Inspection report

Galashiels Nursing Home
Care Home Service
Kirkbrae
Galashiels    TD1 1NJ

Inspected by:  Katie Wood
(Care Commission Officer)

Type of inspection:  Unannounced

Inspection completed on:  19 August 2005
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<td>Eskmills</td>
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Introduction
Galashiels Nursing Home is a care home service, registered to provide 24 hour care for up to 40 older people, as well as short break and respite care for clients in that care category. Situated near the centre of Galashiels, the Home was first registered with the Care Commission on 1st April 2002.

Basis of Report
Before the visit, the Home returned a Pre inspection return containing information about the service. The provider also completed a self evaluation form.

Also involved in this inspection were Annwyn Noble, Care Commission Officer and Joyce O'Hare, Professional Advisor Tissue Viability.

The inspection took place over 4 visits. The first visit on the 19th August involved Katie Wood, Annwyn Noble and Joyce O'Hare. The second visit on the 5th September involved Katie Wood and Joyce O'Hare. During this visit, Joyce O'Hare gave feedback to the providers about the outcome of her part of the inspection. The latter two visits on 13th and 22nd September involved Katie Wood and Annwyn Noble. Feedback about the remainder of the inspection was given to the Manager and two directors on the visit on the 22nd September. During the visits the Care Commission staff spoke with:

- the providers - 2 directors of the company (Charles Ingram and June Carter)
- the manager of the Home
- three residents, individually and in private
- seven visitors
- three staff member, individually and in private

In addition the officers chatted with several residents on a casual basis as the Inspection was carried out.

The Care Commission staff also looked at a range of policies, procedures and records including the following:

- several recent staff rotas
- 4 personal plans
- 2 staff records
- policies relating to uniform, whistleblowing, preadmission procedures, restraint, equal opportunities, confidentiality, gratuities, the keyworker system, home laundry, protocols for fluid balance management, pressure area care procedure
- accident and incident records
- fire safety records
- quality and assurance audit
- maintenance records

The Care Commission Officers took all of the above into account and reported on whether the service was meeting the following National Care Standards Care Homes for Older People:
- Standard 1 Informing and Deciding
- Standard 5 Management and Staffing Arrangements
- Standard 6 Support Arrangements
- Standard 7 Moving In
Standard 18 Staying in Touch

The Regulation of Care (Scotland) Act 2001 and its associated Statutory Instruments were also taken into account.

**Action taken on requirements in last Inspection Report**

There were 5 requirements made at the last inspection.

One requirement relating to reviewing the policy on the use of restraint had been met.

One requirement relating to the production of a training plan for staff had been met. However, the Manager informed the Care Commission Officers that the training which had been listed in the training plan had not been delivered as planned.

Of the remaining 3 requirements, one had been partially met. A number of health and safety issues had been addressed, but a faulty window sash referred to had not been repaired.

Two requirements relating to the identification of individual needs of residents and planning care to meet those needs had not been met.

**Comments on Self-Evaluation**

The information contained with the self evaluation document was taken into consideration during the Inspection process and informed the report writing.

**View of Service Users**

Two residents spoken with stated that overall they were "happy" with the quality of care provided and neither made any suggestions regarding improving the service.

One resident spoken with stated that at times they felt that the Home was short staffed, but overall they were "satisfied" with the quality of care given.

**View of Carers**

The seven visitors to the Home were all relatives of residents living within the Home.

Positive comments made by relatives were:
"My relative is comfortable with the staff who provide their support within the Home"
"The staff have gone beyond my expectations of what would be provided to my relative in care"
"The Home keeps on top of medical and nursing issues for my relative"
"As relatives we are made to feel welcome at any time of the day"

Where suggestions for improvement were made from relatives they were in relation to the following:

- **Staffing** -
  Two relatives commented upon occasions when they had observed that the Home appeared short staffed.

- **The environment** -
Two relatives commented that the television signal in downstairs sitting room was poor at times.

