

Notice of Meeting and Agenda



Performance, Review and Scrutiny Committee

Venue: Virtual Meeting,

Date: Tuesday, 02 November 2021

Time: 11:00

Executive Director : Place

Contact:

Clerk Name: Democratic Services
Clerk Telephone:
Clerk Email: democratic.services@midlothian.gov.uk

Further Information:

This is a meeting which is open to members of the public.

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1 Welcome, Introductions and Apologies

2 Order of Business

Including notice of new business submitted as urgent for consideration at the end of the meeting.

3 Declaration of Interest

Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

4 Minute of Previous Meeting

4.1 Minute of PRS of 21 September 2021 Submitted for approval 3 - 8

4.2 Action Log 9 - 10

5 Public Reports

5.1 Inspection of Midlothian Council Care at Home service Highbank Care Inspection Report - Head of Primary Care & Older People's Services, 11 - 26

6 Private Reports

No items for discussion

7 Date of Next Meeting

Monday 13 December 2021 at 11 am

Minute of Meeting



Performance, Review and Scrutiny Committee

Date	Time	Venue
21 September 2021	11.00 am	Held via Microsoft Teams

Present:

Councillor Johnstone (Chair)	
Councillor Alexander	Councillor Cassidy
Councillor Hardie	Councillor McKenzie
Councillor Parry	Councillor Lay Douglas
Councillor Smail	Councillor Wallace
Councillor Winchester	Councillor McCall

Also in Attendance:

Grace Vickers	Chief Executive
Kevin Anderson	Executive Director Place
Morag Barrow	Joint Director Health and Social Care
Gary Fairley	Chief Officer Corporate Solutions
Derek Oliver	Chief Officer Place
Joan Tranent	Chief Officer Children's Services
Myra Forsyth	Continuous Improvement Manager
Grace Cowan	Head of Primary Care and Older Peoples Services
Jill Stacey	Chief Internal Auditor
Saty Kaur	Executive Business Manager
Elaine Johnstone	Policy and Scrutiny Officer
William Venters	Principal Solicitor
Ross Neill	Democratic Services Team Leader
Andrew Henderson	Democratic Services Officer

1 Apologies

Apologies for absence had been received on behalf of Councillor Russell and Fiona Robertson

2 Order of Business

The Order of Business was as detailed within the Agenda.

3 Declarations of interest

No declarations of interest were received.

4 Minutes of Previous Meetings

The Minute of the Meeting of the Cabinet held on 08 June 2021 was submitted and approved as a correct record.

Matters arising:

Concern was expressed regarding the lack of detail about actions resulting from the previous meeting. It was agreed that an action log would be formulated in addition to the minute for the Performance, Review and Scrutiny Committee going forward.

5. Reports

Agenda No.	Report Title	Presented by:
5.1	Adult Social Care Q1 Performance Report	Joint Director Health and Social Care
Outline of report and summary of discussion		
<p>The Adult Health and Social Care Q1 Performance report was submitted. The Head of Primary Care and Older Peoples Services highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report and thereafter answered questions raised by Elected Members.</p> <p>Following questions from members, Morag Barrow clarified that options were being assessed for the future of Gorebridge Leisure centre's role as a vaccination centre and acknowledged that Sport and Leisure were exploring options regarding how to handle public members of leisure centre's members who had been affected by limited service as a result of facilities being reprioritised for other uses. Morag also advised that she was working with Midlothian Integrated Joint Board (MIJB) and NHS Lothian with regards to future cancer treatments. Morag agreed to feedback to the respective councillors regarding the back log of hours for unpaid work service users and the success rates of Police reducing the supply of illicit substances.</p>		
Decision		
Noted the content of the report		

Agenda No.	Report Title	Presented by:
5.2	Children's Service, Partnerships and Communities Q1 Performance Report	Chief Officer, Children's Services, Partnerships and Communities
Outline of report and summary of discussion		
<p>The Children's Service, Partnerships and Communities Q1 Performance Report. The Chief Officer Children, Young People and Partnerships highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report and thereafter answered questions raised by Elected Members.</p> <p>Following questions from members, Joan Tranent clarified that the GIRFEC group was in place to mitigate the risk of child poverty. In addition plans regarding Domestic violence prevention were being discussed at the Public Protection Committee as part of a multi-agency forum. Joan noted that options were being explored to mitigate the impact of rising heating and food costs and that there are currently income maximisation officers who can assist members of the public. Joan acknowledged that work is being undertaken regarding unpaid carer support in partnership with Adult Service and that schools had an obligation to identify children who could be unpaid carers and create a plan.</p>		
Decision		
Noted the content of the report		

