

Belhaven Nursing Home Care Home Service

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Type of inspection: Unannounced
Inspection completed on: 20 March 2017

Service provided by:
East Lothian Council

Service provider number:
SP2003002600

Care service number:
CS2004062389

About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Belhaven Nursing Home is registered to provide care and accommodation to a maximum of 23 older people. The home is situated in a semi-rural setting in the grounds of Belhaven Hospital in Dunbar, East Lothian.

Accommodation is provided over two buildings which were previously used as wards in the hospital. One building is known as Blossom House and the other as Hollytrees. All facilities are on ground level. All the bedrooms are single with en-suite facilities. There are shared lounge and dining areas.

A landscaped garden and patio areas are easily accessible from the home. The service has two separate buildings within the grounds of the home that are used for activities and social events.

The provider for this service is East Lothian Council, however the home is managed by the NHS Trust and operates according to the policies and procedures of the NHS.

The service states in its philosophy of care that "we aim to provide a family environment and the highest quality of life for our residents. Integral to this aim, are our policies, which are designed to be 'person-centred' ensuring that individuality is recognised, respected and accommodated at all times".

How we inspected the service

We wrote this report following an unannounced inspection carried out by two inspectors. The inspection took place on Thursday 16 March 2017 between 10.05am and 7.15pm. It continued on Monday 20 March between 9.30am and 5.30pm. We gave feedback to the deputy manager and service manager for On-going Care on 20 March 2017.

During this inspection, we gathered evidence from various sources. We spoke with three residents individually and four relatives/visitors visiting the home during our visit. We spoke to a range of staff working in the service, including the deputy manager and service manager for On-going Care.

We looked at a range of information including care documentation, personal plans, duty rotas, medication administration records and information on audits and the home environment.

Taking the views of people using the service into account

We met with three residents individually during our inspection and spent time with others around the home. Some residents were less able to give us their views or tell us about the service. We observed residents during their day-to-day activities to capture their experience of living in the home.

Overall, we received positive comments from residents about living in the home and they felt well looked after. Two residents commented that they felt there was not enough for them to do as they didn't tend to go in to the lounge to participate in group activities.

Residents made positive comments about staff and were happy with their rooms.

Comments from the residents we spoke with included:

"Get well enough looked after".
 "Food's good".
 "Staff are kind enough".
 "Very pleasant".
 "Would be nice if staff had time to chat".

Some residents were less able to give us their views or tell us about the service. We observed residents during their day-to-day activities to capture their experience of living in the home. We saw that residents were well-dressed and appeared relaxed and enjoyed chatting with staff.

We sent out 15 care standards questionnaires for residents prior to our inspection and received five completed questionnaires in return. All agreed or strongly agreed to the statement 'overall, I am happy with the quality of care I receive at this home'.

Comments included:

"More staff on duty".
 "Very happy. No concerns".
 "Lots of activities everyday".

Taking carers' views into account

We met with four relatives/visitors individually during our inspection. Overall, we were given positive comments about the home and were happy with the care their relative received. One relative was less positive about the rotation of staff between the two units of the home.

We heard that some visitors had experienced problems accessing one unit of the home due to a change in access codes. We passed these comments on to the service.

We sent out 15 care standards questionnaires for residents prior to our inspection and received seven completed questionnaires in return. Six people agreed and one person strongly disagreed with the statement "overall, I am happy with the quality of care I receive at this home".

Two responses commented on the rotation of staff between units in the home and that they felt this was not positive for their loved ones and that they felt continuity of staff was important.

Some responses detailed specific issues regarding their relatives care and support. We were aware that these had been raised with the service prior to our inspection and were in the process of being dealt with.

Comments in questionnaires included:

"Snacks/tea not always available, i.e. if staff are occupied with duties".
 "As a family, we are very appreciative of the support and kindness given by the vast majority of the staff to our relative and ourselves. They relate warmly to him and care deeply for his well-being".
 "It would be nice if there was access to coffee machine for relatives visiting so we could have a coffee with residents".

"Staff are very friendly".

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

Previous requirements

Requirement 1

The provider must ensure that care plan and associated documentation accurately details residents' skin care needs and actions required by staff in order to meet these needs. This must include, but not be limited to:

- (a) Guidance on settings for pressure relieving equipment.
- (b) Completion of wound care documentation to evidence that wounds are recorded monitored and treatment is evaluated.
- (c) Guidance on re-positioning needs.
- (d) Accurate completion of re-positioning charts.

