

Inspection report

Pentland Hill Nursing Home Care Home Service

23/27 Gylemuir Road
Edinburgh EH11 2RG

Inspected by: Anne Dolan
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 6 November 2007

Service Number

CS2003010660

Service name

Pentland Hill Nursing Home

Service address

23/27 Gylemuir Road
Edinburgh EH11 2RG

Provider Number

SP2003002226

Provider Name

BUPA Care Homes (CFHCare) Limited No.
2741070

Inspected By

Anne Dolan
Care Commission Officer

Inspection Type

Announced

Inspection Completed

6 November 2007

Period since last inspection

4 months

Local Office Address

Stuart House
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Musselburgh
EH21 7PB
Office phone number: 01316534100

Introduction

Pentland Hill Care Home is owned and Managed by BUPA and has been registered with the Care Commission since 1 April 2002 to provide residential accommodation, care and nursing support for up to 120 older people

Pentland Hill Care Home is situated within a popular residential area of South West Edinburgh near to local amenities and public transport links. The Home has garden grounds surrounding the perimeter and front of the building.

The accommodation is on two floors accessed by a lift and stairs and is divided into four units accommodating up to 30 people within each unit.

All rooms are for single use and all have ensuite facilities.

The units have a variety of communal lounge and dining areas.

Each of the units has their own aims and objectives displayed at the entrance to the unit.

The service states that they aim to "provide our customers with the highest quality care service. We will use our health and care knowledge, specialist skills and values to deliver an individual service to our customers".

The service employs a team of carers and nurses with varying degrees of skill, expertise and qualifications. The services aims to offer a home which would not entail moving, however, it was recognised that there are some aspects of care that might require residents to move, for example, if a residents required more specialised care in relation to progressive mental health or advanced disease process.

This report should be read in conjunction with the inspection report dated 3 July 2007.

Basis of Report

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Evaluation Form

The service did not submit a self-evaluation form as requested by the Care Commission.

There was a Temporary Manager in post, who will be referred to as the Manager throughout this report, and there was difficulty for the Manager in accessing the form via the on-line service prior to the inspection.

Views of service users

The Officers sent posters to the Home to advise residents and relatives of the impending inspection. Contact details for the Officers were also left if residents or relatives wished to discuss anything in private or if relatives were unable to visit the Home during the inspection.

One of the Officers spoke with one relative prior to the inspection, and was advised that another relative wished to speak with her during the inspection.

The Officers sent out 60 relative questionnaires prior to the inspection. 30 were returned prior to the inspection and three were returned between day one and day two of the inspection. These were collated and are reported upon within the 'Views of Carers' section in this report.

Regulation Support Assessment

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a high RSA score and so a high intensity inspection was required as a result. The inspection was then based upon the relevant inspection focus areas and associated National Care Standards for the particular service type for the inspection year, any other standards or regulations indicated by the RSA and follow up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

This report was written following an announced inspection on 6 November 2007 from 09:30am until 17:00pm by Anne Dolan and Janet Wilson Care Commission Officers and on 12 November 2007 from 09:30am until 17:00pm by Anne Dolan and Peter Brown Care Commission Officers.

Feedback was given to the Manager and Clinical Services Manager on day one of the inspection and the Manager and Regional Manager on day two of the inspection. Feedback from the relative questionnaires was given to the Manager on 26 November 2007 by one of the Officers.

During the inspection process

Staff at inspection

The Officers spoke with the following during the two days of the inspection.

The Manager

The Acting Clinical Services Manager

The Regional Manager

Three Unit Managers

Six Staff Nurses

11 Care Staff

Two Activities Co-ordinators

Two Domestics

Evidence

The Officer also looked at a range of policies and records including the following:

Restraint policy

Visitors policy

Documents pertinent to Protection of People

Service action plan

Staff training files

Minutes of staff meetings

Resident care files

The Officer also observed interactions between staff and residents.

Inspection Focus Areas and associated National Care Standards for 2007/08

The Officer took all of the above into account and reported on whether the service was meeting a range of relevant National Care Standards for Care Homes for Older People.