Agenda No.	Report Title	Presented by:
5.3	Corporate Solutions Q1 Performance Report	Executive Director: Place
Outline of report and summary of discussion		
<p>The Corporate Solutions Q1 Performance Report was submitted. The Chief Officer: Corporate Solutions highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report and thereafter answered questions raised by Elected Members.</p> <p>Following questions from members, it was noted that regarding the decentralisation of rent payment centres, council rent could be paid for via the same mechanism as council tax and that the latter had been sustained throughout the pandemic. Card payments were also to be rolled out. Regarding procurement, it was noted that the local award of contracts had been limited despite efforts made to encourage local suppliers. There has been limited success in the context of delivering a joint procurement strategy with other local authorities and Midlothian Council has proceeded to recruit a chief procurement officer. It was noted that problems with the 'customer service platform' resulted from issues surrounding remote working and software has since been implemented to ensure that voicemails are transcribed to email if left unopened. Regarding specific issues with the 'Tell us once' service, Kevin advised that there had been difficulties with the National Registers of Scotland difficulties working with National Registers of Scotland and that Midlothian had also been receiving calls from outwith the local authority however this has since been redirected.</p> <p>Gary Fairley noted that he intended to bring a report to the next Council Meeting to cover financial reserves and highlighted that the cabinet secretary had explained to the Scottish Government public finance committee that the aim was to publish the budget in December and that decisions would then be made based on local</p>		

government settlement in February. Gary noted that the future capital program wasn't funded from reserves but via section 75 contributions from housing developers and government grants. Gary advised that PPP type assets were still a matter in discussion with COSLA and the Scottish Government. Kevin highlighted that there was a diminishing customer base for housing benefit following universal credit. Housing benefits remained for homeless clients and income maximisation was assessed. Gary agreed to seek further clarification regarding the increase of corporate complaints during quarter 1. It was noted that benefit collection rates had remained buoyant following the end of the furlough scheme and that collection levels were continuing to be monitored. Joan Tranent advised that the methods to access the essential food fund had been advertised at schools and social work centres. Derek Oliver agreed to feedback with regards to specific businesses that had been approached as part of the business gateway.

Decision

Noted the content of the report

Agenda No.	Report Title	Presented by:
5.4	Education Q1 Performance Report	Executive Director: Children, Young People and Partnerships
Outline of report and summary of discussion		
The Education Q1 Performance Report was submitted. The Executive Director: Children, Young People and Partnerships highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report no questions were raised by elected members.		
Decision		
Noted the content of the report		

Agenda No.	Report Title	Presented by:
5.5	Place Q1 Performance Report	Executive Director: Place
Outline of report and summary of discussion		
The Place Q1 Performance Report 1 was submitted. The Executive Director: Place highlighted the progress in the delivery of strategic outcomes and summary of the emerging challenges as detailed within the report and answered questions raised by Elected Members.		
With regard to the receipt of hot meals for students above Primary 4, it was confirmed that Primary 1 to Primary 4 continued to be catered and that plans to reintroduce this after the October half term break were being considered where possible. Food supply and security are dependant on local suppliers and the impact of Brexit to the supply chain is being monitored via the Brexit oversight group. Regarding whether the costings of future homes and construction projects had been completed and If these were reflective of market inflation, increased material costs and supply chain difficulties. Kevin noted that the costings did not take this into account but that council could push back on contracts that were already in place. It was also highlighted that the treasuries and bank of England's estimate was that inflation would be reduced by the end of the calendar year but that short term measures that could be considered. It was noted that energy prices would also have an impact. Regarding the perceived need for labour, Kevin		

advised that Midlothian council had not been much of an impact noting that career pathway was being developed and that terms and conditions were more beneficial. When asked as to why £20 Million had been spent on housing in 2020, Kevin noted that this figure also included acquisitions and land bank investments and confirmed that a full breakdown would be brought to the next audit committee.

