

Deanfield Care Home Care Home Service

Roadhead
Hawick
TD9 7HN

Telephone: 01450 373072

Type of inspection: Unannounced
Inspection completed on: 17 May 2017

Service provided by:
Scottish Borders Cares LLP, t/a SB
Cares

Service provider number:
SP2014012415

Care service number:
CS2015334996

About the service

This service registered with the Care Inspectorate on 31 July 2015.

Deanfield care home is operated by Scottish Borders Cares Limited Liability Partnership trading as "SB Cares." The care home was previously managed directly by Scottish Borders Council. The service is registered to provide a care home service to a maximum of 35 older people including two short stay places.

The care home, a modern building, is situated in private grounds close to the centre of Hawick. Shopping and leisure opportunities are nearby, along with churches and health services. Hawick is well served by public transport.

Accommodation at Deanfield is spread across two floors, one with three units, the other with two. Each floor has communal lounges, a dining room, a small domestic-style kitchen, an assisted bathroom and accessible toilets. The upper level has a dedicated smoker's lounge. Stairs and a vertical platform lift link the two areas. Each of the units has seven bedrooms with their own en-suite shower and toilet facilities. The home's office, catering kitchen, laundry and staff room are centrally located.

What people told us

We spoke directly to people using the service and their relatives. Residents and relatives also returned questionnaires. People were particularly positive when describing their views about how staff carried out their duties. Comments made included:

"The staff are good to you."

"Its all right here."

"They (the staff) treat us very well."

"Its lovely here."

"Always made welcome, find staff very friendly."

"Staff easy to talk with and helpful."

"My relative is very happy her."

"The food is very good."

"Felt review meeting was well run."

"I like the new chairs they are firm and comfortable."

"I'm very happy here."

Self assessment

Self assessment not requested.

From this inspection we graded this service as:

Quality of care and support	5 - Very Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

Residents told us they were happy with the way staff provided care. They described staff as caring, helpful and friendly. Relatives also expressed confidence in the care provided and the way staff carried out their duties. People told us they were made welcome when visiting and kept up to date with any developments. This was consistent with what we saw during the inspection. We found a warm, relaxed and friendly atmosphere and observed staff providing support in an attentive manner promoting both dignity and choice.

Work was being carried out to improve the planning and recording of the activities provided by staff for residents. The recording system allowed the manager and senior staff to have an improved overview of the activities provided both one to one and group activities. This allows staff time to be planned to ensure all residents who wanted to were getting access to activities. We observed staff working hard to stimulate and involve residents in activities both in small groups and on an individual basis. Staff supported residents to go out and use facilities in the community including shops and the local museum. Residents told us how much they enjoyed the activities provided.

Health care professionals in regular contact with the care home told us they were confident in the standard of the care provided. Staff were described as good at observing the condition of residents and reporting any concerns. Any treatment plans were consistently followed. Working relationships and communication were also described in positive terms.

Personal plans were well maintained providing a range of pertinent information about individuals. We saw that where a specific care need was identified a care plan was put into place and we saw these were being reviewed and updated as necessary. Risk assessments were also being updated. The main service user files were however bulky making information more difficult and time consuming to access and we discussed the need to archive material during the inspection feedback.

The overall quality of recording had improved we found only occasional gaps in care records. Regular auditing had improved consistency with any omissions being picked up and clarified.

Staff confirmed a register of section 47 certificates for people unable to consent to medical treatment and DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) and power of attorney records was being compiled.

Reviews were being held regularly. The recording of reviews could be improved if the relationship with the person attending the review and the service user was recorded.

We saw examples of meetings held with residents to seek their views on the service provided. These meetings were well minuted and recorded a good level of consultation.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 5 – very good

Quality of environment

Findings from the inspection

We saw the positive results of investment in the physical environment. New improved seating had been provided throughout the care home. New flooring had been provided in the communal areas on the upper floor of the care home. This area had also been attractively redecorated. The re-decoration included a clear colour definition to assist people who might have a visual impairment including people living with dementia. We saw good levels of personalisation throughout the care home. The care home was clean. Cleaning staff worked to schedules which were regularly audited.

External paintwork had also been improved and this has enhanced the first impressions of the care home for visitors.

The care home has a lot of communal areas for residents to enjoy. Residents were also making use of the outdoor sitting areas enjoying the spring sunshine. The home would benefit from an enclosed outdoor area which would help people living with dementia to enjoy outdoor areas more independently.

Flooring had not been replaced in the lower area of the care home. The flooring had been cleaned however this carpeting has been in place for a number of years and showed the signs of wear and tear and was stained and discoloured in places. This area of the care home also showed significant signs of impact and scrape damage in the lounge dining and corridor areas accumulated over a number of years.

(See requirement 1)

Maintenance and servicing records sampled were being adequately maintained evidencing a safe environment was being provided.

Medication was being correctly stored. We discussed moving the thermometer used to measure the temperature in the downstairs storage area into the actual medication cabinet. This room was averaging 24 degrees centigrade in April. This needs to be monitored to ensure medication storage is safe.

Requirements

Number of requirements: 1

1. The service provider must ensure that flooring and levels of decoration in the lower ground area of the care home are maintained in a manner appropriate for a care home for older people.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (a) and (d) a requirement that premises are decorated and maintained to a suitable standard.

Timescale for implementation: Within six weeks from the receipt of this report.