Care given-
One relative expressed their concerns about the healthcare needs of their relative. The specifics of this were discussed at feedback with the manager and providers and it was agreed that they would look more closely at this issue.
**Regulations / Principles**

**National Care Standards**

**National Care Standard Number 1: Care Homes for Older People - Informing and Deciding**

**Strengths**

The Home had a Philosophy of Care and a complaints procedure in place.

Prospective clients and their families were able to visit the Home prior to deciding about a placement. During the visit, they were able to view the premises, meet with staff, and ask questions.

Prospective clients were given a copy of the latest inspection report.

**Areas for Development**

There was no written information pack which provided prospective clients and their families with information about the service that may be useful to them in reaching a decision about coming to live at the Home. (See recommendation 1)

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

**Strengths**

There was evidence that the recruitment policy was being followed more consistently than at a previous inspection.

There was evidence that new staff members were made aware of the need to work under supervision until a satisfactory Disclosure Scotland had been received.

One new staff member spoken with confirmed that they had been assigned to an experienced staff member as part of their induction training.

There was evidence that the manager had revised the plan to provide in house training for staff, and that a written pack would be available to staff who have undergone the training. This would be used as an ongoing source of reference.

There was evidence that fire drills were carried out regularly and staff were regularly trained in fire safety.

Of the 25 care staff employed in the Home, 3 had SVQ level 2 and 1 had SVQ level 3. At the time of the inspection 1 staff member had undertaken SVQ level 3, 1 SVQ level 2 and the Manager had just begun SVQ level 4.

The provider informed the officers that a system of staff appraisal was now in place.
Areas for Development

It was noted during the inspection that the staffing levels on night duty frequently did not meet the requirements of the staffing notice. The manager has since given an assurance that the situation had been rectified for the future. However, the need to meet the staffing notice will be a requirement of this report. (See requirement 1)

The provider noted that it was planned that a supervision checklist be implemented which would help to identify individual staff training needs.

There was no accurate record kept of attendance at training sessions or events. (See recommendation 2)

Reference numbers for Disclosure Scotland returns were kept in a separate file and were not available in individual staff records.

There was no log kept of complaints received that showed evidence of action taken. (See recommendation 3)

National Care Standard Number 6: Care Homes for Older People - Support Arrangements

Strengths

The Home had its own Quality Assurance system in place to provide an overview of the quality of care planning.

The system in place for recording visits from other healthcare professionals was being used more consistently than at previous inspections.

Personal plans contained detailed activities profiles, completed by the Activities Co-ordinator.

There was some evidence of residents' preferences identified in the personal plans.

There was evidence of regular reviews of personal plans.

There was evidence that the Homely Remedies sheets for individual residents had been reviewed.

Areas for Development

Details in the care plans were very general, and did not clearly identify how the needs of that individual resident were to be met. (See requirement 2)

Specific issues were often identified and noted in one area of the personal plans, for example the social work review, but these were not reflected in the care plans. (see requirement 2)

Care plans showed a lack of clarity, and did not give sufficient guidance to staff. (See requirement 2)

Continence management evidenced in the care plans was not adequate to meet the needs of
the residents. (See requirement 2)

There was no evidence from care plans examined that nutritional assessments were used to identify need or inform the care planning process. (See requirement 2)

There was little evidence from the care plans examined of how residents' communication needs were addressed. (See requirement 2)

The risk assessments used in relation to the use of bed rails assessed the need for their use, but did not address the safety of the rails themselves when in use. (See requirement 2)

**National Care Standard Number 7: Care Homes for Older People - Moving In**

**Strengths**

The Home operated a key worker system, and residents spoken with were aware of who their key worker was.

Prospective clients were able to meet with staff prior to admission to discuss their care.

**Areas for Development**

There were none identified at this inspection

**National Care Standard Number 18: Care Homes for Older People - Staying in Touch**

**Strengths**

Contact details for family members were noted in each resident's personal plan.