It was noted that the lack of movement to the average homeless time had to be referenced alongside the fact that people staying in tenancies for longer and that other housing options were available, including shared accommodation. It was also noted that some applicants were being selective of properties and areas which resulted in longer waits. Regarding property turnaround times following a change of tenant, full house clearances are undertaken based on the new tenant's wishes and the condition of items. When items have been left a disclaimer is used. It was also highlighted that Midlothian council used the turnaround period to complete essential work's to minimise the impact on new tenants. It was noted that there was a limited stock of wheelchair adapted housing and that matching was dependent on the area of choice.

Post meeting note from Executive Director Place

Further to question submitted by Councillor McCall at PRS Committee in respect of the support being provided through the Housing First initiative.

Kevin advised that it's provided in a way that ensures the principles of Housing First are met; which meets the needs and wishes of the individual, consequently the number of hours provided may reduce or increase over through the duration of the tenancy. In addition to support to set up/establish the tenancy and get it off to a positive start, the support provided by the Housing First support provider (WithYou) is intended to compliment other support provided by other specialist providers across a range of services i.e. substance misuse, and mental health, with a view improving individual outcomes.

For example in August, almost 120 hours of support was provided to 21 Housing First tenants. 58 hours provided as pre-tenancy or settling in support to 8 people. 48 hours was provided as on-going support to 13 people who are more established in their tenancy. This ongoing support ranged from 25 minutes for one person to 435 minutes for another (the remaining hours are allocated to admin tasks such as attending selection meetings and the SMS huddle meeting).

Decision

Noted the content of the report.

Councillor Ley Douglas left the meeting at 12:45

Agenda No.	Report Title	Presented by:
5.6	Midlothian Council Report Q1	Chief Executive
Outline of report and summary of discussion		
<p>The Midlothian Council Report Q1 was submitted. The Chief Executive was heard in amplification of the report after which she answered questions raised by Elected Members. With regard to the £3.3 million attached to bus partnership it was advised that an update had been provided to the citadel partnership and that this would be forwarded to democratic services for circulation.</p> <p>Thereafter, Cllr McKenzie, seconded by Cllr Parry moved for approval of the creation of a subcommittee aimed at (a) managing the risks and concerns to local</p>		

authorities (b) monitoring the regulatory impacts of Brexit (c) the of Brexit impact on number of EU migrants (d) the increase of costs to buy goods. As an amendment, Councillor Smaill, seconded by Councillor Winchester, moved defer this to standing order working group. On a vote being taken by way of a roll call vote, 7 votes were cast for the Motion and 2 for the amendment with 1 abstention.

13:06 William Venters entered the meeting.

William advised that further guidance from the monitoring officer should be sought due to concerns that (a) the establishment of a subcommittee was ultra vires and (b) that the issues highlighted were not already covered by the relevant working group.

Decision

- a) Clarification to be sought from the monitoring officer with regards to the creation of subcommittee.
- b) To note the contents of the report.

The meeting terminated at 1.12pm.

Action Log

PRS Committee
Tuesday 2 November 2021
Item No: 4.2



No	Subject	Date	Action	Action Owner	Expected completion date	Comments
1	Adult Social Care Q1 Performance Report	21/09/2021	Feedback to Councillors With regards to the back log of hours for unpaid work service users and the success rates of Police reducing the supply of illicit substances	Head of Primary Care and Older Peoples Services	02/11/2021	
2	Corporate Solutions Q1 Performance Report	21/09/2021	Seek further clarification regarding the increase of corporate complaints during Q1 and feedback to councillors.	Chief Officer Corporate Solutions	02/11/2021	
3	Corporate Solutions Q1 Performance Report	21/09/2021	Feedback to councillors regarding specific businesses that had been approached as part of the business gateway.	Chief Officer: Place	02/11/2021	
4	Place Q1 Performance Report	21/09/2021	Circulate slide deck for report to councillors.	Executive Director: Place	02/11/2021	

No	Subject	Date	Action	Action Owner	Expected completion date	Comments
6	Midlothian Council Report Q1	21/09/2021	Circulate update on bus partnership provided to the citadel partnership with councillors.	The Chief Executive	02/11/2021	To be forwarded to Democratic Services and circulated.
7	Midlothian Council Report Q1	21/09/2021	Approach monitoring officer regarding the establishment of PRS subcommittee to ensure that the remit of the subcommittee is not ultra vires.	Principle Solicitor	02/11/2021	

Inspection of Midlothian Council Care at Home service

Report by Morag Barrow, Director of Health and Social Care

1 Purpose of Report

This report provides an overview of the recent unannounced Care Inspectorate report for Highbank Intermediate Care facility.

