care inspectorate

Helenslea
Care Home Service

14 Fairfield Road
West Ferry
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Telephone: 01382 775076

Type of inspection: Unannounced
Inspection completed on: 7 November 2017

Service provided by:
Bertinaley Care Limited

Service provider number:
SP2006008166

Care service number:
CS2007167516

HAPPY TO TRANSLATE

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 peasant 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

People living at Helenslea told us:

'Happy enough'.
'Aye, fine'.
'I'm bored there is nothing to do'.
'Food is poor to average'.
'I wish there were things to do. Staff are busy, but it's a long day'.
'Choice? It's take it or leave it'.
'I like the staff well enough'.

We spoke with one visiting family. They expressed concerns particular to their relative and we have addressed these as part of the inspection with the provider.

Self assessment

We did not require services to submit self assessments this year.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	not assessed
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

We found that overall most residents and staff appeared to have good relationships. People told us that they knew their staff well. Comments included: 'They are a nice bunch' and 'I like the staff, cheery and friendly'.

The service continued to develop 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.

A sample of care plans showed some appropriate information to guide staff to the support needs of residents, however, this wasn't consistent.

Some plans lacked adequate detail about how to support people at risk of under nutrition. One person had lost significant weight over a period of time, whilst the service had identified this and a dietician had given input, the service were not using the Malnutrition Universal Screening Tool (MUST). This is important to ensure that risk of under nutrition is always identified and action taken promptly.

There was no system in place to monitor what the person was eating and drinking each day. This gave us cause for concern.

Another person had not been weighed for three months, we found that despite concerns that they might be losing weight there was no evidence of the service addressing this.

(See requirement 1)

Several people did not have falls risk assessments in place. Of these at least two were high risk of falls. We could not be confident that steps were taken to monitor falls or of planned interventions to reduce falls and to promote safety. The multi-factorial falls risk assessment tool may improve assessment in this area.

(See requirement 2)

We examined medication administration records and found areas that needed to be improved.

These included:

- Missing signatures of medication administration charts. This either meant that people were not receiving their medications as prescribed or that staff failed to sign as having given them.

- Handwritten entries were not always signed or cross referenced to the prescriber.

- Medications such as pain relief or laxatives were not always regularly given as intended.

- Controlled drugs were not being managed safely.

(See requirement 3)

We made a recommendation at the last inspection about the provision of activities. This time people told us that they were bored and that there was nothing to do. No records of activities were available. We observed that several people sat in the dining room for extended periods of time outwith meal periods.

Establishing outings and reviewing activities, ensuring everyone is supported to do things that are important to them, will help to improve people's experience of care and support.

Care about physical activity is a project being promoted by the Care Inspectorate. There are ideas and suggestions about how care services can increase physical activity, see the link: http://hub.careinspectorate.com/improvement/care-about-physical-activity/

(See requirement 4)

A recommendation was also made about the mealtime experience and reviewing nutritional menu choices taking into account people's preferences.

Whilst the manager reviewed menus there was little evidence that this was based on any nutritional good practice guidance or based on people's preferences. Alternatives were only made after a meal was refused. There was no pro-active seeking of people's choice by asking them or offering visual choices.

One resident commented 'Choice? It's take it or leave it'.

Similarly no choice of drinks were available with meals and residents appeared confused on when different glasses were provided on our second visit. Drinks and snacks were not routinely available except tea and biscuits morning and afternoon.

(See requirement 1)

Requirements

Number of requirements: 4

1. The provider must ensure that risk of under nutrition are recognised and acted upon by providing an appropriate fortified diet according to service users' needs and preferences. The provider must also offer nutritionally balanced choices.

In order to do this you must:

- Develop and implement clear care plans to avoid unplanned weight loss, under nourishment or dehydration.

- Develop and implement clear care plans when people are identified as underweight, malnourished or at risk of dehydration.

- Ensure that staff are aware of dietary needs (fortified or texture modified) and preferences of individual service users.

- Ensure that there is evidence of these needs and preferences being met by the use of food charts and observation of meals and snack times.

- Ensure that staff have the necessary skills to identify people at risk of malnutrition, dehydration and weight loss.