The main inspection focus for this Care Home Service was:

Standard 5: Management and staffing arrangements

Standard 19: Support in dying and death

Standard 99: Other issues

The Officer also inspected against the two Inspection Focus Areas identified for Adult Care Homes for 2007/2008

Protecting People

Palliative Care

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

The Care Commission received an action plan from the service detailing how it would meet the requirements/recommendations arising from the last inspection.

There were two requirements identified from the last inspection undertaken in July 2007. These are reported upon within the main body of this report.

Information about complaints that have been upheld or partially upheld can be found on the Care Commission website.

Comments on Self-Evaluation

The service did not submit a self-evaluation form as requested by the Care Commission. There was a temporary Manager in post and there was difficulty for the Manager in accessing the form via the on-line service prior to the inspection.

The Manager will be able to access the on-line service soon and has assured the Officers the self evaluation form will be completed and submitted once access has been gained.

View of Service Users

The Officers spoke with 14 residents during the two days of the inspection.

Residents gave positive views about the staff and the care they received.

Residents commented in one of the units as identified to the Manager on day one of the inspection that care had improved recently and that there appeared to be more staff within the unit.

Residents within another unit as identified to the Manager and the Regional Manager at feedback on day two of the inspection stated that they were involved in the development of their care documentation but were unclear as to how this had an impact on the improvement of care or facilities for them as individuals.

View of Carers

Sixty relative questionnaires sent out prior to the inspection. Thirty questionnaires were returned to the Officers prior to the inspection and three were returned between day one and day two of the inspection. Responses from these were collated and feedback given to the Manager on 26 November 2007.

The Officers also spoke with 10 relatives during the two days of the inspection.

Relatives gave positive views of the respective four units.

Within one of the units as identified to the Manager on day one of the inspection and on day two to the Regional Manager relatives informed the Officers that care had improved recently and that there appeared to be more staff within the unit.

Relatives within this unit stated that they felt that there had been some staff turnover recently and this had been raised with the Manager who had discussed this with relatives.

Relatives within this unit also stated that they felt well supported by the Manager and that she had met with the relatives on three occasions formally to discuss care and facilities within the unit. Some relatives had requested individual meetings with the Manager in addition to these.

Relatives within this unit stated they felt confident that improvements would continue and if they had any concerns felt confident to raise these.

Relatives within the other three units were positive about the staff and care their relative received. Relatives again commented that the Manager was very supportive and that she had met with relatives through her visits to the units

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

Not all aspects of this standard were inspected against at this time.

This inspection focused on one of the inspection focus areas for 2007/2008 inspection year Protecting People.

There was a policy and procedure on restraint. Staff stated they were aware of this policy. There were risk assessments in place with regard to restraint including bed rails, pressure mats and wheelchair lap straps for those residents who had been assessed as requiring these interventions. These were updated on a monthly basis.

There were Manual Handling risk assessments in place for all residents. These were updated on a monthly basis.

The Home had a policy on adult protection. Staff stated they were aware of this policy. Staff were made aware of issues around adult protection through SVQ training and training provided by the organisation.

The Home had numbers for STARRT (Short Term Assessment Review and Resource Team) and the Amethyst Team readily available. Staff confirmed they had been made aware of these.

The Home had a procedure in place to record any concerns regarding adult abuse.

Staff demonstrated familiarity with procedures in place.

The Home had a copy of the Area Inter-Agency Adult Protection procedure.

The Home had obtained copies of 'Risks Rights and Limits to Freedom' or 'Safe to Wander' documents.

There was information available on EARS (Edinburgh Advocacy Resource Service).

There was a new set of documentation being introduced within the Home which had specific risk assessments in place to identify those residents who were at risk in relation to a number of issues such as falls and identification of those who may need restraint measures in place such as bed rails or wheelchair lapstraps. Staff stated the new documentation was a positive introduction to the Home and resident care needs. Relatives also confirmed they had been made aware of the introduction of the new documentation.