2 Background

- 2.1** Highbank Intermediate Care facility is registered to provide care to a maximum of 40 people over the age of 60, of which 6 will be respite/short breaks places (Respite care was suspended in line with Covid-19 guidance March 2020, and it should be noted that respite has not resumed in the facility at this time).

The facility provides intermediate care which includes rehabilitation and assessment. Placements are usually short term before people move home or to another care setting managed under multidisciplinary/multi-agency team of professionals.

There are three main aims of Highbank Intermediate Care:

- Help people avoid going into hospital unnecessarily.
- Help people to be as independent as possible following a stay in hospital.
- Prevent people from having to move into a Care home until they really need to.

- 2.2** Following the recent inspection a report was published that details the areas of its findings and outlines areas for recommendation and/or requirements.

The inspection report grades the areas of inspection from 1 (Unsatisfactory) to 6 (Excellent). This inspection report graded the three areas as follows:

How well do we support people's wellbeing 4 Good

How good is our care and support during the COVID-19 pandemic? 4 Good

- 2.3** Overall the care inspectorate evaluated that staff were good at supporting people's wellbeing. There were important strengths with some areas for improvement.

People made day to day choices about how they wanted to spend their time.

A lot of people spent time in their room. Some people enjoyed time in the lounge doing a jigsaw or a word search.

Residents told us that staff spent time with them whenever they could, even just for a 'blether' and to pass the time of day.

The activity co-ordinator had a range of activities for people to take part in. For example, some people had enjoyed a day out shopping with staff. Another person wanted to link in with their local church. This person centred approach ensured people participated in activities they found meaningful.

Activities were available for people who were isolating. This was done safely and on an individual basis to protect people from the Covid-19 virus, for example, the area was effectively cleaned before and after use.

People had good input from other professionals to support their rehabilitation. Staff carried out instructions from professionals following assessments such as Occupational Therapy. Communication between the staff was good and people's health needs were met by staff.

Areas of improvement noted at time of inspection were:

1. Staff should follow the 'Open with Care' guidance on visiting to ensure that people make the most of spending time with their friends and loved ones.
2. Staff should be aware of the legal framework that supports adults with incapacity to ensure their rights are met. Appropriate documentation should be available for staff to see and use to ensure they have the knowledge and understanding to support people who lack capacity. This includes information as to who is making decisions on the person's behalf.
3. An improvement from inspection which took place in November 2020, remained outstanding. This was around promoting best practice in falls risk management and review/update of evidence based risk assessments was still to be concluded.

2.4 The delivery of care and support was reported to be good in relation to Covid-19.

- The care home was clean. Effective cleaning schedules were in place to maintain cleanliness throughout the home.
- Staff followed best practice to ensure shared equipment was cleaned in-between use to reduce the risk of transmission.
- Good audits were in place to check that mattresses were clean suggested to the manager to add pillows to the audit checklist.
- There was a good supply of Personal Protective Equipment (PPE) to ensure people and staff were protected against infection.

Staffing levels were well maintained to ensure good practice and to Meet people's needs. Regular routine testing for staff took place to promote people's safety.

Overall, the infection prevention and control measures were of a good

standard to keep people safe.

At the inspection in November 2020 the care inspectorate made the promotion of best practice in falls risk management an area for improvement. Highbank were to have risk assessments in place that were evidenced-based, which would ensure that people's needs were assessed to reduce/prevent falls occurring.

3 Conclusion

The Care Inspectorate reported in their findings from visiting clients and speaking to family members that people said:

People spoke very highly of the staff:
"the care was second to none".

People were overall very happy with the care and support they received.
"I can see that they are exceptionally good at Highbank".

One person told us that the only fault was that they had *"too much food"*. *"Couldn't fault the place give it 100%"*.

Relatives gave positive feedback. They were happy with the care people received and thought staff and communication was good.

'I have absolutely no problems with her care. It's perfect'.

