

Care service inspection report

Full inspection

Redmill Nursing Home Care Home Service

Lady Court
East Whitburn
Bathgate

Service provided by: HC-One Limited

Service provider number: SP2011011682

Care service number: CS2011300850

Inspection Visit Type: Unannounced

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and set out improvements that must be made. We also investigate complaints about care services and take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 [@careinspect](https://twitter.com/careinspect)

Summary

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change after this inspection following other regulatory activity. For example, if we have to take enforcement action to make the service improve, or if we investigate and agree with a complaint someone makes about the service.

We gave the service these grades

Quality of care and support	3	Adequate
Quality of environment		N/A
Quality of staffing	3	Adequate
Quality of management and leadership		N/A

What the service does well

The service provided a caring and safe environment where residents were valued and supported by a dedicated staff team who knew residents needs well.

We received some very positive feedback from people who used the service and their relatives about the care and support they received.

The service had identified that there was much need for refurbishment of the building and was proactive in taking this forward.

We found that during our inspection, some residents had experienced bereavement due to the loss of friends; we were pleased that staff had the confidence and compassion to support them through that difficult period.

What the service could do better

The provider should continue to review and improve the environment in respect of corridors and bedroom doors to ensure that the environment allows service users to have as positive a quality of life as possible.

The service should continue to establish their new care planning systems, which will clearly identify positive outcomes and risk management for people who use the service.

The service should continue to review and improve the security within the garden areas.

Staff support and supervision should be more positive in order to support staff professional development.

What the service has done since the last inspection

The service had introduced a new manager, who was not unfamiliar with the service. The manager's main focus initially was to re-establish relationships with the staff team, residents, and relatives.

Catering staff had a better understanding of the importance of fortifying food with additional cream and butter, and the importance of being person centred.

The service had introduced a new care planning system which it was rolling out to new residents as they came into the service.

The provider had agreed a phased approach to re-developing the building and the services they provided, we will monitor the progress of this at future inspections.

Conclusion

We found that although the service faced many challenges in respect of staffing numbers, the staff team were diligent and committed to providing the best possible care for people who used the service.

The service was working hard to provide meaningful activities for people who used the service which prompted some examples of very good interaction and support to residents.

The service will undergo some major refurbishment over the coming months, the service is mindful of the disruption it may cause for people who used the service.

1 About the service we inspected

Redmill Nursing Home (referred to in the report as "the service") is registered with Social Care and Social Work Improvement Scotland (the Care Inspectorate) to provide a care service to 68 older people.

The service is owned and managed by HC - One Limited (referred to in the report as "the provider"). The service is situated on the outskirts of East Whitburn adjacent to a small private housing estate.

The home is a purpose-built, single storey building, situated in private grounds with a central courtyard garden. All residents' rooms are single with en-suite facilities.

The home is divided into two units, Forth and Clyde, each with its own entrance from the main hallway. Each unit has its own sitting rooms, dining room, toilets and bathrooms. There is a designated smoking area.

There are separate kitchen, laundry, staff rooms, hairdresser, office and administration accommodation within the home. Care is provided by a team of registered nurses and care staff 24 hours per day.

Recommendations

A recommendation is a statement that sets out actions that a care service provider should take to improve or develop the quality of the service, but where failure to do so would not directly result in enforcement.

Recommendations are based on the National Care Standards, SSSC codes of practice and recognised good practice. These must also be outcomes-based and if the provider meets the recommendation this would improve outcomes for people receiving the service.

Requirements

A requirement is a statement which sets out what a care service must do to improve outcomes for people who use services and must be linked to a breach in the Public Services Reform (Scotland) Act 2010 (the "Act"), its regulations, or

orders made under the Act, or a condition of registration. Requirements are enforceable in law.

We make requirements where (a) there is evidence of poor outcomes for people using the service or (b) there is the potential for poor outcomes which would affect people's health, safety or welfare.

Based on the findings of this inspection this service has been awarded the following grades:

Quality of care and support - Grade 3 - Adequate

Quality of environment - N/A

Quality of staffing - Grade 3 - Adequate

Quality of management and leadership - N/A

This report and grades represent our assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. You can find the most up-to-date grades for this service by visiting our website www.careinspectorate.com or by calling us on 0345 600 9527 or visiting one of our offices.