This is to comply with Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a) proper provision for the health, welfare and safety of service users. This also takes into account National Care Standards, Care Homes for Older People, standard 14, keeping well – health care.

Timescale: for completion by 26 June 2017.

This requirement was made on 6 May 2016.

Action taken on previous requirement

Of the sample of care plans looked at, we found that skin care plans were in place for all residents.

We saw that some care plans had information on special mattresses and what these should be set at, however, this was not consistently recorded in care plans. Mattress pumps were marked with the appropriate settings and we saw that mattresses were set accordingly. Whilst this would contribute to good outcomes for residents, information in care plans needed to improve.

There was an overall improvement in the completion of wound documentation, this could be further developed to ensure it is clearly documented when wounds have healed.

Some care plans gave information on how often resident's needed help to change position, but this was not consistent. One area of the home had guidance on resident's re-positioning needs in the staff office, however, this information should also be detailed in resident's care plans.

The service used care charts to record when resident's had been helped to change position. Some had been completed well, but others had large gaps, which meant that it was difficult to determine if resident's had been re-positioned according to their assessed needs.

Skin risk assessments had been completed for residents, but not always at the time of admission. This meant that staff may not have an accurate assessment of a resident's risk of developing skin damage from pressure, which informs the planning and delivery of care appropriate to their needs. The requirement is not met.

Not met

Requirement 2

The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users and is administered according to best practice. In order to achieve this, the provider must ensure that:

- a) The reason for omission or clarification of dosage given is recorded on medication records at the time of administration.
- b) Residents receive the treatment that has been prescribed for them, and must not receive treatments that have been prescribed for another person (such as creams and ointments).
- c) Creams and ointments are labelled with the resident's details and date of opening.

This is in order to comply with SSI 2011/210 Regulation 4 (1) (a) Health, welfare and safety of service users. This also takes account of National Care Standards, Care Homes for Older People, standard 15, keeping well - medication. Royal Pharmaceutical Society of Great Britain (RSPGB) "The Handling of Medicines in Social Care", October 2007, Nursing and Midwifery Council "Record keeping: Guidance for Nurses and midwives", April 2010.

Timescale: for completion by 26 June 2017.

This requirement was made on 6 May 2016.

Action taken on previous requirement

We looked at a sample of Medication Administration Records (MARs) in the service. Information was entered in MARs where a medication was not given as prescribed. We did not see any records where a variable dose, i.e. give one or two tablets, was prescribed. This will be followed-up at the next inspection.

All residents had the appropriate creams or ointments that were prescribed for them and these were named accordingly. An audit sheet was in use to help ensure that creams and ointments in residents rooms corresponded to their prescribed treatments.

However, we saw that the application of creams and ointments was not always consistently recorded and not all creams and ointments were dated when opened. This helps staff ensure manufacturers guidance for disposal can be followed and helps staff to monitor the these are used according to the prescribed frequency. The requirement is not met.

Not met

Requirement 3

The provider must make proper provision for the health and welfare of service users. In order to do so, the provider must maintain residents' safety in all areas of the home, by:

- (a) Ensuring a falls risk assessment is completed for each resident, reviewed and updated at regular intervals, and after each fall or change of circumstance.
- (b) Ensuring residents individual care plans have sufficient detail on the actions required by staff to help reduce the likelihood of a resident falling.
- (c) Ensure that staff are deployed appropriately in order to supervise residents in all areas of the home including shared lounges, dining rooms and bedrooms.

Timescale: for completion by 26 June 2017.

This requirement was made on 6 May 2016.

Action taken on previous requirement

From the sample of care plans looked at, we found that falls risk assessments had been completed for residents. However, these were not always completed soon after admission or reviewed monthly in line with the provider's guidance. Risk assessments were not always reviewed after a resident had fallen.

The service used a seven day falls assessment chart which helped monitor the location and frequency of falls for individual residents, however, we found, in some instances these had not recorded all falls a resident had experienced.

Some care plans needed more detailed information on residents falls related needs. During our time in the home, we saw that there were times where residents were in communal lounge/dining areas without a member of staff being present. However, we saw that there were often members of staff popping in and out lounge areas.

We were unable to compare the resident dependency levels, staff numbers and the deployment of staff as dependency levels had not been completed on a regular monthly basis.

Further development is needed to evidence that residents falls related needs are fully assessed and planned for. The requirement is not met.

Not met

Requirement 4

The provider must ensure that food is served at recommended temperatures and in line with good food hygiene practices.