This demonstrates that residents in Highbank Intermediate Care Facility do receive a very good service and the remainder of the inspection report also highlights the very positive assessment of the standard of cleanliness and adherence to Covid 19 procedures and protocols.

4 Report Implications

4.1 Resource

There are no financial and human resource implications associated with this report.

4.2 Risk

The Care Inspectorate inspect all registered services on a regular basis with announced and unannounced inspections. A report is published which informs all stakeholders about the key strengths of the service, areas for improvement and sets out the main points for action.

Following the publication of that report it is accessible to the public via the Care Inspectorate website, and by requesting a hard copy. It is also on display in the Care at Home base for staff and visitors to access and review progress.

4.3 Policy

Strategy

There are now a total of two recommendations from the recent inspection and one previous area for improvement outstanding – in relation to falls assessment. The other two improvements from the November 2020 inspection had been met in full.

Highbank Intermediate Care facility has responded to the inspection with a revised action plan, with clear timescales and outputs to deliver to the plan.

Highbank management staff are contributing to the Midlothian HSCP falls strategy and working on how this is implemented with the facility to ensure effective and efficient evidence-based care for our residents.

Consultation:

Copies of the Inspection report have been made available to Elected Members, and staff members, and notified to families/carers and other interested parties.

Equalities

There are no apparent equalities issues.

Sustainability

A new home is scheduled to be built within the next two years to offer a more specialised service in a more suitable environment.

5 Technology issues

There are no Technology issues arising from this report.

6 Recommendations

The Cabinet is asked to:

- (i) Note the content of the report and progress made.

14th September 2021

Report Contact: Grace Cowan
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Highbank Care Home Service

9a Bonnyrigg Road
Eskbank
Dalkeith
EH22 3EY

Telephone: 01312 705 640

Type of inspection:
Unannounced

Completed on:
5 July 2021

Service provided by:
Midlothian Council

Service provider number:
SP2003002602

Service no:
CS2003011087

About the service

Highbank care home is registered to provide care to a maximum of 40 people over the age of 60, of which 6 will be respite/short breaks places. The Provider of the service is Midlothian Council. A new home is scheduled to be built within the next two years to offer a more specialised service in a more suitable environment.

The care home is situated in Eskbank, Dalkeith, and is close to shops and local amenities. The home comprises of two floors that offer accommodation. The home is made up of six wings, each with a lounge/dining and kitchenette area. Some bedrooms have en-suite facilities. There are shared toilets and bath/shower rooms in each unit. The laundry and kitchen area are on the ground floor. There are patio and garden areas around the home that people can access easily.

The care home provides intermediate care which includes rehabilitation and assessment. Placements are usually short term before people move on and professionals are involved from the Health and Social Care Partnership to provide support, such as, physiotherapists, and district nurses.

There are three main aims of Highbank Intermediate Care:

- Help people avoid going into hospital unnecessarily.
- Help people to be as independent as possible after a stay in hospital.
- Prevent people from having to move into a care home until they really need to.

Midlothian Health & Social Care Partnership is committed to delivering person-centred community-based services that will help people to live healthy, independent lives in the way they want, where they want, and when they want.

For this inspection, we evaluated improvements from a recent complaint and focused on people's wellbeing and infection prevention and control practice within the home.

This inspection was carried out by five inspectors from the Care Inspectorate and was supported by an inspection volunteer who spoke to relatives.

What people told us

There were 18 people living in the care home of which 6 were isolating having just moved in from hospital. People spoke very highly of the staff and said "they couldn't do enough for you" and "the care was second to none". People we spoke to were overall very happy with the care and support they received.

Comments included "I can see that they are exceptionally good at Highbank. I could do with someone extra to do my exercises every day but they haven't got the time. I have had fantastic attention".

One person told us that the only fault was that they had "too much food". "Couldn't fault the place give it 100%".

We spoke with four relatives who gave positive feedback. They were happy with the care people received and thought staff and communication was good. Comments included,

'I have absolutely no problems with her care. It's perfect'.

'All of the staff are very very good, a really happy team, mum is very happy with them. They sit with mum, and I actually think they like her company'.

'We have always been able to visit. We go twice a week and we have never been asked to leave although we don't usually stay longer than 1 hour'.