2 How we inspected this service

The level of inspection we carried out

In this service we carried out a low intensity inspection. We carry out these inspections when we are satisfied that services are working hard to provide consistently high standards of care.

What we did during the inspection

We wrote this report following an unannounced inspection. This was carried out by one inspector. The inspection took place on the 5 June 2016 between 8am and 12 noon. It continued the following day, Monday 6 June 2016 from 9.30am until 4.30pm, Tuesday 7 June from 9.45am until 6.45pm, we concluded the inspection on Wednesday 8 June 2016.

We gave feedback to two registered managers and the assistant director of operations on the 8 June 2016.

From the 1 April 2016 the way in which we carry out an inspection has changed. We choose which quality themes and statements are inspected for better performing services, to be more proportionate and targeted in our work. In higher performing services, inspections will consider Quality Theme 1: Quality of Care and support, Statement 3 "We ensure that service user's health and well-being needs are met" will be considered during all inspections.

This service was eligible for this type of inspection and based on our knowledge and intelligence of the service we looked at Quality Theme 1, Statement 6 "People who use, or would like to use the service and those who are ceasing to use the service, are fully informed as to what the service provides". We chose this based on our knowledge and the importance of residents being given sufficient information to be aware of, and have a good understanding of this.

We also considered the following quality themes and statements during our visit.

Quality Theme 3 Quality of Staffing, Statement 2 "We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff, and Statement 3 "We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice".

As part of the inspection, we took account of the completed annual return and self-assessment forms that we asked the provider to complete and submit to us.

We sent 25 care standards questionnaires to the manager to distribute to residents. Nine residents returned a completed questionnaire. We also sent 25 care standards questionnaires to the manager to distribute to relatives and carers. Relatives and carers returned seven completed questionnaires before the inspection.

We also asked the manager to give out 25 questionnaires to staff and we received six completed questionnaires.

Throughout the inspection process we obtained various pieces of evidence from speaking to the following staff and people who used the service:

- Residents
- Relatives
- The registered manager
- Support manager (Douglas View Care Home)
- Operations director
- The deputy manager
- Registered nurses
- Care assistants
- Activity coordinators
- Catering staff
- Housekeeping staff
- Assistant operations director
- Maintenance personnel
- Administrator

To support the inspection process we reviewed the following documents:

- Insurance and registration certificates
- Accident and incident reports
- Complaints folder
- Care plans
- Staff files
- Training planner and records
- Staff supervision records
- Carer and nurse training workbooks
- Guide for mentors and assessors
- The service development plan
- Minutes of resident meetings
- Minutes of carer meetings
- Minutes of staff meetings
- Questionnaires
- Shift handover records
- Medication recording systems
- Safeguarding policy
- Safeguarding procedure
- Safeguarding - child and adult procedures.

To support the inspection process we also reviewed current staff registration within the Scottish Social Services Council (SSSC) and the Nursing Midwifery Council (NMC).

We reviewed the services website <http://www.hc-one.co.uk/homes/redmill/>

Grading the service against quality themes and statements

We inspect and grade elements of care that we call 'quality themes'. For example, one of the quality themes we might look at is 'Quality of care and support'. Under each quality theme are 'quality statements' which describe what a service should be doing well for that theme. We grade how the service performs against the quality themes and statements.

Details of what we found are in Section 3: The inspection

Inspection Focus Areas (IFAs)

In any year we may decide on specific aspects of care to focus on during our inspections. These are extra checks we make on top of all the normal ones we make during inspection. We do this to gather information about the quality of these aspects of care on a national basis. Where we have examined an inspection focus area we will clearly identify it under the relevant quality statement.

Fire safety issues

We do not regulate fire safety. Local fire and rescue services are responsible for checking services. However, where significant fire safety issues become apparent, we will alert the relevant fire and rescue services so they may consider what action to take. You can find out more about care services' responsibilities for fire safety at www.firescotland.gov.uk

The annual return

Every year all care services must complete an 'annual return' form to make sure the information we hold is up to date. We also use annual returns to decide how we will inspect the service.

Annual Return Received: Yes - Electronic

Comments on Self Assessment

Every year all care services must complete a 'self assessment' form telling us how their service is performing. We check to make sure this assessment is accurate.

The Care Inspectorate received a fully completed self-assessment document from the provider. We discussed the content of the self-assessment with the service and agreed it should be accurate and contemporaneous to give an accurate reflection of what improvements the service had undertaken.

