

Helenslea Care Home Service

14 Fairfield Road
West Ferry
Dundee
DD5 1PL

Telephone: 01382 775076

Type of inspection: Unannounced
Inspection completed on: 23 May 2017

Service provided by:
Bertinaley Care Limited

Service provider number:
SP2006008166

Care service number:
CS2007167516

About the service

Helenslea care home is registered to care for up to 23 older people and is part of Bertinaley Care Limited. The care home is situated in a residential area in Broughty Ferry. The home consists of a detached, two storey property with a modern extension which is set within large mature, well laid out gardens.

The stated aims of Helenslea is "to provide a comfortable and friendly home, where the residents can benefit from a safe and pleasant environment, secure in the knowledge that they are being cared for to the highest standards by dedicated staff".

This service has been registered since February 2008.

What people told us

A Care Inspectorate inspection volunteer attended day one of this inspection. She spoke with residents about their experiences of living in the home.

Overall, people were mostly satisfied living at Helenslea. Comments included:

"Like all the lassies".

"XX is my carer, I like her, she gives me a laugh".

"Home from home".

"Staff are good".

"The manager is good".

"Happy here".

"Everyone of the staff is good".

"I get bored sometimes".

"Sometimes have to wait (when using nurse call) it depends whose on".

Self assessment

We did not request a self assessment from the service.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	3 - Adequate
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

Quality of care and support

Findings from the inspection

Staff were seen to interact positively with residents and we saw that staff approached residents in a caring, gentle manner. Residents appeared relaxed and comfortable in the company of staff.

Discussion with the deputy manager and review of duty rotas confirmed that staffing levels were directly related to the number and needs of people living in the home.

We found staff were aware of individuals' needs. We found that communication between care staff and the manager was good. Relatives also spoke of being kept up-to-date on their relatives' health needs and felt confident that they would be informed of any changes in their relatives' care.

We looked at a sample of medication administration records (MAR), nutrition and dietary information, skin care, care files and records of contact with health professionals to assess how the home met residents' general health and care needs.

Personal plans contained health assessments and specific guidance to help staff measure risks to their health. Care plans were mostly person centred and gave good instruction to staff about how to support residents.

The service was also developing one page profiles which would give person-centred essential advice to staff about how to support a resident. This can be particularly useful in the event of using agency staff or for quick reference. We will monitor the implementation of this at the next inspection.

We were satisfied that medication was being managed appropriately.

We asked that the dining experience be reviewed to ensure that this is a calm and relaxed time with people being supported well. We found at the lunchtime that we observed there to be limited interaction between staff and residents, with some residents needing more assistance than they received and the tables not being set well which caused confusion to some residents.

Several people commented that the menu was limited and needed more variety and choice. The service should consider how they consult with people about the menus. Meals should also be assessed to ensure that they are nutritionally balanced. **(See recommendation 1)**

We saw evidence of some activities taking place, however, several people commented that they were bored and needed more to do. The service had recently employed an activity co-ordinator. We have asked the service to address the comments and agree how to support people socially. **(See recommendation 2)**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The service should review the mealtime experience to ensure that service users are supported appropriately and to ensure that this is a pleasant experience. The service should also review the menu choices available to ensure they are nutritionally balanced and take into account people's preferences.

National Care Standards Care Homes for Older People – Standard 13: Eating Well

2. The service should review activity and social opportunities to ensure that these meet the needs and preferences of service users.

National Care Standards Care Homes for Older People – Standard 12: Lifestyle – social, cultural and religious belief or faith

Grade: 4 – good

Quality of environment

Findings from the inspection

Feedback from residents we spoke with indicated they were happy with the standard of cleanliness in the care home and that they felt safe in the home. They told us staff responded quickly to them if they needed assistance.

The home had a controlled entry system and a signing in/out book. This ensured that unauthorised people did not enter the home and, for people who were at risk if they left the building unattended, their safety was promoted.

We found the environment was comfortable, clean and fresh and communal areas well-arranged and free from obstacles that could make mobility difficult.

We checked maintenance records and found that equipment had been serviced regularly and that minor repairs were carried out by the in-house maintenance officer.

New carpets had been fitted in hallways and made a significant positive impact. It was pleasing to see that there was a programme of refurbishment on-going. Plans included upgrade of bathrooms and external building painting.

We discussed with the manager using an assessment tool such as the King's Fund Environmental Tool to help assess and prioritise any environmental improvements that could be made to support people living with dementia.

The service had already carried out some aspects of this such as different door colours to help people find their own room.

We discussed some areas of environmental improvements that were needed, this included ensuring that bins had lids and were pedal operated and some toilet roll holders were broken. This could impact on people's ability to be independent.

The service should also review storage of continence aids. This is to help maintain residents' dignity.

We observed one bathroom radiator to be very hot and did not have a safety cover to protect people from burns. We also found that there was no planned checks being carried out of the water temperatures. This is important to minimise risk of scalding.

We made a requirement at the last inspection regarding the environment. An amended requirement is made.
(See requirement 1)

Requirements

Number of requirements: 1

1. The provider must ensure the premises are kept in a good state of repair. This means all staff must be aware of the reporting procedure for requesting repairs and maintenance of the building and equipment used by service users;

To achieve this, the service must:

- Ensure that maintenance staff complete all safety checks as required by the provider. This includes but is not limited to water temperature safety.
- Ensure that radiators are of a safe temperature to protect service users.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulations 2011 Fitness of premises 10 - (2) (b) (c) (d).

Timescale: To commence on receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We received positive comments from residents and relatives regarding the quality of the staff employed at Helenslea. We saw that staff demonstrated a good level of knowledge regarding the care and support needs of residents. This was helped by a low turnover of staff.