'They called me at night and told me her GP was attending and called later and told me when she was admitted to hospital'.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

Overall we evaluated that staff were good at supporting people's wellbeing. There were important strengths with some areas for improvement.

People had positive relationships with staff. There were warm and friendly conversations that made people smile and laugh. Staff treated people with respect and dignity, for example, staff knocked and waited before entering someone's room. Staff were seen as kind, caring and compassionate. People were complimentary about staff and said they were 'well looked after' and that staff 'couldn't do enough for them'. This positive approach promoted people's well-being.

People made day to day choices about how they wanted to spend their time. A lot of people spent time in their room. Some people enjoyed time in the lounge doing a jigsaw or a word search. People told us that staff spent time with them whenever they could, even just for a 'blether' and to pass the time of day.

The activity co-ordinator had a range of activities for people to take part in. For example, some people had enjoyed a day out shopping with staff. Another person wanted to link in with their local church. This person centred approach ensured people participated in activities they found meaningful.

At the time of the inspection the only group activities were outside. Some people felt isolated from their friends as people were not mixing with others from different units. The large foyer was ideal for group activities which had taken place before the Pandemic. A shop was on site which had been closed due to the restrictions. People should be with others inside to support people's wellbeing.

The garden was well used and people enjoyed being outside in the sunshine. One person enjoyed watering the garden every day. People enjoyed strawberries and cream and drinking Pimm's to celebrate Wimbledon. Staff were attentive to ensure people were offered sun cream to protect their skin. Cold drinks were offered regularly to help keep people hydrated.

Activities were available for people who were isolating. This was done safely and on an individual basis to protect people from the Covid-19 virus, for example, the area was effectively cleaned before and after use.

The length of time people spend in isolation could have a negative impact on their well-being. Some staff commented on this and we asked the manager to look at how more interaction could be achieved to promote people's well-being.

Visiting took place inside and outside the home. Staff followed good practice guidance and ensured visitors were offered a test. We discussed with the manager about opening up visiting in line with the Open With Care guidance to ensure people could make the most of visits from their loved ones (see area for improvement one).

People had good input from other professionals to support their rehabilitation. Staff carried out instructions from professionals following assessments such as Occupational Therapy. Communication between the staff was good and people's health needs were met by staff.

People's care plans reflected that care and support needs were updated and reviewed regularly. Staff had up to date information about people's needs which promoted good outcomes for people.

People could self-medicate and assessments were in place to support this. Improvements to some aspects of the medication system were needed. For example, the date should be added to dosette boxes when medication is commenced.

At our last inspection we made an area for improvement to promote best practice in falls risk management and to have risk assessments in place that were evidenced-based. This will ensure that people's needs are assessed to reduce/prevent falls occurring. This had not been achieved and has been repeated (see previous area for improvement).

A generic tool was used for calculating a risk score for each care plan/outcome. More detail could be added to assess risk more comprehensively.

Staff need to be aware of the legal framework that supports Adults with Incapacity. Information needs to be stored in the person's file so that staff have access to important documentation.

People's rights to choice should be promoted. Where people lack capacity consent needs to be in place from other people who act on their behalf (see area for improvement 2)

Areas for improvement

1. Staff should follow the 'Open with Care' guidance on visiting to ensure that people make the most of spending time with their friends and loved ones.

This is to ensure care and support is consistent with Health and Social Care

Standard 2.18: I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing.

2. Staff should be aware of the legal framework that supports adults with incapacity to ensure their rights are met. Appropriate documentation should be available for staff to see and use to ensure they have the knowledge and understanding to support people who lack capacity. This includes information as to who is making decisions on the person's behalf.

This is to ensure care and support is consistent with Health and Social Care

Standard 1.3: If my independence, choice and control are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively.

How good is our care and support during the COVID-19 pandemic?

4 - Good

Overall we evaluated that staff delivered good care and support during the COVID-19 pandemic.

There were important strengths with some areas for improvement.

The care home was clean. Effective cleaning schedules were in place to maintain cleanliness throughout the home. Staff followed best practice to ensure shared equipment was cleaned in-between use to reduce the risk of transmission. Good audits were in place to check that mattresses were clean and fit for purpose. We suggested to the manager to add pillows to the audit checklist. There was a good supply of Personal Protective Equipment (PPE) to ensure people and staff were protected against infection.

