care inspectorate

Bearehill
Care Home Service

24 Castle Street
Brechin
DD9 6JU

Telephone: 01356 626435

Type of inspection: Unannounced
Inspection completed on: 29 August 2017

Service provided by:
Tamaris (RAM) Limited, a member of the Four Seasons Health Care Group

Service provider number:
SP2003002125

Care service number:
CS2003000383

HAPPY TO TRANSLATE

About the service

Bearehill is a care home that provides care for up to 41 older people who either needs nursing or residential care. It is situated in a residential area of Brechin within the county of Angus. Bearehill aims to provide a warm and friendly environment, where services users are encouraged to have their say and participate in the day-to-day activities of the home.

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

What people told us

We received back five out of 28 Care Standards Questionnaires (CSQs) we sent to the service to randomly distribute to residents and their families and friends.

Comments in these CSQs and in speaking with people included:

> "We sometimes find the staff on at the weekend are not informed but hopefully that will be amended due to less bank staff involvement".
> "I have seen a vast improvement in the quality of care since the appointment of the acting manager".

We noted that a relative had raised a concern about the manner in which a member of staff spoke in front of a resident/relative. The matter was dealt with appropriately by the management.

Comments included:

> "The new management team must continue to raise standards".
> "I've very comfy here".
> "The meals are good but the pears were hard today".
> "I enjoy the activities".

Where concerns or praise were made we discussed this fully with the management team during the inspection.

Self assessment

Every year all care services must complete a 'self-assessment' form telling us how their service is performing. A self-assessment was not required to be completed at this inspection; however, the service spoke about their goals and aspirations for the forthcoming year. The service will be further developing an improvement plan over the next few months.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
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

We found the performance of the service for quality theme care and support to be adequate. We reached this conclusion after we spoke with the people living at Bearehill, relatives, manager, deputy manager and staff. We also observed interactions between staff and residents and looked at a number of care records.

We saw that some people were assisted to take part in activities that they enjoyed, which included accessing the local community. We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. We observed people who were in a lounge area during an afternoon. Staff were seen as friendly and welcoming and we observed interactions, which were warm, supportive and sensitive to people's needs.

The people we spoke with were relaxed and comfortable in their surroundings. We evidenced nice friendly banter between staff and people in the home. We also carried out observations during lunchtime upstairs. Although we saw some nice, genuine, friendly care during the inspection visit; this was not consistent across the home. We saw interactions that could be more individualised and person-centred . We fully discussed this with management and senior management within the organisation who were keen to improve practice.

The activity programme in operation was co-ordinated by two staff. People told us they enjoyed some of the activities and social evenings. We discussed with the manager that there was a need for interests to be meaningful and reflect people's individual interests. There was a need to involve the staff team in making the focus of social engagement part of people's day, and not just about planned events or activities. We saw that the activity workers took copious notes but we found that the recordings were not used to inform the six monthly reviews, which was a missed opportunity, when reviewing outcomes.

Most staff demonstrated a good understanding of people's specific needs. We saw that some care plan records highlighted the assessment, planning and evaluation of care. However, we also saw that the quality of care plans were not consistent and did not clearly evaluate the assessed needs nor highlight outcomes. This was particularly noted in the six monthly reviews. Care plans would also benefit from a more detailed approach and strategy when administering 'as required' medication. We have made a recommendation. **Please refer to recommendation 1.**

We found that there was some confusion as to why some people were on observation programmes. We found that such protocols were rarely reviewed by the nursing or management team. We saw that there were regular audits carried out to ensure people's personal expenditure was properly accounted for. We noted an anomaly in the audit system, which the manager was addressing.

Mealtime experience

We saw that there were inconsistencies with the quality of the social atmosphere experienced by people at meal times. The downstairs dining experience was more relaxed. Tables were nicely laid and people had a choice of where they sat, however people sitting upstairs had a different experience. This was because we saw that the dining area was a bit cramped and this affected how people were being assisted with their meals.