Aids were available, such as large print books, television headphones and magnifiers, to assist those residents with communication difficulties.

**Areas for Development**

Personal plans did not clearly identify residents’ needs in relation to their communication difficulties, nor demonstrate how those needs were being met by staff. (See requirement 1)

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

**Strengths**

This part of the inspection, which focused on pressure area management and wound care, was carried out by Joyce O'Hare, Professional Advisor Tissue Viability for the Care Commission.

Risk Assessment Tool
The home had implemented the Braden Scale for Pressure Ulcer Prediction as the risk
assessment tool of choice.

There was evidence that this tool was being applied on admission as well as part of the residents’ ongoing review and when there was a change in a resident’s condition.

Individual Tissue Viability Treatment Plans
Plans of care were in place for residents with pressure ulcers and wounds.

Skin Integrity
Management were in the process of introducing a repositional chart to promote an individualised approach, and were able to evidence this.

Use of Therapeutic Equipment
A range of static and active therapeutic mattresses was available in the home for residents' tissue viability needs. A register of this equipment was available and was accurate on the day of inspection.

Staff were aware of how such equipment could be accessed for service users.

Any therapeutic mattress/seat cushion in use was recorded in the care plan. Care plans were amended and dated when any changes of equipment was made. Staff could evidence well that they were responding to residents' increasing clinical needs in terms of equipment.

Monitoring of the Tissue Viability Personal Plan
Each care plan examined showed evidence of on going evaluation.

Audit Activity
Some staff had attended a one day training session on Tissue Viability provided by Essential Healthcare.

The Manager had identified forthcoming dates for further training.

Wound Management
The Provider stated that good working relationships had been developed with the District Nursing service.

Areas for Development

Pre Admission Assessment of Service Users Tissue Viability Needs
It was noted that there was no information on pressure ulcer prevention, wound management, or skin care provided for service users, their family, visitors, etc. (See recommendation 4)

Risk Assessment Tool
There had been no recent staff training in the use and application of the pressure ulcer prevention assessment tool in use in the Home. (See requirement 3)

Individual Tissue Viability Treatment Plans
Although plans of care relating to pressure area management were in place, these did not appear to reflect the level of nursing intervention being performed for service users. (See
requirement 4)

There was no formal Nutritional Assessment Process in place to identify those service users who may be at risk. This had been a requirement of 3 previous inspection reports. Management were currently considering the use of such an assessment tool. (See requirement 5)

Residents' care plans for other influencing factors relating to skin breakdown and wound healing did reflect clinical need and nursing intervention. (See requirement 4)

There were no pressure ulcer prevention plans for residents who were identified “at risk” using an assessment tool, but who currently had intact skin. (See requirement 4)

Skin Integrity
The status of each service users skin integrity was not always recorded. (See requirement 4)

Information which was recorded in the skin care/ pressure ulcer prevention plan was not explicit enough to outline residents' individual needs eg. frequency of skin check, repositioning schedule, etc. (See recommendation 5)

Use of Therapeutic Equipment
The information on the equipment register did not include clinical details of residents. This is a useful aide memoire when considering individual clinical needs and allocation of therapeutic mattresses / seat cushions.

Monitoring of the Tissue Viability Personal Plan
It was noted that the progress notes tended to have more ongoing information than the actual care plan evaluations.

Audit Activity
Although there was a Pressure Ulcer Prevention Policy in place, the content was basic and required to be expanded. The Wound Management Policy was not evidenced. (See requirement 6)

Wound Management
The storage of wound management products was not in an ideal location or individualised to residents. (See recommendation 6)

Registered nurses carrying out wound/leg ulcer management had not received recent training in these areas. (See requirement 3)

There was no formal assessment for general / wound pain management in place. (See requirement 7)

Wound Assessment/Treatment Chart
The wound assessment chart in use was not suitable for purpose. This assessment should encompass the key points of effective wound assessment based on current best practice and evidence. (See requirement 8)
Enforcement
Enforcement action had been taken against this service by the Care Commission. Additional conditions had been attached to the registration of the service, and these remain in place.

