show what they like to do and how staff can support clients to continue to enjoy activities and hobbies.

Staff to ensure that specific equipment needs is recorded in support plan and manual handling plan (a copy is kept in the clients room), such as which hoist, sling and loop they use for example or type of zimmer.

Consent forms - Staff to ensure that these are agreed and put in place for all clients requiring the use of cot sides or sensor mat.

Mini Support Plans - being put in place and a copy of this will be kept in the clients bedrooms, these will be person centred and show ways in which person would like supported while ensuring that independence is being promoted to enhance the clients well being. This will provide staff with sufficient information at all times as well as regular input into the kardex.

Service User Agreements - Being put in place and signed by clients or families (if required) to show agreement to receiving the service. Will also be a separate Support Plan agreement to be signed to show that clients are happy with their support plan, risk assessments and consents.

#### **Timescale:**

June 2018

#### **Responsible Person:**

Management Team

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<b>Quality Theme</b>	Care and support
<b>Quality Statement/Theme No</b>	1
<b>Recommendation Number</b>	4



It is recommended that the service ensures that controlled drugs and their records are well managed. This means that stock should be checked on administration and on a regular basis. National Care Standards, Care Homes for Older People, Standard 15 - Keeping Well - medication.

**Action Planned:**

Controlled Drugs Book - Index being used to show which page a client is recorded in.

Twice daily check sheet - Stock check is completed in the morning and at night to show the balance of controlled drug medication so that it can easily be audited, error response section to investigate any discrepancies and the outcomes of this.

**Timescale:**

Completed

**Responsible Person:**

Katherine Malone

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## Submission Declaration

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

Name:

Katherine Malone

I am: (Select an option)

***The manager of the service*** / The owner of the service