The Organisation had a child protection policy in place. This gave guidance on the roles and

responsibilities for staff and for Managers. Appropriate contact numbers were made available in this policy.

There was guidance with regard to children visiting the Home displayed at the front foyer of the Home.

Staff were aware of the SSSC (Scottish Social Services Council) and had been issued with the SSSC codes of conduct.

This issue was discussed at induction, supervision and through training.

New staff confirmed they had undergone or were in the process of undertaking an induction programme. Staff stated they felt this was positive and were given sufficient information and training to undertake the job they were employed for.

Staff confirmed that they received supervision and stated they felt this was a positive avenue to discuss development needs.

The organisation had developed a training plan and the training department of the organisation was in contact with the Home regarding training.

Non-statutory training was made available to staff within the unit. This included first aid training. The Manager stated that the organisation was pro-active in relation to this issue.

The Manager also stated she felt staff within the unit welcomed all training.

Staff confirmed that staff meetings were held on a regular basis and they had the opportunity to contribute to the agenda.

Areas for Development

It was acknowledged the Home had a policy on restraint and that staff were familiar with this policy. However some staff stated that they had not been given training on this issue or if they had this had been some time ago. The Manager informed the Officer that the Organisation had identified this and this had been incorporated in the action plan sent to the Care Commission. A timescale for this to commence had been given. Progress of this would be reviewed at the next inspection.

The Officers were advised that not all staff in the Home had undergone POVA (Protection of Vulnerable Adults) Training and that this was subject of current discussion and part of the action plan sent to the Care Commission. Progress of this would be reviewed at the next inspection.

It was acknowledged the Organisation had a Child Protection Policy, however not all staff were aware of this. Some of the staff stated they "assumed so" and those who were newly in post were aware of policies they could access but had not at the time of the inspection accessed all policies as the induction was an ongoing process. The Manager agreed to ensure this policy was readily available. Progress of this would be reviewed at the next inspection..

It was acknowledged that the Home had guidance regarding children visiting the Home. However this guidance did not inform visitors of the Home's responsibility regarding child protection. The Manager agreed to discuss this further with the Provider. Progress of this would be reviewed at the next inspection.

The Home had obtained copies of 'Risks Rights and Limits to Freedom' or 'Safe to Wander' documents however staff stated they were unaware of the Rights, Risks and Limits to Freedom document and some staff stated they were unaware of the Safe to Wander document. The Manager advised all staff should be aware of these and agreed to ensure

availability of these was disseminated. Progress of this would be reviewed at the next inspection..

Through discussion with the activities co-ordinators it was advised that they were aware of SAGE (Senior Action group Edinburgh) however there was no information available in any of the units during the inspection. The activities co-ordinators advised they would access further information. Progress of this would be reviewed at the next inspection.

It was recognised that the introduction of the new documentation was in the early stage. All staff within the Home had undergone training on the documentation and had been advised of the timescale for the completion of the transfer of resident information. Staff advised the Officers that this was a positive introduction and would eliminate duplication of records and was a user friendly format. Progress of this would be reviewed at the next inspection.

National Care Standard Number 19: Care Homes for Older People - Support and Care in Dying and Death

Strengths

This standard was inspected against the inspection focus area for 2007/2008 inspections Palliative Care.

There was evidence that the care within the Home followed a Palliative Care approach. There was an individual needs assessment undertaken on admission which was reviewed regularly.

Each resident had a key worker. Six residents were able to confirm who their key worker was.

There was a section in the care records to document resident's wishes with regard to their end of life care. This included any arrangements an individual resident had made previously.

The Home had a copy of the 'Making good care better' document. These were standards which complimented the National Care Standards with regard to palliative care. The Manager advised the Officer that these standards will be incorporated into the new set of documentation that is being introduced in the Home as there was a section on end of life care and residents wishes on who should be involved with their care.

There was a system in place for staff to seek further advice with regard to palliative care and end of life issues from specialist nurses. Staff were familiar with this system. Staff also informed the Officer that the Home had developed good communication links with the specialist nurses.