There were some items that could not be cleaned effectively due to damage to the surface making it difficult to clean. A maintenance worksheet identified the furniture and fittings that were due to be replaced. We asked the manager to include dates for items where effective cleaning was an issue, such as the surrounds to wash hand basins. The manager agreed to include this. This meant that there was a good programme in place to ensure damaged items would be replaced or repaired so effective cleaning could be completed.

The laundry system and the laundering of staff uniforms followed best practice guidance and effective procedures helped to reduce the risk of cross infection.

We made some suggestions to improve infection prevention and control practice. The manager responded, and for example, additional PPE storage units were ordered on the day of the inspection.

Staff had training on infection prevention and control and were aware of the guidance. The majority of staff wore the correct PPE. We asked the manager to discuss with staff as a reminder to follow the correct guidance to ensure good practice was maintained for example, social distancing.

Staffing levels were well maintained to ensure good practice and to meet people's needs. Regular routine testing for staff took place to promote people's safety.

Overall, the infection prevention and control measures were of a good standard to keep people safe.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

People should feel confident they will receive the care and support they need.

In order to ensure good outcomes for people experiencing care, the provider must, by 14 May 2021, ensure admission processes are improved. In order to achieve this, you must ensure:

- a) Service users are offered the opportunity to be involved in the pre-admission process whenever possible.
- b) Pre-admission information is used effectively to plan and prepare for admissions.
- c) Service users are provided with information about the service and the care and support they should expect to receive.

To be completed by: 14 May 2021

This is to ensure care and support is consistent with Health and Social Care Standard 1.18: I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me.

This is in order to comply with:

Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made following a complaint in March 2021.

This requirement was made on 27 April 2021.

Action taken on previous requirement

The manager had put together an intermediate care welcome pack that people could receive in hospital. This gave good information about what the service could offer.

This had been shared with flow team who do the preadmission assessments in the hospital. The manager felt this had started to make a positive difference. Assistant managers were also involved in hospital visits. This was helping staff prepare for people coming into the service, for example, the staff sourced the same door alarm system as was being used in hospital, to promote a sense of continuity.

The manager was looking for feedback from people who had moved into the service and also their relatives to monitor how effective the new welcome pack had been. The manager will continue to monitor the effectiveness of the process to ensure good outcomes for people.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

People experiencing care who are at risk of falling should be cared for in ways that promote their safety and independence. The manager should ensure that appropriate falls prevention guidelines, risk assessments and support plans are in place for people, based on recognised falls prevention frameworks. Staff should be provided with training and support they need to understand this and apply it to their practice.

This is to ensure the care and support is consistent with the Health and Social Care Standards which state: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes" (HSCS 3.14).

This area for improvement was made on 10 November 2020.

Action taken since then

Although there were generic risk assessments in place, there were no specific risk assessment for falls prevention that were evidenced based.

Staff had training planned but not all staff had completed training. Formal training had been suspended due to the Covid 19 pandemic. The risk assessment lacked appropriate detail. We discussed using a more evidenced based assessment that would support people who were at risk of falls.

We will review this area for improvement at the next inspection.

Previous area for improvement 2

People experiencing care should expect to be provided with the information they need when they come to live in the care service. Admission procedures should be improved to include detail of how this will happen, who will be responsible for ensuring that it does, and that it meets people's individual needs.

This is to ensure care and support is consistent with Health and Social Care Standard 2.9: I receive and understand information and advice in a format or language that is right for me.

This area for improvement was made on 27 April 2021.

Action taken since then

A welcome pack had been developed and in use. The manager agreed to monitor the impact of this by obtaining feedback from people who used the service.

People we spoke to were happy with the admission process. One relative commented -

'we got a lot of communication from High bank in the transition, we were kept very well informed'.

This area for improvement had been met.

Previous area for improvement 3

In order to support good outcomes for people experiencing care, the manager should ensure all staff understand their role in responding appropriately to people's changing needs. All staff providing direct care should have the knowledge, understanding and confidence to seek medical assistance if and when this is required.

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

This area for improvement was made on 27 April 2021.

Action taken since then

From speaking to relatives and staff and reviewing people's care plans, staff had an understanding of their role. We found examples of staff contacting health professionals for advice or calling for GP/ambulance to take people to hospital who required hospital admission.

This area for improvement had been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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