

The Beeches Nursing Home

Care Home Service

Ladysmill Court
Off Limekilns Road
Dunfermline
KY12 7YD

Telephone: 01383 737377

Type of inspection: Unannounced
Inspection completed on: 15 May 2017

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300764

About the service

The Beeches Nursing Home is a 40 bed unit which provides residential and nursing care. The provider of the service is HC-One. There are two floors within the home with an accessible lift in place. It is based in the Fife town of Dunfermline. It provides a warm and friendly atmosphere for older people, many of whom have dementia care needs.

The home has recently completed improvements to the décor and general environment which is commented on further in the environment section of this report.

The home has enclosed private gardens for the residents to enjoy.

This service was registered with the Care Inspectorate on 31 October 2011, prior to this the regulation of care services was carried out by the Care Commission.

What people told us

We sent out 13 questionnaires to relatives and carers prior to our inspection and six were returned to us. All six were happy with the quality of care their relative received, however three did not think there were enough skilled staff on duty in the evenings, with comments stating "inadequate ratio for dependent individuals" and "lack of staff at night with health and safety issues." One relative stated staff were "friendly, caring and always available to residents and relatives." We spoke with three relatives during the course of our inspection and spoke to a further three by telephone. Feedback we received was mixed, although everyone was in agreement the environment had improved, staff were kind and attentive and that their relatives were well cared for and had a better quality of life after moving to the home. However, a few of the relatives did feel that there was not enough staff in the evenings, staff appeared to be under pressure and that there were limitations to structure in the evenings with most watching television. One relative we spoke with did not feel there was enough use of the garden and grounds and another was unaware there was a relatives forum that they could attend.

We sent out 13 questionnaires to residents and 11 were returned to us. All 11 were happy with the quality of care they received and all of them indicated they were confident that the staff were meeting their healthcare needs. We spoke to 10 residents during our visit. We heard that their choices were respected in relating to their sleep routine, they enjoyed the food and felt there was enough activities on offer. None of the residents we spoke with suggested any improvements, but a few commented that staff always were very busy and sometimes in the evenings they were "thin on the ground." Residents told us that the staff were kind and very helpful.

Self assessment

We did not request a self assessment this year. We discussed the service's own development plan as part of this inspection.

We were advised by the service that the development plan is in progress. The service should take steps to produce this timeously based on the results of their audit performance and improvements as well as considering their own assessment of the service.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	5 - Very Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

We noted from the sample of care plans we looked at for most people were well recorded and evaluated regularly. Risk assessments were updated in relation to falls, resident's dietary requirements and other professionals were consulted with regard to fully supporting the care needs of people. The administration and recording of medication was of a good standard. Residents who required wound care received a good care regime and pressure relieving equipment was provided for residents who required this. This validated that individual's skin care needs were being met as we would expect. We saw that regular social and physical activities were provided to residents with staff encouragement and this promoted interaction with others as well as ensuring people were active. We saw that staff had time to sit with residents in the lounges and participated in various activities, such as reading, crafts and games. The service gathered the views of residents and relatives relating to the care they received using a variety of communication methods, including talking mats. This demonstrated that the management team tried hard to ensure the majority of views were considered and acted upon to improve the service.

It was pleasing to see during a meal time observation that this was carried out efficiently and there was enough staff to support residents who required assistance and encouragement with eating. Staff were knowledgeable of individual dietary requirements. This was carried out by staff in a respectful and caring manner.

We did not feel the residents in the evening had the same positive experience of their needs being met. We noted that a good number of residents were left unattended in a lounge for an unacceptable period of time, and that some of the residents required support, in particular with mobility and distress. We saw residents that had been sleeping for long periods in an uncomfortable position who should have been assisted to their beds sooner. We will make further reference to this under the staffing section of this report.

We noted in a care plan for a resident who had demonstrated a high level of agitation and confusion, that important information had not been shared or passed on to the manager at daily meetings. This information however, was written in the daily notes. We also noted that after a concerning incident, there had been no up to date review undertaken either within the home or with the social work department. We did not see good recording of the cause and triggers of distress and agitation or what was in place to alleviate this.

We noted that one resident who was assessed as a high risk of falls had at least a third of these whilst mobilising to the bathroom. This information became apparent when we asked for an analysis of the falls in the last year for this resident. We discussed with the management team, that residents who have a history of falls, in particular when attending the bathroom, should be assisted by two carers. We further discussed that more analysis of the cause of falls for individuals should be undertaken. We conceded that the service do not have an older people's health falls team to refer people. However, we have advised the management team, to discuss options with the visiting General Practitioners as to how people can be further supported with their mobility and the ongoing prevention of falls. We acknowledge this area relates to the care and support of residents, however we have further considered this under the management and leadership section of this report.

We have made requirements and recommendations below in relation to our findings.