Staff spoken with on the day of the inspection felt there were good links with GP's with regard to palliative care.

One of the Unit Managers was a Palliative Care Champions and awareness of Palliative Care was being disseminated through the staff group. Staff confirmed this.

Areas for Development

The Manager was advised there was evidence that the care given by the staff group followed

a palliative approach however staff were unaware that their working practice evidenced this. The Manager agreed to feedback the Officer's findings to the staff group.

It was discussed that the staff had received awareness sessions on the issue of palliative care and were familiar with end of life care. However it was unclear at the time of the inspection whether these sessions included the wider issues regarding palliative care such as communication skills training to meet the more sensitive personal issues of residents and chronic disabilities requiring long term palliative care. The Manager stated that these aspects were included and would ensure this could be evidenced. Progress on this will be reviewed at the next inspection.

Staff spoken with on either day of the inspection were the 'Making good care better' document available in the Home. The Manager agreed to ensure all staff within the Home was made aware of these standards. The Manager also advised that these standards could be evidenced within the new documentation once this had been completed. there was a section on end of life care and residents wishes on who should be involved with their care. Progress on this will be reviewed at the next inspection.

Some staff spoken with on both days of the inspection were unclear if there was a copy of the 'Making good care better' document available in the Home. The Manager agreed to ensure all staff within the Home were made aware of these standards. Progress on this will be reviewed at the next inspection.

National Care Standard Number 99: Other Issues Related to National Care Standards and Regulations

Strengths

This standard was inspected against two requirements and two recommendations identified at the last inspection undertaken in July 2007.

A requirement and a recommendation was made regarding repairs to equipment being attended to timeously and that all grades of staff are made aware of the equipment in need of repair and of the Home's policy regarding non-usage and storage of same. This had been identified for one unit within the Home.

It was noted that the previous system had been reviewed regarding this issue. Staff confirmed to the Officers that they had been made aware of the current system for the repair and storage of equipment. Staff also informed the Officers that new and additional equipment had been purchased for this unit. Relatives confirmed this and stated they had been made aware that further equipment was being purchased for the unit after assessment of resident needs.

A requirement was made regarding mealtime practice in one of the units of the Home. This was to ensure that current good practice and the Home's policies were being followed.

The Officers observed lunchtime on day one of the inspection in this unit. The atmosphere was noted to be calm and relaxed. Staff interaction with residents was noted to be appropriate with regard to assisting residents to be seated and during assistance of the meals for those who required this intervention. Staff advised the Officers that a review of the

mealtime practice had been undertaken since the last inspection and that training had been given on this issue.

High calorie snacks for those who had been assessed as requiring these had been introduced.

Relatives commented on the changes and felt that these had been positive.

A recommendation was made regarding the completion of the food and fluid diaries.

It was noted throughout all four units of the Home that these were being completed on a regular basis and staff demonstrated a better understanding of the importance of completion of same. The Officers were advised that the introduction of a new set of documentation had assisted with a change of practice. Food and fluid diaries were appropriately identified through Nutritional risk assessment and daily evaluation.

Areas for Development

The Officers reviewed progress of the proposed refurbishment to the Home. Staff, residents and relatives informed the Officers that a date had been set for commencement of this. The temporary Manager advised that risk assessments were to be undertaken on a daily basis to ensure the health and safety of residents, staff and all visitors to the Home during the refurbishment period. The Officers were advised that the works were welcomed by everyone and that there were opportunities to contribute to the decor within the respective units. Progress of this will be reviewed at the next inspection.

It was acknowledged the mealtime practice had been reviewed and this had a positive impact for residents during this time. The Officers were advised that the review had not been fully completed and that further work and review was to be undertaken. Relatives had also been advised of this. Progress of this will be reviewed at the next inspection.

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

No other issues were discussed at this inspection.

Requirements

There were no requirements identified from this inspection.

Recommendations

There were no recommendations identified from this inspection.

Anne Dolan

Care Commission Officer