This is to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), Regulation 4(1) (a).

This also takes account of the National Care Standards, Care Homes for Older People, standard 13 - eating well.

Timescale: for completion by 26 June 2017.

This requirement was made on 6 May 2016.

Action taken on previous requirement

There had been an improvement in the recording of food temperature checks since the last inspection. Whilst some were recorded well, others remained inconsistent on occasions. Food temperature records for the week of our inspection could not be located by staff in one unit of the home.

The temperature of each menu choice/dish was not checked at each mealtime. The guidance from the provider was that one hot and one cold dish should be checked at each meal. In one unit, we saw that the heated trolley had not been plugged in, on delivery to the home.

We asked for all hot dishes to be checked and found that one dish was below the recommended minimum temperature and was not served to residents.

The requirement is not met.

Not met

Requirement 5

It is a requirement that the provider must notify the Care Inspectorate, within the timescales stipulated, about events outlined in the guidance on notification reporting for all registered services.

This is required to comply with the Public Services Reform (Scotland) Act 2010, section 53(6).

Timescale: for completion by 26 June 2017.

This requirement was made on 6 May 2016.

Action taken on previous requirement

Some accidents, incidents or events had not been reported to the Care Inspectorate, in line with the relevant guidance on the notification of specific events.

The requirement is not met.

Not met

Requirement 6

In order to make proper provision for the health, welfare and safety of service users, the provider must:

- a) Ensure that staff rotas accurately reflect who is working in the service.
- b) And ensure that the manager is 100% supernumerary for the service, according to the current staffing schedule.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a). This takes account of National Care Standards, Care homes for older people, standard 5 - management and staffing arrangements.

Timescale: for completion by 26 June 2017.

This requirement was made on 6 May 2016.

Action taken on previous requirement

The sample of staff rotas looked at, were accompanied by an allocation sheet, which showed where staff worked during each shift. We saw, however, that staff regularly covered staff breaks in the neighbouring GP unit, which, at times resulted in the care home falling below the minimum staff levels as detailed in their staffing schedule.

The manager, or person covering for them, was not always 100% supernumerary for the service, as they also had managerial responsibility and related work, for the neighbouring GP unit.

We discussed the changes and improvements with the deputy manager and area manager at feedback. This requirement is not met.

Not met

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

Previous recommendations

Recommendation 1

The minutes of meetings should include a record of issues identified, action required, by whom, a timescale and show that this has been actioned. Progress on any actions should be made known to residents and relatives and recorded at the next meeting.

This takes account of the National Care Standards, Care Homes for Older People, standard 11 – expressing your views.

This recommendation was made on 6 May 2016.

Action taken on previous recommendation

The service had developed a new template to record the minutes of meetings. This more clearly showed actions to be taken and who was responsible for completing these. We could see that most actions were completed and reviewed at subsequent meetings.

This recommendation is met.

Recommendation 2

It is recommended that the service continue to develop the residents' personal plans to contain detailed, personalised information that would guide staff in providing care and support in a person centred way. This should include:

- a) Further development of life stories with residents.
- b) Residents' choices and preferences, information on how they like to spend their time and what their day should be like.

This takes account of National Care Standards, Care Homes for Older People, standard 6 – support arrangements, standard 12 – lifestyle.

This recommendation was made on 6 May 2016.

Action taken on previous recommendation

The service used two types of documentation to record information about residents lives such as family, employment and significant life events. Of the documentation sampled during our inspection, we saw that some of these were completed well and had nice information which helped staff get to know residents, however, this was not consistent.

There had been some improvements in inclusion of resident's personal preferences and choices in care plans, but this was not consistently done.

Care plans contained a 'work and play' section, which did not always reflect the information contained within the other two documents.

Whilst recognising the work that staff have completed to improve care plans, further development is needed to ensure care plans have the information needed to support staff in caring for residents in a person-centred way. The recommendation is not met.

Recommendation 3

Where residents are prescribed 'as required' medicines to treat symptoms such as distress, agitation and anxiety, information should be included in the care plan and medication record that describes how staff are to help the resident with these symptoms. Information should include what signs may indicate the need for medicine to be given and maximum dosage to be given in a given time period.

This takes account of National Care Standards, Care Homes for Older People, standard 14 - keeping well. Care Inspectorate (2012) Guidance about Medication, Personal Plans, Review, Monitoring and record keeping in Residential Care Services.

