

**Report To:** Community Health & Care  
Partnership Sub Committee

**Date:** 9<sup>th</sup> January 2014

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**Report No:**  
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**Subject:** Update on Report of Care Inspectorate Inspection of  
McPherson Centre January 2013

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## 1.0 PURPOSE

- 1.1 To advise Members of the update of actions as a result of the inspection conducted by the Care Inspectorate in relation to the McPherson Centre in January 2013.

## 2.0 SUMMARY

- 2.1 The Care Inspectorate carried out an unannounced inspection of the McPherson Resource Centre in January 2013 and a report was submitted to the Sub-Committee in August 2013 of its findings.
- 2.2 The grades achieved reduced from previous inspections as follows:-

Quality of Care and Support	5 Very Good to 3 Adequate
Quality of Environment	5 Very Good to 4 Good
Quality of Staffing	5 Very Good to 4 Good
Quality of Management and Leadership	5 Very Good to 3 Adequate

(See Appendix 1)

## 3.0 RECOMMENDATION

- 3.1 That the Sub-Committee note the actions put in place as a result of the inspection and the continuing subsequent actions to ensure quality service delivery.

**Brian Moore**  
Corporate Director  
Inverclyde Community Health & Care  
Partnership

## 4.0 BACKGROUND

- 4.1 The McPherson Centre provides a service for adults with a learning disability, many of whom also have profound and complex physical disabilities. It was inspected in January 2013 by the Care Inspectorate. The Centre is registered to provide a service to a maximum of 30 people. The inspection considered the quality themes of Care and Support, Environment, Staffing and Management and Leadership.
- 4.2 The inspection was conducted on a low intensity basis. This reflects the grading history of the service and the fact that there had been no complaints, serious incidents or accidents since the last inspection.
- 4.3 Since the inspection and subsequent committee report of August 2013 there has been an ongoing review of the recommendations and completion of an improvement plan.

## 5.0 PROPOSALS

- 5.1 The actions and proposals in respect of the requirements and recommendations contained within the inspection report are listed below, with details of actions in response:-

### **Quality Theme 1: Quality of Care and Support – Adequate - 3**

#### Quality Statement 1.1

We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

#### Action:

- Negotiation to take place with care management, accommodation services and other main providers to hold joint reviews on a six monthly basis, with it being minuted that it is a joint review in order to meet the statutory requirement for each service that is subject to care inspection.
- The manager will ensure that the current good practice with carer and other appropriate signatures is maintained.
- The manager will via staff supervision, make sure that such documents are presented for checking.

#### Update:

- Six monthly reviews have been implemented and are ongoing across day services with review documentation embedded within this process across all day service areas.
- A service user file audit has been undertaken to ensure discussion at supervision with staff with respect to individual care.

#### Quality Statement 1.3

We ensure that service users' health and wellbeing needs are met.

#### Action:

- Following the first visit by the inspector a revised medication chart was drawn up to ensure signing by two members of staff at both the preparation and administration stages.
- In addition a secure medication trolley has been ordered in order to aid the preparation and administration of medications.

- The requirement for staff undertaking PEG feeding to be trained from a qualified external agency took place on 21 March.
- A protocol in relation to PEG feeding and training was compiled by the service.
- The service is receiving staff training in relation to epilepsy, diabetes, Moving and Handling, CALM (Crisis and Aggression Limitation Management).
- A staff audit of training is already maintained by the service.
- More detailed weight and oral hygiene charts were introduced immediately after the inspection visit. Carers were also notified of the need for their consent for weight monitoring where applicable.

Update:

- The Medication administration policy has been reviewed and updated with changes to practice implemented across all day services including unifying practice in the preparation and administration of medication, the introduction of error proformas and management monitoring documentation.
- A review of medication protocols in conjunction with NHS Community Learning Disability Team and CHCP Lead Pharmacist including review of practice within the McPherson Centre has been undertaken.
- All service user medication files have been reviewed and updated.
- A Review of the PEG feeding policy in conjunction with the Lead Pharmacist with follow up of recommended changes in practice, including updated training where required with an associated audit trail.
- Detailed PEG feeding charts continue to be implemented and are reviewed on an ongoing basis.