There was a lack of social engagement, which impacted on the atmosphere. We have made a recommendation. **Please refer to recommendation 2.**

We were made aware that there were new menus being introduced. We spoke with the manager about the need to have menus on the table rather than pinned on the wall where it was difficult to see the choices available. The manager told us that photo-menus would be produced to assist people making choices.

Most staff that we spoke with were able to show a good understanding about what would be considered abusive, and what actions they would take if they had any concerns about practice if people were not treated right or were vulnerable.

We saw that some care plan records highlighted the assessment, planning and evaluation of care. However, we also saw that the quality of care plans were not always consistent and did not clearly evaluate the assessed needs nor highlight outcomes in the six monthly review minutes. We have made a recommendation. **Please refer to recommendation 3.**

Accident and incident forms regularly audited and reviewed by the management team. We reminded the management team of the need to detail actions taken following any events. We saw that although most staff promoted confidentiality some staff was less inclined to do so. We have reinstated the recommendation from the previous inspection. **Please refer to recommendation 4.**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The dining experience within the home should be reviewed and practices improved, regularly monitored and evaluated.

National Care Standards care homes for older people. Standard 5: management and staffing arrangements; standard 6: support arrangements.

2. The service should review how 'as required' medications are administered, detailing a step-by-step protocol of strategies in place before administering. Protocols should be reviewed and evaluated for their effectiveness on a regular basis.

National Care Standards care homes for older people. Standard 5: management and staffing arrangements; standard 14: keeping well - healthcare; standard 15: keeping well - medication.

3. The management should carry out regular quality assurance checks to make sure that care practices and care plan recording is robust, consistent and regularly evaluated.

National Care Standards care homes for older people. Standard 5: management and staffing arrangements; standard 6: support arrangements.

4. Staff should promote confidentiality at all times when carrying out their duties.

National Care Standards care homes for older people. Standard 5: management and staffing arrangements.

Grade: 3 - adequate

Quality of environment

Findings from the inspection

We found the performance of the service for quality theme: 'the environment' to be adequate. We reached this conclusion after we observed records and walked around the premises. We took into consideration a recent complaint that was held which concerned the environment. We noted that the service had been without a full-time maintenance person, which had created some difficulties in carrying out repairs; this was now rectified as a new maintenance person had now started.

We noted that there was an odorous taint in the upstairs area on the first day of the inspection. This was better managed on the second visit.

We saw that people were encouraged to personalise their bedrooms with personal items, and those people we spoke with confirmed that they found their rooms comfortable. Rooms and public areas were described by the people in the service as homely and comfortable.

The provider had various health and safety policies and procedures, which promoted safe working for stakeholders. However, we noted that this was not always fully supported by staff. On the first day of the inspection visit we noted that the electrical cupboards were not padlocked, some fire door closure units were 'beeping' due to the battery unit being low. There were also some outstanding repairs requiring to be fixed, including loose radiator covers.

Whilst we were made aware that there were some deficiencies due to partial maintenance cover, staff had not reported these faults and no logs were detailed in the maintenance book. We discussed the use of window restrictors with the manager, who informed the inspectors that window restrictors were already fitted.

We have asked the manager to ensure all staff takes appropriate responsibility for reporting faults or concerns, which should be regularly monitored by all senior staff. We have made a recommendation. **Please refer to recommendation 1.**

The management team informed us that there was a refurbishment plan in place and that the issues with the environment would be resolved with the new maintenance person in place. The manager gave a reassurance that the issues of reporting and addressing repairs and reportable concerns would be fully discussed with all staff and appropriately monitored.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. All staff are reminded to uphold the organisation's policies and procedures and report any maintenance problems and to follow health and safety guidance. This should be regularly reviewed by the management to ensure compliance.

National Care Standards care homes for older people. Standard 5: management and staffing arrangements.

Grade: 3 - adequate

Quality of staffing

Findings from the inspection

We found the performance of the service for this quality theme to be adequate. We reached this conclusion after spoke with staff and management and observed practice.

We noted that the management team had only been in post for a short period of time and although staff told us there had been some improvements, the management and senior management team were aware of the need to make improvements in the service and promote better practice. The management team were being supported and guided by the senior management team.