Taking the views of people using the care service into account

Throughout the inspection process we were supported by an inspection volunteer, who received the following comments:

"I enjoy the soups but don't always manage to eat all of it."

"The steak pie is my favourite meal."

"I would prefer to see my food before it is given to me, you eat with your eyes."

Other comments are reflected throughout the statements of the report.

Taking carers' views into account

Throughout the inspection process we were supported by an inspection volunteer, who received the following comments:

Two family members commented positively on the bus trips organised by the service and confirmed that they were frequently organised and enjoyable for the residents.

One relative highlighted that at times there was noise disruption heard in a bedroom from the dining area. This included doors being banged and what they considered to be excess noise at mealtimes which was unsettling for their family member. They commented that they were aware that improvement works for the building were planned and felt that these were much needed.

Comments are reflected throughout the statements of the report.

3 The inspection

We looked at how the service performs against the following quality themes and statements. Here are the details of what we found.

Quality Theme 1: Quality of Care and Support

Grade awarded for this theme: 3 - Adequate

Statement 3

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

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an adequate level.

Throughout the inspection we found evidence that most of the residents' care plans were person centred, they included information about the resident in respect of their likes and dislikes, and there was evidence of a comprehensive pre-assessment process.

The service used various assessment tools which promoted a consistent level of care, examples of these included:

Communication

Behaviour

Breathing and circulation

Mobilising

M.U.S.T. (malnutrition universal screening tool)

Fluid balance and weight charts

Oral healthcare

Risk assessments for moving and handling, risk of falls, and skin integrity.

During our observations we witnessed staff positively engaging with service users whilst using hoists, the service users appeared relaxed and confident with the staff.

Previous inspections had recommended that the service should ensure that catering staff were aware of which residents required a fortified diet, we found after our interviews with catering staff that they were more informed in respect of fortified and textured diets, this ensured that they were considerate of the health and well-being of people who used the service.

We asked residents if they used the snack boxes which were placed within each lounge and dining areas, most of them told us that they found them useful.

We found that residents had access to various activities, we were fortunate to be involved in a singing activity with an external performer; residents appeared to be actively involved and enjoyed the experience.

We reviewed residents care plans that required having bed rails and found that most had the appropriate risk assessments, agreements and consent forms in place, which meant they were kept safe.

Areas for improvement

We reviewed residents care plans and found that they were not consistent with information required to support an individual in respect of their risk management.

The service should ensure that staff fully realise the difference between a risk and a hazard, we felt that they needed to decide who might be harmed and how, they needed to evaluate the potential risk, and decide on the appropriate control measures whilst recording their findings with the appropriate agreements and consent in place.

We felt that this could impact on positive outcomes for residents and have made a requirement to ensure that there are appropriate risk management strategies in place for all service users. See requirement 1.

Whilst we recognised that the service was updating its care planning process, we agreed that there were some consent forms which need to be addressed immediately in respect of pressure mats, the service was working to achieve this, we will follow this up at the next inspection.

Throughout the inspection process we met and spoke with residents and their families, they told us that sometimes staff can forget the basics of information sharing, whilst we recognised that the service was working below its agreed staffing schedule at time, they must ensure that they respond to residents and families requests timeously.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. This requirement is in respect of Quality of Care and Support Statement 3

The service provider must ensure that when residents needs change that this is reflected in their risk management and that all relevant risk assessments are up to date and accurate.

The service provider must ensure that all residents care plans are up to date, and reviewed in accordance with the changing needs of the resident.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

Scottish Statutory Instrument 210 Regulation 5 - Personal plans

(2b) review the personal plan

A provider of a care service must -

(i) when there is a significant change in a service user's health, welfare or safety needs; and

(ii) at least once in every six month period whilst the service user is in receipt of the service;

Timescale: 3 months from receipt of this report.

Number of recommendations - 0

Statement 6

“People who use, or would like to use the service, and those who are ceasing the service, are fully informed as to what the service provide.”

Service strengths

We reviewed the service's information brochure which was given to prospective residents and their families; it was informative and included information on how the service was managed.

We met with a resident's family who told us that they were encouraged to visit the service before deciding if it was right for their needs, they found this informative and encouraging.

We found that people who used the service were informed about changes that were to happen in respect of the refurbishment of the home, and that the work being carried out was based on research from the Kings Fund, an independent charity working to improve health and care whilst shaping policy and practice through research and analysis; and Stirling University.