- Ensure that there is robust monitoring and audit of prevention and care plans.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210 Regulation 4 (1)(a), 5(1) and 15(b)(i)

Timescale: To commence immediately and be fully implemented by 31 December 2017.

Practice guidance available on careinspectorate.com/the hub:

Care Homes for Older People - Best Practice Standards and guidance on food, fluid and nutrition. Care Inspectorate Publication Code HCR-1214-089

NHS Grampian - Nutrition Screening and diet resource pack for care homes in Grampian. NHS Grampian October 2014 3rd edition.

2. The provider must demonstrate up-to-date and accurate risk assessment, care planning and follow-up in relation to falls prevention and management to ensure the timely provision of specialist advice and other preventative measures.

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

Timescale: To commence immediately and be fully implemented by 31 December 2017.

3. The provider must ensure that medication is managed and administered safely and to the standard of best practice guidance, including 'Handling Medicines in Social Care' 2007 and the Care Inspectorate's Health Guidance 'Maintenance of Medication Records'

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

Timescale: To commence immediately and be fully implemented by 31 December 2017.

4. The provider must demonstrate that there are suitable and sufficient meaningful activities for service users to engage in based on their personal choices and abilities. Activities should promote and maintain health and wellbeing of service users. There must be access to outdoor space and events.

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

Timescale: To commence immediately and be fully implemented by 31 January 2018.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of environment

Findings from the inspection

The home had a range of maintenance contracts in place. This ensured that equipment was being maintained. The service employed a maintenance officer for general repairs around the home. Staff used a log book to record minor issues.

We followed up a requirement regarding the environment. We could not be confident that the environment was clean, safe and secure. Concerns included:

- That there had been issues with a lack of hot water in residents' personal toilets and bathrooms for several weeks.

- Some floor coverings were ripped and where repairs had been made staples had been used increasing trip and injury risks.

- Several bedroom doors had been wedged open. The previously fitted magnetic safety closures had been removed as they had been ripping the Lino. We raised this safety issue with the Scottish Fire and Rescue Service.

- We made a requirement at the last inspection about radiator safety. Despite home audits stating that radiators were safe, we found some radiators to be extremely hot with no safety covers. These posed a burn risk particularly people at risk of falls. Some bedrooms had portable heaters, no risk assessments were in place for the safe use of these.

- We were concerned that a risk had been identified by the service of door safety where residents were at risk if they left the home alone. The manager identified that a key pad was to be fitted to two doors to reduce risk. This situation had been on-going for ten weeks without being rectified. We also observed staff using another exit door where the key pad had not been engaged, this increased risk to residents.

(See requirement 1)

- In the kitchen we found raw food and some dried foods not stored safely. We addressed this during the inspection to safeguard residents.

(See requirement 2)

- Risk of infection was increased where no paper towels or bins were available in some bedrooms, and gloves were stored on toilets. The laundry provision needed to be reviewed. Clean and dirty laundry was not being managed separately in line with practice guidance and the laundry room was cluttered and not clean.

(See requirement 3)

Requirements

Number of requirements: 3

1. The provider must ensure that there is an appropriate system in place for carrying out and monitoring safety of the environment, maintenance and repair procedures.

This must include (but is not limited to):

- Developing environmental risk assessments and taking steps to minimise risks identified.

- Carrying out regular and planned environmental audits.

- Ensuring that any deficits identified are addressed promptly.

- Ensure that any minor repairs are carried out timeously and records kept of this.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210 Regulation 10

Timescale: To commence immediately and be fully implemented by 30 January 2018.

2. The provider must ensure that food products are managed safely. This includes (but is not limited to):

- dried food being dated on opening
- stored in sealed containers
- raw products being stored safely.

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

Timescale: To commence immediately and be fully implemented by 30 November 2017.

3. The provider must ensure that the home is kept clean, hygienic and that appropriate infection control systems are in place and being routinely monitored to control the spread of infection. Infection control procedures must be improved within the home with specific reference to laundry procedures including storage systems, cleaning procedures and schedules and use of personal protective equipment.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations SSI 2011/210 Regulation 4(1)(a) and Regulation 10

Timescale: To commence immediately and be fully implemented by 31 December 2017.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

Quality of staffing

This quality theme was not assessed.