Recruitment of staff followed good practice guidance with all relevant checks being in place. However, we spoke with the manager and senior management about the need to clarify references where personal email addresses were used from corporate establishments instead of the organisation's email address. The manager agreed to explore options to promote a more robust cross-checking system.

We spoke with the management team about reviewing the induction programme to develop a more competency-based programme. The senior management team informed us that the organisation was presently reviewing induction systems to create a more competency-based approach for all staff.

People were being cared for by staff that had access to a planned programme of training that supported good practice guidance. Whilst training seemed good we discussed with the management team that it would be more reassuring if there was a system in place to ensure better continuity of care and approach through practice observations. We have made a recommendation. **Please refer to recommendation 1**.

Some staff team came across as enthusiastic and motivated, other staff less so. We saw that there was not always a consistent approach to care and practice promoted by nursing staff and discussed this with the senior management team. **Please refer to management and leadership.**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. A robust system should be put into operation to monitor and promote best practice initiatives, ensuring practice is regular evaluated and action taken where improvements are required.

National Care Standards care homes for older people. Standard 5: management and staffing arrangements; standard 6: support arrangements.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

At this inspection, we found the performance of the service for this quality statement to be adequate. We reached this conclusion after we reviewed documentation, audit systems, observed practice and spoke with the team. We also looked at quality assurance records and took into account findings of all other quality themes.

We recognised that the new manager and deputy had only been in for a matter of weeks, but were keen to make the necessary changes to improve the service and the quality of care.
We saw that the manager had drawn up a brief action plan of the short-term goals, which were being implemented over the coming months.

We noted that team meetings, staff supervision and catch-ups were now being held and quality assurance systems implemented. Such systems need to be fully embedded and regularly assessed by the management team and senior management team.

We spoke with the management team about the need to ensure practice is improved and there is clear guidance and direction given to staff. We suggested that frequent observations of practice would highlight good practice and challenge where practice was sub-standard. We discussed the need for standardisation across the nursing team and suggested regular opportunities for nurses to work towards standardisation, supporting consistency of practice and continuity throughout the home. We have made a recommendation. **Please refer to recommendation 1.**

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The management team should put into place a robust system in place where the service can be clearly audited and evaluated, develop a short or long term plan to make improvements (care practices and systems) and regularly evaluate, taking necessary actions to embed best practice.

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

There are no outstanding requirements.

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

Previous recommendations

Recommendation 1

Consideration could be given to reviewing and evaluating the dining room experience in the upstairs unit to provide people with better information about meal options and social engagement during the period that they awaited the serving of their meals.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

We noted that this recommendation has been met on the follow-up inspection in March 2017, we saw that there was a need to re-visit this following this inspection.

Recommendation 2

The service should continue to develop person-centred information giving particular attention to detailing personal outcomes for people accessing the respite unit.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

This recommendation referred to the respite unit that no longer exists. There is however one room that is specifically for respite, care plans will detail a person-centred approach, ensuring assessed needs are detailed and met.

Recommendation 3

Information contained in personal plans should be up to date, accurate and accessible to staff.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

This has been met.

However, there is a continued need to ensure that care plans and documentation are further developed to be more person-centred and are quality assured.

Recommendation 4

Systems should be developed to enable staff to take necessary action when there is a significant change in the condition of a service user.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

We noted that the service has a 24 hour reporting format in place and a handover information sheet for passing on information is now in place.

This recommendation has been met.

However, there is a continued need to ensure such systems are quality assured and remain it for purpose.

Recommendation 5

Consideration should be given to the development of procedures to support the operations of the respite unit. In particular, the admissions process and assessment and support planning

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

The service no longer has a specific respite unit, however one room that is specifically for respite, care plans will detail a person-centred approach, ensuring assessed needs are detailed and met.

Recommendation 6

The management team should continue to maintain its focus on improving medications management.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

We noted that there had been improvements within this area. Whilst this recommendation has been met, there is a continued need to carry out quality assurance checks on such systems to make sure they are fit for purpose.

Recommendation 7

Personal protective equipment (PPE) to support staff carrying out personal care should be available at source. A risk assessment should be undertaken to determine any reason for this not to be fully implemented.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

This recommendation has not been met.