Requirements

Number of requirements: 2

1. The provider must ensure that residents care plans for those displaying high levels of stress and distress improves. This should also include effective guidance on how to support residents. In order to achieve this the provider must:

- Update regularly the resident's mental health needs, including medication reviews, identified triggers and de-escalation techniques.
- Ensure that the written plan is clear and concise.
- Ensure that the written plan is legible and understood by staff.
- Ensure that the written plan has supporting evaluation documentation that will evidence staff practice.
- Ensure that the written plan is being effectively monitored and audited.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

Timescale: All personal plans for this care group to be updated with this information by no later than 31 August 2017.

2. The service must undertake a review of a resident's care needs after any serious incident or change to a person's health or presentation. Health professionals, Social Work and any representative with welfare powers should be invited to attend. Reviews should not be delayed due to lack of response or absence from others.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Personal Plans 5. - (2) A provider must - (b) review the personal plan (i) when requested to do so by the service user or any representative; (ii) when there is a significant change in a service user's health, welfare or safety needs.

Timescale: To commence 15 May 2017.

Recommendations

Number of recommendations: 2

1. Attention should be paid to ensure that residents nails are trimmed and cleaned on regular basis.

This is to meet National Care Standard 14 - Care Homes for Older People - Lifestyle - Keeping Well - Healthcare.

2. Staff should support residents who may need assisted and prompted to retire to their beds if they have been asleep for long periods on sofas in main lounges in the early evenings.

This is to meet National Care Standard 14 - Care Homes for Older People - Lifestyle - Keeping Well - Healthcare.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

Since our last inspection, the home has undergone some improvements to the general environment which has given the home a fresh and welcoming feel. This work included updating the décor, new carpets and furnishings and more use of space with the introduction of a well laid out café type room for both residents and visitors to utilise. There has also been an upgrade to the hairdressing salon.

Main lounges were spacious with a variety of seating and large cinema type wall mounted television screens for residents to enjoy. The dining areas were bright, spacious and contrasting crockery was used to assist people with visual impairments. People told us that they thought the home looked and felt "more homely" since the improvements had been carried out.

We spoke to a number of residents in their bedrooms. We could see that people had good views of the enclosed and colourful back garden and that their own rooms had their personal effects surrounding them. People told us that they enjoyed the garden and could go out to sit at any time.

We saw from records we looked at that all necessary checks had been carried out within the statutory timescales, this included mobilising equipment, fire fighting equipment and water safety. There was good evidence of general maintenance and cleaning records. We observed staff wearing aprons during meal times, medication rounds and also we saw good hand washing procedures in place. We were satisfied that guidelines in relation to infection control were being adhered to and this ensured the safety and positive wellbeing of residents.

We discussed with the management team that attention should be paid to noise levels within the home, as we noted loud televisions in the lounges most of the day. Consideration should be given to those residents who would prefer a quiet area to relax in outwith main lounges that could at time become busy and noisy.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 - very good

Quality of staffing

Findings from the inspection

We observed kind, patient and professional practice from staff providing care to residents. Residents we spoke with told us the staff were very attentive and relatives were also very positive about the care provision.

We spoke with seven staff members including a newly appointed nurse. We found during our discussions the staff were friendly, knowledgeable, and motivated to learn. We heard that training offered was regular and informative and people received regular supervision. We received 10 returned questionnaires from staff from 15 that we distributed. Eight of the staff felt their training needs were being met. Staff felt they worked together well as a team and supported each other. We saw from records we looked at that there were robust recruitment procedures in place that ensured that people had the required legal background checks, qualifications and training required for the role. A thorough induction programme was in place for new staff. This ensured that residents were cared for by staff who were able to meet their needs effectively. This enhanced the security and safety of residents.

Staff were able to attend regular meetings to discuss any practice and training issues and these were rotated on a flexible basis to include night staff. This demonstrated good communication within the organisation. We noted that there was a wide variety of training both on a practical and external level as well as internal electronic learning. This was regularly monitored and the majority of staff met their training needs within the required timescales.

The training records we looked at were not straight forward to identify what had been undertaken by staff in relation to dementia training. Some of the records indicated there was still at least a third of the workforce who should have undertaken the equivalent of the skilled level of the "promoting excellence" framework, a training tool produced by the SSSC (Scottish Social Services Council) in partnership with the NHS.

We spoke with all of the night staff on duty, and it was clear they felt under pressure to meet the needs of the residents, as discussed previously in the Care and Support section of this report. Some residents required two carers to mobilise to their bedrooms and we saw this left a good number of residents in lounges unattended, some of whom were at a high risk of falls. We discussed that a number of residents could have been supported to go to bed prior to the evening staff commencing their shift, as we observed more than one resident asleep for long periods in the lounge area. Relatives commented that they felt there was not enough staff available at nights and residents felt staff were "rushed off their feet" in the evenings. We will further address these issues under the Management and Leadership section of this report. In order to be fair and proportionate, although staffing was weak on the night of our observation, this was not an everyday occurrence. We were advised by the management team that they had identified a need for additional support to assist the night staff and were trialling this period of cover. However, this staff member was not working during the time of our inspection. We will be monitoring the staffing levels of the night shift in particular over the course of the next six months to ensure that the needs of residents are being met.