This recommendation was made on 6 May 2016.

Action taken on previous recommendation

We looked at a sample of care plans for three residents who were prescribed medication for the symptoms of stress and distress. Two care plans included information relating to this but this did not adequately guide staff on how to support residents in order to alleviate their symptoms before administering medication.

The service should continue to develop the information in place for residents who are prescribed medication for stress and distress, in order to fully guide staff on actions to take to support residents before giving medication. This should also include the effectiveness of medication, when given, to help staff monitor that this continues to alleviate the symptoms experienced by the resident.

The recommendation is not met.

Recommendation 4

The service provider should consider how they provide activities to residents and ways that care staff can incorporate meaningful activities into residents' daily routines when activity workers are not on duty.

This takes account of the National Care Standards, Care Homes for Older People - standard 12 and standard 17.

This recommendation was made on 6 May 2016.

Action taken on previous recommendation

The service had introduced activity sheets that were completed by care staff when they provided activities for residents when activity workers were not working in the service. These showed that there had been an improvement in social and meaningful activities provided by care staff.

There was sufficient improvement to evidence this recommendation is met.

Recommendation 5

The provider must ensure that records of the appropriate checks and maintenance of equipment is kept to confirm the ongoing safety of such equipment. This should include, but not be restricted to:

- a) Records of maintenance checks should identify issues/problems and evidence any actions taken that these actions have been completed.
- b) Wheelchair maintenance checks.

This takes account of National Care Standards - Care homes for older people, standard 4 - your environment.

This recommendation was made on 6 May 2016.

Action taken on previous recommendation

Routine maintenance checks were completed by central property services, with most records being kept at another location. We were able to see some of these records during our inspection. Following the inspection, we received further information on water maintenance and checks related to the prevention of legionella.

A maintenance log was kept by the service, which showed that issues raised by staff were dealt with.

A system of visual checks on slings and wheelchairs were completed by care staff in the service. However, records for some wheelchair checks were not completed on a regular basis. Whilst we were not concerned about the condition or safety of wheelchairs being used in the service, the provider should improve the recording of wheelchair checks.

Whilst we had no concerns about the safety of the environment, as some documentation relating to safety checks was held at another location, it was difficult for the service to easily evidence that all checks were carried out regularly. The provider should ensure that documentation relating to maintenance systems, checks and actions taken is easily available at future inspections. We will look at this at future inspections.

Overall, there was sufficient improvement to meet this recommendation.

Recommendation 6

The service provider must ensure opened foodstuffs must be labelled with a date of opening to assist staff in ensuring that these are stored and served in line with the manufacturers' guidelines and best practice in food hygiene.

This takes account of National Care Standards, Care Homes for Older People, standard 4 - your environment.

This recommendation was made on 6 May 2016.

Action taken on previous recommendation

We found some opened, perishable food that was not dated when opened. This meant that staff did not know when these should be used by and when they should be discarded.

The recommendation is not met.

Recommendation 7

The provider should ensure that records are kept of audits and quality assurance systems to evidence they have an ongoing overview of the service and to identify any areas for improvement. This should include a record of problems/issues identified, action required, by whom, in what timescale and evidence that this has been actioned.

This takes account of National Care Standards, Care Homes for Older People, standard 15 - management and staffing arrangements.

This recommendation was made on 6 May 2016.

Action taken on previous recommendation

A Quality Improvement Data (QID) system was in place which showed the completion of specific documentation or tasks for the area being monitored, such as falls prevention or mealtimes. This gave the degree of completion as a percentage, but did not clearly detail what was being audited, any issues identified and an action plan in place to address these.

The service had developed audits to supplement the QID system, such as an overview of residents weights and indicator of the risk of losing/gaining too much weight and topical creams/ointments monitoring. These showed that some issues had been identified and actions taken to make the necessary improvements.

The service should continue to develop their quality assurance system to evidence that aspects of the service are being audited and actions taken to any issues raised, in order to help evidence the continuous improvement and development of the service.

The recommendation is not met.

Complaints

In-between the inspection visit and the writing of this report, one complaint investigation has been fully completed and upheld. Any recommendations or requirements arising from this, will be followed-up at the next inspection.

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

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
6 May 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
15 Dec 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
14 Mar 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
11 Mar 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
19 Oct 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Jan 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
15 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good

Date	Type	Gradings	
		Management and leadership	4 - Good
26 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 Nov 2010	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
25 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
8 Oct 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Mar 2009	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
23 Oct 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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