Other Information

Requirements
1. The Provider must, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of service users, ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health and welfare of service users. To that end, the requirements of the staffing notice, which provides minimum staffing levels, must be met. Staffing levels may need to be increased above that minimum as numbers and needs increase. This is in order to comply with SSI 2002/114 Reg 13(a)

Timescale for implementation: A verbal assurance has been received from the provider that the staffing notice is now being met. However, if this is not the case, it must be done within 24 hours of publication of this report. The provider must also give a written assurance of this within 24 hours of publication of this report.

2. The provider must review all personal plans, using recognised assessment tools where necessary, to ensure that they clearly identify the needs of individual residents, and give clear guidance to staff as to how those needs are to be met. This is in order to comply with SSI 2002/114 Reg 5(1)

Timescale for implementation: Within 2 weeks of publication of this report.

3. The provider is required to provide refresher training for registered nurses and carers, as appropriate to their role within the service, in all aspects of tissue viability. This particularly relates to wound management. This training must be carried out by a suitably qualified healthcare professional, e.g. Tissue Viability Nurse. This is in order to comply with SSI 2002/114 Reg 4(1)(a) and 13(c) (i)

Timescale for implementation: Training must be undertaken and completed within 13 weeks of publication of this report.

4. The provider must review care planning and implement methods for pressure ulcer prevention and wound management to reflect the clinical needs and nursing interventions for individual service users. This is in order to comply with SSI 2002/114 Reg 4(1)(a)

Timescale for implementation: Within 2 weeks of publication of this report.

5. The Provider must obtain and implement a Nutritional Assessment process which is based on best practice and evidence available. Management must ensure that all staff are aware of and have training in the application of the assessment and management process for nutrition. This is in order to comply with SSI 2002/114 Reg 4(1)(a)

Timescale for implementation: Within 4 weeks of publication of this report.

6. The provider must review the Pressure Ulcer Prevention / Wound Management Policy ensuring it is updated in line with current best practice, is implemented, that all staff are
aware of and have access to the updated policy and are able to demonstrate this through their practice. This is in order to comply with SSI 2002/114 Reg 4(1) (a)

Timescale for implementation: Within 2 weeks of publication of this report.

7. The provider must review the systems in place for the assessment and management of residents’ pain. This must be reflected in the reviewed care plans. This is in order to comply with SSI 2002/114 Reg 4(1)(a)

Timescale for implementation: Within 1 weeks of publication of this report.

8. The provider must review the wound care charts in use to ensure that they reflect current best practice and adequately document the care delivered. This is in order to comply with SSI 2002/114 Reg 4(1)(a)

Timescale for implementation: Within 1 weeks of publication of this report.

Recommendations

1. The provider should, with reference to the National Care Standards, put together a pack of written information about the service which could be given to all prospective clients. National Care Standards Care Homes for Older People Standard 1

2. A record should be kept of all training attended by staff, whether provided by the employer, or accessed by the individual. Details of the content and duration of the training should be noted where available. National Care Standards Care Homes for Older People Standard 5.9

3. The provider should keep a log of all complaints so that a clear audit trail of how the complaint was received and dealt with, along with any outcomes, can be easily accessed. National Care Standards Care Homes for Older People, Standard 11.3

4. The provider should obtain and display information regarding pressure ulcer prevention, skin care and wound management for service users, their carers and visitors. Nursing And Midwifery Practice Development Unit - Best Practice Statement (2005) Pressure Ulcer Prevention.

5. The provider should continue to review the current method of planning and recording individual manual repositioning needs. This should be based on current best practice and be implemented. National Care Standards Care Homes for Older People, Standard 6.1

6. The provider should review the current storage arrangements for wound management and skin care products. National Care Standards Care Homes for Older People, Standard 15.6

Katie Wood
Care Commission Officer