There were regular opportunities for staff to share information and give their views. This included supervision and staff meetings. These gave staff and management an opportunity to discuss what's working and what can be improved.

Review of minutes and discussion with staff indicated that the service was proactive in sharing information and addressing any issues identified.

There was a wide number of training courses available to staff in relation to their work. Records were kept of training completed. Staff training needs were discussed and reviewed.

We examined a sample of recruitment records. All staff had Disclosure Scotland safety checks carried out prior to employment, however, we found that not all references were fully completed and there was no interview records kept. One person who was employed following a placement from an employment agency had not been taken fully through the provider's recruitment process. **(See requirement 1)**

Requirements

Number of requirements: 1

1. The provider must demonstrate that it has followed good practice guidance in relation to safe recruitment practices and must not employ any person in the provision of a care service unless that person is fit to be so employed.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 SSI 210/Regulation.

Timescale: To commence on receipt of report.

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

There is evidence of some quality assurance systems supporting improvement across the service. A number of audits were carried out in the home. The aim of the audits was to make sure standards were maintained and any areas for improvement identified and acted upon. We looked at some of the regular quality assurance audits completed, including medication management personal care plans and an environmental audit.

The service should develop clear action plans as a result of findings of their audits. **(See recommendation 1)**

We looked at a sample of policies and procedures and identified that some improvements were needed. The group's home managers and operations manager planned to review all policies and procedures to ensure that they reflect current Scottish legislation and good practice guidance.

We also noted that there was an overview of accidents that happened, including falls. We discussed with the manager ways in which monitoring of events such as falls could help manage risks. We referenced the new 'Managing Falls and Fractures in Care Homes for Older People - good practice resource' published by the Care Inspectorate and NHS Scotland.

We examined a sample of monies held on behalf of individual residents. We were satisfied that these were being managed safely.

The management's 'open door' approach and relationships within the home enabled people and families to

share their opinions and feel able to comment on the quality of the service. People in the home and the relatives we met were confident that the service would/had responded to concerns or comments.

In assessing this theme we also took into account the findings of the other quality themes.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should further develop their audit systems to ensure that these identify actions and timescales. This is to ensure that identified areas for improvement are actioned.

National Care Standards Care Homes for Older People - Standard 5: 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

The provider must ensure the premises are kept in a good state of repair. This means all staff must be aware of the reporting procedure for requesting repairs and maintenance of the building and equipment used by service users;

To achieve this, the service should:

- Ensure all staff re visit the repairs and maintenance procedure and can demonstrate their understanding through their practice. Areas of responsibility and accountability should be clearly shown within the guidance.
- Ensure all staff are aware of the providers expected environmental standards for service users.
- Ensure all staff are aware of bed and bathroom room checks and that these are carried out on a regular basis to ensure the personal environment of service users is maintained to a good standard.
- Maintain clear and auditable records of all repairs requested and completed.

This is to meet with Social Care and Social Work Improvement Scotland (Requirement for Care Services) regulations 2011 Fitness of premises 10 - (2) (b) (c) (d).

This requirement was made on 23 February 2016.

Action taken on previous requirement

We examined all communal areas within the service and some bedrooms with the permission of residents. We found the premises to be generally in a good state of repair.

We found that most staff were aware of their responsibilities, however, maintenance staff were not carrying out the full range of their duties. This included water temperature checks and recording. An amended requirement is made.

Not met

Requirement 2

The care service provider must take steps to ensure that only staff who are registered with the Scottish Social Services Council (SSSC) or another recognised regulatory body, or who are newly recruited and are capable of achieving such registration within six months of commencing in post, may carry out work in the care service in a post for which such registration is required

(The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 regulation 9(2)(c) which refers to the provisions of regulations 6(2)(a) and 7(2)(d) whereby any person, who in order to perform the duties for which the person is employed in the care service, is required by any enactment to be registered with any person or body and is not so registered; also regulation 15 - Staffing, and regulation 19 Offences, in particular regulation 19(1) which makes it an offence to contravene or fail to comply with regulation 9(1) together with and the Regulation of Care (Fitness of Employees in relation to Care Services) SSI 2009/118 (Scotland) (No 2) Regulations 2009 as amended by SSI 2009/439 and 2010/443.

Timescale for completion - Immediate upon receipt of this report.

This requirement was made on 31 May 2016.

Action taken on previous requirement

This requirement had been met satisfactorily.

Met - within timescales

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

Previous recommendations

Recommendation 1

The service should give consideration to how the management roles and structures could be made clearer to ensure that the management team is clear about their own roles and specific responsibilities.

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

This recommendation was made on 31 May 2016.

Action taken on previous recommendation

The manager told us that she was clear in her role and that she felt supported by the operational manager overseeing the provider's care homes.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

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

Inspection and grading history

Date	Type	Gradings	
31 Jan 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
5 May 2016	Unannounced	Care and support	4 - Good

Date	Type	Gradings	
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
14 Jan 2016	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
25 Jan 2016	Re-grade	Care and support	Not assessed
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	Not assessed
26 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
17 Dec 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
7 Aug 2014	Unannounced	Care and support	1 - Unsatisfactory
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	2 - Weak
17 Mar 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
13 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
13 Jun 2012	Unannounced	Care and support	2 - Weak

Date	Type	Gradings	
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
2 Feb 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
6 Sep 2010	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
5 May 2010	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
10 Dec 2009	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
25 Aug 2009	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
26 Feb 2009	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	3 - Adequate
10 Jun 2008	Announced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate

To find out more

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

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can 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.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @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 cànan eile ma nithear iartras.

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 ਵਿਚ 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.