We concluded that people who use, or would like to use the service and those who are ceasing the service, would be informed as to what the service provided.

Areas for improvement

We reviewed the service's web site and although very informative it required to be updated showing relevant details of the new manager and a more accurate representation of what the service has to offer, an example of this was the site said that it had an accessible lift, this would not be required in a building of one storey.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Quality Theme 2: Quality of environment

Quality theme not assessed

Quality Theme 3: Quality of staffing

Grade awarded for this theme: 3 – Adequate

Statement 2

“We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.”

Service strengths

Following the review of the information we gathered during the inspection process, we decided that the service was performing in this quality statement at a good level. The outcomes for people using the service were of a high quality.

We reviewed staff personnel files; we found that all staff had been checked that they were a member of the Protection of Vulnerable Groups (PVG) Scheme prior to commencing in post. This ensured that the staff employed had not been barred from working with adults, all staff who were required to be registered with the Nursing & Midwifery Council (NMC), had copies of their registration and personal identification numbers in place.

Staff who were required to be registered with the Scottish Social Services Council (SSSC), had done so.

The service had a safer recruitment procedure in place which required all potential staff to complete a robust application process, including PVG (Protection of Vulnerable Groups) checking and appropriate references given; this ensured the safety and well-being of people who used the service.

We found that all new staff had undertaken mandatory training via e learning course within their first three months of employment, and were supernumerary for the first two weeks of service.

We reviewed the training room that staff had access to, staff told us that when they got the time they could use the room to access their e learning to keep their skills up to date.

We found that staff had access to supervision sessions and annual appraisals; we evidenced this from the supervision planner, although the service had some work to do to keep on top of them.

Staff that we met and spoke with told us that this was a good service to work in, when asked if they would recommend it to a friend, they told us they would.

We reviewed the process for recruiting the new manager and depute manager and found that this had been carried out safely with all the relevant checks in place, we discussed with an external manager the level of mentoring that was given to the new manager and found this to be very supportive.

We concluded that people who used the service could be confident that they were being supported by a staff team that was recruited and inducted safely.

Areas for improvement

Whilst we recognised that the management team are new to post and still settling into their roles, our interviews with staff told us that the service had a long way to go in order to fill the current vacancy list.

Staff told us that there was not enough time for new staff to get to know the job and residents in order for them to settle into their new role. We discussed a more structured recruitment process with the service and a "buddy system" for new staff until they are confident in their role. We will monitor this at future inspections.

Grade

4 - Good

Number of requirements - 0

Number of recommendations - 0

Statement 3

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

Service strengths

After we reviewed the information we gathered during the inspection process, we decided that the service was performing in this quality statement at an adequate level.

Throughout the inspection process we saw good interaction between residents and staff; it was friendly and respectful.

The service had a dedicated training room which allowed staff to update their training which included:

- Emergency procedures
- Fire drills
- Food safety in care
- In safe hands - health and safety
- Infection control
- Manual handling
- Safeguarding
- Safer people handling
- Understanding equality and diversity

We met with various staff throughout the inspection; they told us that they could discuss any training issues with the management team, one staff member told us "I have asked for first aid training as this would support me in my job."

Comments from residents included:

"I get on well with all of the staff. They always check on me and see if I need anything at night before they go home."

"The staff are great."

Comments from residents' families included:

"The vast majority of staff are good and my family members' needs are met."

"My family member is very well looked after. I have no complaints regarding the staff."

Staff also told us that the change in the management team will have a positive impact on the service and staff training in the longer term.

Throughout the inspection process we met and spoke with numerous staff, we were pleased that they were eager to be involved in the process.

During the inspection process we joined staff in various activities, through meal times to singing and dancing, staff appeared very motivated during these events; residents clearly enjoyed them, with lots of participation.

Areas for improvement

Following numerous discussions with staff it was clear that staff morale was low, staff were working very hard to cover sickness and holidays, many of them working on their allocated rest days.

We also witnessed that the use of agency staff was very high, in particular with trained nurses.

Previous requirements resulting from an upheld complaint stated that the service provider must ensure that they have sufficient staff on duty to meet the needs of the residents within the home, and to comply with their current agreed staffing schedule.