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We observed staff communicating well with residents, with visitors, including relatives and professional visitors and with each other. Visitors confirmed staff were approachable and responded appropriately to any queries. Staff were supportive and helpful in making sure residents had the opportunity to be involved in the inspection. The service had introduced a short meeting involving care staff and ancillary staff held at the same time each day. Staff described this as being a helpful development which had improved communication in the care home. We saw staff were using these meetings positively to make suggestions on developing care.

Staff were committed to providing positive care and outcomes for people who used the care service. Staff morale was described as fluctuating. We were told by several individuals that the main factor impacting on morale was staffing levels and dependency levels in the care home. Staff felt that dependency levels at the time of the inspection allowed time to provide the standard of care that they wanted and this had raised staff morale.

The previous report included a recommendation about the need to improve the frequency of staff supervision. We saw improvements had been made in this area. This included the planning and recording of one to one supervision. The supervision format encouraged staff to discuss training needs however the evaluation of what staff got out of individual courses did not feature in supervision notes sampled. Staff were undertaking eLearning on a range of topics relevant to their role and responsibilities. However it was not clear how this training was evaluated in terms of how training undertaken effected the care practice of the individual staff completing the training.
(See recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The service should ensure that methods are put in place to evaluate the effectiveness of eLearning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training.

National Care Standards. Care at home. Standard 4. Management and staffing arrangements .

Grade: 4 – good

Quality of management and leadership

Findings from the inspection

We found the manager and senior staff had responded positively to issues raised in the previous inspection. Pro-active management had led to improvements in a number of areas. Improvements had been made in staff deployment to increase the activities provided for residents resulting in positive outcomes for people living at the care home. Staff time was being managed to ensure all residents had access to stimulating activities either on a one to one basis or in small groups. Short daily meetings had also improved communication. Staff told us they were more confident of consistent support from individual members of the senior team.

We asked staff if they received feedback on how they carried out their duties, most of the individuals we spoke with told us they rarely received this. Staff told us they rarely if ever received positive feedback on the work they do. Individuals told us they would value this and find it motivational. We discussed how improvements could be made in this area as part of the inspection feedback.

Improvements had been made in the recording of training following a requirement made at the last inspection. These records had been updated and evidenced staff were being provided with access to a range of training opportunities . The service were working to ensure all staff were undertaking mandatory training and refreshing this training at the required frequency. However there was still some catching up to do with records indicated some staff had not attended refresher training within stipulated timescales.
(See requirement 1)

We found a range of audits were being carried out to ensure care was being provided correctly and consistently. Areas audited included medication recording and storage, the upkeep of the environment and supervision recording. Infection control practice and personal planning were also being audited.

We noted two areas where confidential information was not being securely stored. This included both medication and personal planning information.
(See recommendation 1).

Requirements

Number of requirements: 1

1. The service provider must ensure that all staff receive mandatory training within stipulated timescales.

This in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15(a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.

Timescale for implementation: six weeks from the receipt of this report.

Recommendations

Number of recommendations: 1

1. All personal and confidential information should be securely stored.

National Care Standards. Care homes for older people. Standard 10. Exercising your rights

Grade: 4 - good

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

Previous requirements

Requirement 1

The service provider must ensure all care records including daily notes, medication records and nutrition and hydration records and oral care records are consistently maintained.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.

Timescale: The provider must do this within 24 hours of the report being published.

This requirement was made on 12 December 2016.

Action taken on previous requirement

We found the standard of recording had improved.

Met - within timescales

Requirement 2

The service provider must ensure that an environment suitable for a care home for older people is maintained.

This must include:

An adequate level of decor and repair.

Improved flooring in the lower ground floor dining area.

Ensuring equipment is repaired within reasonable timescales.

Ensuring all seating providing is suitable for older people.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 Fitness of premises.

Timescale: The provider must do this within eight weeks of the report being published.

This requirement was made on 12 December 2016.

Action taken on previous requirement

Improvements made to the physical environment are described in the report. However this requirement had not been fully met. Further improvements to the lower ground floor area are still needed and a requirement about this area is included in the report.

Not met

Requirement 3

Systems set up to monitor training must be maintained to ensure all mandatory training to staff is up to date. Where training is due to expire this must be identified in time to arrange for the training to be provided to ensure staff have sufficient skills to carry out their roles and responsibilities.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 15 (b) Staffing—a requirement that staff are training to undertake the tasks they are expected to perform. Welfare of users – a requirement that a provider must make proper provision for the health, welfare and safety of service users.

Timescale: The provider must do this within 24 hours of the report being published.

This requirement was made on 12 December 2016.

Action taken on previous requirement

The recording and planning of training had improved, this will allow the service to catch up with instances where training had lapsed. A requirement about the need to ensure all training is maintained up to date is made in the report.

Not met

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

Previous recommendations

Recommendation 1

The service should ensure that documentation relating to consent to healthcare should be maintained up to date.

National Care Standards. Care homes for older people. Standard

This recommendation was made on 12 December 2016.

Action taken on previous recommendation

This recommendation had been: **Met.**

Recommendation 2

The service should look at how activities are provided in the care home to ensure all residents have access to staff time to support them in their preferred activities.

National Care Standards. Care homes for older people. Standard

This recommendation was made on 12 December 2016.

Action taken on previous recommendation

Significant improvements in the planning provision and recording activities.

This recommendation had been: **Met.**

Recommendation 3

All staff should receive regular supervision in line with the service providers policy on supervision.

National Care Standards. Care homes for older people. Standard 5. Management and staffing.

This recommendation was made on 12 December 2016.

Action taken on previous recommendation

This recommendation had been: **Met.**

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	
27 Oct 2016	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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