We noted that the dependency tools used by the service to inform staffing levels showed that on one occasion there was not enough staff to meet the hours of care people required. Furthermore, some of the calculations showed that there were a low number of hours remaining over and above projected care hours needed. This indicated in the event of a crisis, it was possible resident's needs would not be met by the current staff numbers. We have discussed this in full with the management team and expressed our disappointment that the limitations of the staff dependency tool was also raised in previous inspections.

We have made requirements and recommendations below in relation to our findings.

Requirements

Number of requirements: 1

1. The provider must demonstrate that the level of staffing is adequate to provide the assessed level of support to service users, and in particular between the hours of 8pm and 10 pm. This is in order to comply with: SSI 2011/210 regulation 4(1)(a) - requirement for the health and welfare of service users.

Timescale: This information should be sent monthly to the Care Inspectorate alongside the evening staffing rota commencing from 15 May, 2017.

Recommendations

Number of recommendations: 1

1. The service should ensure that all staff have training in dementia, equivalent to the skilled level of the "Promoting Excellence" framework.

This is to meet National Care Standard 5, Care Homes for Older People - Management and Staffing Arrangements.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

We saw that the service had numerous audits in place that were undertaken frequently. The service also had unannounced visits from the provider's auditors who undertook spot checks in a variety of areas, for example medication, infection control and meal time experiences. We could see that any identified areas for improvement had corrective action undertaken. We also noted that some suggestions made by relatives in recent surveys had also been taken forward, and this resulted in positive outcomes for residents. Relatives we spoke with were pleased that the service were listening to them and following up suggestions for improvement.

In discussion with staff, they felt well supported by the management team and were able to approach them at anytime outwith supervision. It was pleasing to see that staff were supported to progress with their learning and also have leadership roles within the team. The manager had a good overview of staff who had conditions relating to their registration with the Scottish Social Services Council (SSSC) and they were supported to achieve any qualifications relating to these conditions.

The management team should progress with the overall improvement and development plan for the home, taking into account any actions highlighted in their audits as well as the analysis of surveys sent to residents, staff, relatives and other professionals who support the service.

We noted that supervision records were brief and did not fully evidence what staff had learned from training and how this was put into practice. Although an attempt had been made by the manager to obtain this by issuing small surveys to staff, these needed to be further developed. We will look at this area again at the next inspection.

We have previously discussed falls and prevention under the Care and Support theme of this report, but as part of the quality assurance process, the service should demonstrate further analysis of falls and how these can be reduced by identified action.

We felt the service should extend their procedures relating to the recording, management and monitoring of serious incidents. Although we could see steps had been taken to minimise risk, this could include additional intervention that we have discussed in full with the service. We have also made reference to this in the requirement below.

We have made requirements and a recommendation below as a result of our findings.

Requirements

Number of requirements: 3

1. The provider must ensure that the minimum staffing notice is met at all times. The number of persons working in the care service must be appropriate for the health and welfare of service users. The management must inform the Care Inspectorate when staffing levels fall below the level indicated in the staffing schedule. This should include what action has been taken to address this and the impact this had on staff and residents.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments SSI 2011/210 regulation 15(a)

Timescale: To be in place from 15 May 2017.

2. The management team should ensure that concerning incidents reported to the Care Inspectorate are accurately recorded as to what has occurred. In addition, the management team must

- (a) evidence that safeguarding plans after any concerning incidents are in place with the agreement of all parties that demonstrates how residents are observed and supported that is continuous until no further risk is evident;
- (b) record and evidence how any on-going identified risks are reduced and include the outcomes of any observations;
- (c) demonstrate that guidance and systems are in place for staff reporting of any further incidents or relevant information;
- (d) update other relevant health professionals and share information with the social work department;
- (e) provide refresher training for all staff with regard to Adult Support and Protection procedures.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011, Scottish Statutory Instrument 2011/210: regulation 4(1) (a) - welfare of service users.

Timescale: To be in place from 15 May 2017.

3. The provider must ensure that the approach to managing falls is improved to keep service users safe. In particular, this should also consider how residents are supported to access and use the bathroom. In order to do this the provider must:

- Ensure that falls risk and care planning is accurate, complete and reflects that appropriate advice is sought from health professionals;
- Ensure that staff are aware of the information contained in Best Practice guidance "Managing falls and fractures in care homes for older people";
- Ensure that managers are involved in the monitoring, analysis and audit of falls and falls prevention.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: regulation 4(1)(a) - requirement for the health and welfare of service users, regulation 4(2) - provision of adequate services from other health care professionals, regulation 5(1) - personal plans.