We saw that PPE was not always readily available with in various areas and staff had to go to other areas to collect equipment. We spoke with management how to better manage access to PPE by exploring lockable cabinets or storage facilities in the home.

Recommendation 8

A risk assessment should be undertaken of the dining room environment on the upper floor to identify risk factors. An accompanying action plan should be developed on completion identifying actions that are to be taken on issues identified.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

This recommendation has been met.

However, we spoke with the management team about the need to improve the dining experience.

Recommendation 9

Action should be taken to enable people have a pleasant view from their bedroom window.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

This recommendation has been met.

We saw that the garden area was now regularly tidied. Residents also told us that there had been improvements and that the view was much nicer.

Recommendation 10

The service should undertake an audit of the communal bathroom/shower area and identify a plan of action on how they intend to enhance the areas that require upgrading.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

On the first day of the inspection the bathrooms looked bleak and bare. Staff told us that pictures could not be put up due to not having a maintenance person. By the end of the inspection the new maintenance person had started and the pictures were now up.

Whilst this recommendation has been met there is a need to regularly review the environment to ensure a good standard of decorating is maintained.

Recommendation 11

The management team should review the seating arrangements and entertainment facilities in the communal lounge on the upper floor and consider ways in which it can be enhanced to promote an environment that enables a positive daily life.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

This recommendation has been met.

However we spoke with the manager about the need to review the environment as an ongoing process. The staff were in the process of developing a seated area upstairs. We saw that residents had been involved in making suggestions. We noted that there is a refurbishment plan in progress for the home.

Recommendation 12

Consideration could be given to reviewing the general environment on the upper floor giving consideration to the needs of the people who live there in maximising their independence.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

We noted that plans were in place to further develop the upper floor, the work continues.

While this recommendation has been met.

There is a continued need to review the environment to ensure it supports people's needs.

Recommendation 13

Staff should promote confidentiality at all times when carrying out their duties.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

We evidence through observation that while some staff promote confidentiality other staff were seen discussing work or personal issues.

This recommendation has not been met.

We saw that not all staff supported confidentially and were seen speaking about issues in front of residents.

This recommendation has been re-instated.

Recommendation 14

Systems should be implemented to ensure effective communication about clinical issues or significant changes in the presentation of a service user.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

Staff told us that communication had improved due to daily 'flash meetings' which brought all the departments together.

Whilst this recommendation has been met, there is a need to continue with this approach.

Recommendation 15

Consideration should be given to introducing a system for reporting and monitoring pressure ulcer occurrence at a clinical level to promote early detection and treatment.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

We saw that improvements had been made and there was a more robust system in operation.

This recommendation has been met.

Recommendation 16

The provider should ensure that the services improvement plan is progressed by the management team to bring about improvement.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

Since the last inspection there has been a change in management. The new management team has only recently been in post but is already working on making improvements. We spoke with the management team and saw a brief short-term plan.

This recommendation has not been fully met. We were given assurances that the management and senior management team wanted to make the required changes.

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	
1 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
25 May 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 3 - Adequate 4 - Good
4 Feb 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
28 Sep 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
13 Feb 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 4 - Good 4 - Good
28 May 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 3 - Adequate 4 - Good
14 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed 2 - Weak 3 - Adequate Not assessed

Date	Type	Gradings	
17 Sep 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed 3 - Adequate
6 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed Not assessed 3 - Adequate
22 Feb 2013	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed 3 - Adequate 3 - Adequate Not assessed
10 May 2012	Re-grade	Care and support Environment Staffing Management and leadership	2 - Weak Not assessed Not assessed Not assessed
28 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate Not assessed
11 Oct 2011	Re-grade	Care and support Environment Staffing Management and leadership	3 - Adequate Not assessed 3 - Adequate 3 - Adequate
31 May 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
28 Oct 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed

Date	Type	Gradings	
7 Jul 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good Not assessed Not assessed
25 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed 5 - Very good Not assessed
19 Aug 2009	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 4 - Good 5 - Very good 4 - Good
9 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
9 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
6 Jan 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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