Quality of management and leadership

Findings from the inspection

In assessing this quality theme we took into account the findings in 'Care and Support' and 'Environment'.

In general the management team were open and receptive to the inspection process and to discussions about the need to make improvements.

We would, however, expect the provider's quality assurance processes would have both identified and addressed these.

Although some audits were in place, these were not always being appropriately completed and lacked on-going evaluations and action plans.

The continued lack of improvement and additional issues raised concern about the quality of leadership and governance of the home overall. Given the outcomes for people living in the home, this needed to be addressed as a matter of priority.

We concluded that improvements in quality assurance, leadership and accountability were required. This is reflected in the grade awarded for management and leadership. We identified areas, where a management response is required to ensure aspects of health care were well-managed to promote positive outcomes for people living in the home.

(See requirement 1)

We were told that complaints had been raised directly with the provider about issues relating to staffing. On examination we found that these had not been addressed within 20 working days from receipt of complaints in accordance with legislation. This is important to ensure that any improvements needed are actioned timeously.

We followed up on a requirement made at the last inspection regarding safe recruitment. We found that some practices had improved. This included keeping records of interviews to assess suitability of candidates for posts. However, we found that last employer references were not always sought or reasons for not receiving these recorded. This is important to help assess suitability of people for appointment. The requirement made is continued.

(See requirement 2)

Requirements

Number of requirements: 2

1. The provider to devise, implement and fully embed robust quality assurance arrangements that evidence improving outcomes for service users.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation SSI 2011/210 Regulation 3 - Principles & Regulation 4.1 (a) Welfare of Users.

Timescale: To commence immediately and be fully implemented by 30 March 2018.

2. 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 SSI 2011/210 Regulation 9 (1)

Timescale: To commence on receipt of report.

Recommendations

Number of recommendations: 0

Grade: 2 - weak

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

Previous requirements

Requirement 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 SSI 2011/210 Regulation 9 (1)

Timescale: To commence on receipt of report.

This requirement was made on 21 June 2017.

Action taken on previous requirement

This requirement has not been fully met. Details can be found under Management and Leadership. The requirement is repeated.

Not met

Requirement 2

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 SSI 2011/210 Fitness of premises 10 - (2) (b) (c) (d).

Timescale: To commence on receipt of this report.

This requirement was made on 21 June 2017.

Action taken on previous requirement

This requirement has not been met. An amended requirement is made under the environment theme.

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 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.

Recommendation 2

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

This recommendation was made on 21 June 2017.

Action taken on previous recommendation

This recommendation had not been taken forward. This needs to be an area for the service to progress.

Recommendation 3

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

This recommendation was made on 21 June 2017.

Action taken on previous recommendation

This recommendation had not been taken forward. There was less activity provision than at the last inspection and a requirement is now made.

Recommendation 4

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.

This recommendation was made on 21 June 2017.

Action taken on previous recommendation

This recommendation had not been taken forward. A requirement is made under management and leadership.

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	
23 May 2017	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate
31 Jan 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
5 May 2016	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 3 - Adequate 3 - Adequate
14 Jan 2016	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
25 Jan 2016	Re-grade	Care and support Environment Staffing Management and leadership	Not assessed 4 - Good Not assessed Not assessed
26 Jun 2015	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
17 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
7 Aug 2014	Unannounced	Care and support Environment Staffing	1 - Unsatisfactory 2 - Weak 2 - Weak

Date	Type	Gradings	
		Management and leadership	2 - Weak
17 Mar 2014	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 4 - Good 3 - Adequate
13 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
13 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 4 - Good 4 - Good
2 Feb 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
6 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
5 May 2010	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
10 Dec 2009	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 3 - Adequate 3 - Adequate
25 Aug 2009	Announced	Care and support Environment Staffing	3 - Adequate 3 - Adequate 3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
26 Feb 2009	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed 3 - Adequate
10 Jun 2008	Announced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 2 - Weak 3 - Adequate

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