Timescale: To be in place by no later than 31 October 2017.

Recommendations

Number of recommendations: 1

1. The management team should progress with the development plan of the service which should include the actions and improvements of their quality assurance and feedback gained from relatives, staff, residents and professionals involved with the service.

This is to meet National Care Standard 5 - Care Homes for Older People - Management and Staffing Arrangements.

Grade: 3 - adequate

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

Previous requirements

Requirement 1

1. The provider must make sure that residents receive their medication safely, effectively, and as the provider intended. In order to achieve this, the provider must ensure that:

(a) Instructions on Topical Medicine Administration Records give clear instructions on what the medicine is for, how it should be used, the frequency of application of each medicine, common side effects;

(b) People who receive medication covertly should have this plan of action countersigned by all professionals making this decision and should also include the welfare representative for the adult. This should also be reviewed within the recommended timescales.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210), regulation 4(1)(a) – a regulation regarding the welfare of users.

Timescale: To be in place by 31 December 2016.

This requirement was made on 26 May 2016.

Action taken on previous requirement

We noted that the recording and instructions for creams had improved. We further saw that those in receipt of covert medication had their reviews undertaken within the recommended timescales. We did note however, that this had only been corrected on the month leading up to our inspection which had been noted by the provider's internal auditor. The requirement has therefore been met outwith the timescales.

Met – outwith timescales

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

Previous recommendations

Recommendation 1

We recommend that the provider should review the environment of the home to find ways to make it more enabling for residents who have visual or sensory impairment, or dementia. This should include, but not be limited to:

- reducing the level of noise;
- reviewing the height of equipment on the walls, such as clocks and televisions;
- producing menus and other information for residents in large print, using plain font and bold and contrasting colours.

This takes into account the National Care Standards Care Homes for Older People Standard 4 - Your Environment, Dementia Centre Stirling University "Good practice in the design of homes and living spaces for people with dementia and sight loss", and Royal National Institute of Blind People "Seeing it from their side: a guide to recognising and supporting sight loss in your care home" 2010.

This recommendation was made on 26 May 2016.

Action taken on previous recommendation

The home has recently undertaken improvements to the décor and general environment. We noted large clocks, good eye level large screen televisions and good signage throughout the home. In one of the dining lounges, we did not see large print menus or contrasting colours as previously suggested, although there was a normal print weekly menu timetable printed on the kitchen notice board. We discussed with the management team that at times we felt there was a lot of noise from loud televisions and we noted from body language not all of residents in lounges were comfortable with this. We have asked that staff be aware of the noise volume and consider quiet areas for residents to access. We will follow this up at future inspections.

Recommendation 2

Processes to evaluate the effectiveness of staffing levels at the home should be developed to accurately evaluate the number of staff required to work in the home. This should include the views of people who use the service, staff and relatives.

This is to meet National Care Standard 5 Care Homes for Older People - Management and Staffing Arrangements.

This recommendation was made on 26 May 2016.

Action taken on previous recommendation

We saw that feedback had been gained from residents and relatives in relation to staffing and whether they felt their needs were being met. We did discuss with the management team that although some of the feedback was positive, there was little in the way of obtaining feedback for how people's needs were being met at night. In light of our findings during our observations during the evening shift, we have made a requirement with regard to the staffing levels under the staffing theme of this report.

Recommendation 3

Staff should be given the opportunity to have structured and facilitated discussion to reflect on their learning from training and how this has improved their practice.

This is to meet National Care Standard 5 Care Homes for Older People - Management and Staffing Arrangements.

This recommendation was made on 26 May 2016.

Action taken on previous recommendation

We saw that the manager had produced and distributed questionnaires for staff to complete in relation to training. We felt that the content of the questionnaires was limited and needed to expand more on whether the learning needs of staff had been met.

We have provided guidance to the service on how this can be achieved and we will look at this again at future inspections.

Recommendation 4

The gathering and responding to views of residents unable to take part in reviews/formal meetings should be evidenced.

This is to meet National Care Standard 11, Care Homes for Older People - Expressing Your Views.

This recommendation was made on 26 May 2016.

Action taken on previous recommendation

We saw that the service had gathered views in a variety of ways from residents who were unable to attend meetings. This included surveys, use of Talking Mats and in-house touch pad surveys where people were supported to use this.

This recommendation has therefore been met.

Complaints

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	
15 Nov 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
26 May 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
12 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
14 Jul 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
20 Nov 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
13 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 4 - Good
7 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 4 - Good
19 Oct 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 3 - Adequate
26 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate Not assessed 2 - Weak

Date	Type	Gradings	
16 Apr 2012	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed 2 - Weak
14 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 5 - Very good

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