#### **Quality Theme 4: Management and Leadership**

##### Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Action:

- Notifications to Care Inspectorate if subsequently undertaken, following clarification by Care Inspector of required timing of notifications.

Update:

- All day service unit managers are aware of the responsibility for Care Inspectorate online notifications. This is a standing item on all Day Services Management meetings.

#### 5.2 **Quality Theme 2: Quality of Environment – Good – 4**

##### Quality Statement 2.2.

We make sure that the environment is safe and service users are protected.

#### 5.3 **Quality Theme 3: Quality of Staffing – Good – 4**

##### Quality Statement 3.1

We ensure that service users and carers participate in assessing and improving the quality of staffing the service.

Action:

- The Care Inspectorate commented on eight areas of positive comments from staff service users and carers that the service is currently developing further e.g. regular staff meetings and minutes produced, regular supervision, regular appraisals and the recording of comments from staff regarding team and

management, staff induction programme, key worker system, care planning with other stake holders and carers comments.

### Quality Statement 3.3

We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Action:

- The service ensures that the limited use of sessional/agency staff is monitored to promote staff continuity for service users.

Update:

- The service has limited the number of agency staff utilised where no other option is available within internal resources to allow continuation of service. One service user continues to use an agency staff member through personal choice as part of a Direct Payment. This is a trend that may increase in the future as a result of the implementation of Self Directed Support Legislation.

## 5.4 **Quality Theme 4: Management & Leadership – Adequate - 3**

### Quality Statement 4.4

We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of the service we provide.

Action:

- The service must ensure that managers are aware of their legal obligations around notifications to the Care Inspectorate.
- Future development of a quality assurance system for the service in conjunction with Contracts and Commissioning.

Update:

- The Service Manager and Contracts colleagues have met with the Care Inspectorate inspector to discuss the report and the responsibility for notifications. The Care Inspectorate has commented on good communication links in terms of reporting back ongoing actions and review.
- The development and implementation of a Service User Satisfaction electronic survey across day services.
- The new management structure for Day Opportunities will be embedded by March 2014 with robust communication links between the Service Manager and unit managers having a clear remit of responsibility supported by senior day care officers and support staff.

## 6.0 **IMPLICATIONS**

6.1 Legal: None

6.2 Finance: None

Cost Centre	Budget Heading	Budget Year	Proposed Spend this Report	Virement From	Other Comments

6.3 Personnel: As per recommendations of the report.

6.4 Equalities: None

6.5 Repopulation: None

## **7.0 CONSULTATION**

7.1 N/A

## **8.0 LIST OF BACKGROUND PAPERS**

- 8.1 • Care Inspectorate – Care Service Inspection Report – McPherson Service Without Care at Home 30<sup>th</sup> January 2013

APPENDIX 1



Recent History of Grades

	<b>Quality Theme: Care &amp; Support</b>	<b>Quality Theme: Environment</b>	<b>Quality Theme: Staffing</b>	<b>Quality Theme: Management Leadership</b>
2013	1.1 Good 1.3 Adequate Overall: Adequate	2.1 Good 2.2 Good Overall: Good	3.1 Good 3.3 Very Good Overall: Good	4.1 Good 4.4 Adequate Overall: Adequate
2010	1.1 Very Good  1.2 Excellent  1.3 Overall: Very Good	Not undertaken	3.1 Very Good 3.4 Excellent Overall: Very Good	Not Undertaken
2009	1.1 Very Good  1.2 Very Good  Overall: Very Good	2.1 Very Good 2.3 Very Good Overall: Very Good	3.1 Very Good 3.2 Very Good Overall: Very Good	4.1 Very Good 4.3 Very Good Overall: Very Good
2008	1.1 Good 1.2 Very Good Overall: Good	2.1 Good 2.2 Good Overall: Good	3.1 Good 3.2 Very Good Overall: Good	4.1 Good 4.4 Good Overall: Good