We sampled staff rotas over a three month period and found that there were numerous occasions when the service fell below its agreed staffing schedule. We discussed this with the senior managers of the service who told us that they were trying very hard to rectify this issue. They were currently looking at a new model of support where they could utilise other staff within the building who's primary role was not as a carer, whilst we recognised that this will involve significant investment and support, we have re-instated this requirement. See requirement 1.

We spoke to staff about the level of support that they received through supervision, they told us "it used to be good but has fallen away over the past months". We discussed this with the managers of the service in that staff supervision was necessary to support the professional development of the team, whilst we appreciated that the management team were new and they working towards rectifying this we have made two recommendations which we will monitor at our next inspection. See recommendations 1 and 2.

Grade

3 - Adequate

Requirements

Number of requirements - 1

1. This requirement is in respect of Quality Theme 3: Staffing, Statement 3:

The service provider must ensure that they have sufficient staff on duty to meet the needs of residents. This must include:

Compliance with the current staffing schedule in relation to the supernumerary nature of management cover.

The provider must also ensure that where there are instances when the service is not covered adequately, notification reports are sent to the Care Inspectorate in a timely manner.

This is in order to comply with The Public Services Reform (Scotland) Act 2010 (Requirements for Care Services) Order SSI 2011/210 Regulation 4 (1) Welfare of users 15 (a) Staffing and Scottish Statutory Instrument 2011/28 regulation 4(1) (b) - requirement about records, notifications and returns.

Timescale - In receipt of this report.

Recommendations

Number of recommendations - 2

1. This recommendation is in respect of Quality Theme 3: Staffing, Statement 3:

The service should ensure that staff receive regular supervision according to the provider's own policy.

National Care Standards Care at Home - Standard 4: Management and Staffing Arrangements.

2. This recommendations is in respect of Quality Theme 3: Staffing, Statement 3:

The service should take steps to ensure the professional development of staff is adequately addressed.

In order to do this they should:

Review the skills and competencies of staff carrying out supervision and ensure that they are provided with support where required to do so in a skilled and meaningful way.

Ensure that records of supervision are used to demonstrate strengths and areas for improvement relating to staff skills and competencies.

National Care Standards, Care Homes for Older People - Standard 5:
Management and Staffing Arrangements.

Quality Theme 4: Quality of management and leadership

Quality theme not assessed

4 What the service has done to meet any requirements we made at our last inspection

Previous requirements

There are no outstanding requirements.

5 What the service has done to meet any recommendations we made at our last inspection

Previous recommendations

1. The service should ensure that catering staff are aware of which service users require a fortified diet, ensuring that they are considerate of the health and well-being of all service users, using a person centred approach.

NCS 13 Care Homes for Older People - Eating well. Your meals are varied and nutritious. They reflect your food preferences and any special dietary needs. They are well prepared and cooked and attractively presented.

This recommendation was made on 01 July 2015

We met with catering staff who told us that they were very much aware of who required a fortified diet and who did not. We saw that the service had detailed this information including textured diets on the walls of the kitchen and that catering staff were confident to support this.

6 Complaints

The complaints agreed for investigation were:

1. Moving and handling equipment is not sufficiently clean including baths, beds and shower rooms.
2. There are not enough slings for residents in clyde unit; the bathing sling is used instead.
3. Personal protective equipment is seldom used and when it is staff will sometimes wear the same protective clothing they have worn when providing personal care as they do when they go into the dining room.
4. In forth unit, residents with high risk of falls are not receiving adequate supervision by staff and there is a high number of falls during the night.
5. There is insufficient staff cover to meet the needs of residents.

Following the complaints investigation only point 5 was upheld, we looked at this during this inspection and found that the service had yet to fully resolve this issue and have re-instated this requirement under quality theme 3 statement 3.

7 Enforcements

We have taken no enforcement action against this care service since the last inspection.

8 Additional Information

There is no additional information.

9 Inspection and grading history

Date	Type	Gradings
1 Jul 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very Good Management and Leadership 4 - Good
20 Nov 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
10 Jan 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good
23 Jan 2013	Unannounced	Care and support Not Assessed Environment Not Assessed Staffing Not Assessed Management and Leadership 4 - Good
7 Nov 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership Not Assessed
9 Feb 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and Leadership 4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

You can also read more about our work online.

Contact Us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

www.careinspectorate.com

 @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànanan eile ma nìthear iarrtas.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.