

Springfield Bank Nursing Home Care Home Service

36/38 Cockpen Crescent
Bonnyrigg
EH19 3PN

Telephone: 0131 660 5060

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

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300760

About the service we inspected

Springfield Bank Nursing Home is a care home which provides care and accommodation for up to 70 older people. The provider is HC-One Limited and has been registered with this provider since 31 October 2011.

The home is situated on the outskirts of Bonnyrigg in Midlothian.

Accommodation is within two units named Dalhousie and Pentland. Each has sitting rooms and a dining room. All of the care home is on a ground floor around a fully enclosed courtyard garden. Some of sitting rooms have patio doors to the garden.

All bedrooms have en-suite toilet and hand basin facilities. Bathing facilities and additional toilets are available throughout the home.

An extract from the philosophy of care states that the aim of the provider is to be "the provider of the kindest homes in the UK with the kindest and most professional staff, where each and every one matters and each and every one can make a difference. We will strive to provide all our residents with the highest standards of individualised care. We will do this within a warm, friendly, homely and supportive environment where quality of life is paramount and where residents' rights, habits, values and cultural background are safeguarded and respected."

How we inspected the service

We wrote the report after an unannounced inspection. Three inspectors carried out this inspection on the following dates:

Thursday 7 December 2017 between the hours of 11:00 and 19:10 (Three inspectors)

Friday 8 December 2017 between the hours of 9:15 and 19:10 (Two inspectors)

Tuesday 12 December 2017 between the hours of 10:00 and 18:00 (Two inspectors).

A summary of findings on the outcomes of the inspection was given to the manager and operations manager at the end of each day.

Feedback was given to the manager, operations manager and area manager on Friday 15 December 2017 between the hours of 9:00 and 11:00. This was attended by all inspectors and the inspector manager.

We gathered evidence from various sources, including the relevant documentation which included:

The certificate of Registration.

The staffing schedule.

Insurance.

Notifications made to us.

Action plans received following regulatory activity.

Samples of staff duty rotas.

Samples of the quality monitoring records of the service.

Residents' personal records and associated documentation.

Staff training in dementia care.

Accidents and incidents.

Complaints records.

Medication records.

We observed:

- Staff practice and interaction with residents and each other.
- How residents spent their day.

- The general environment.
- Meals and teas/snacks served.

We considered our findings from the following:

Spending time in and around the building and communal areas to help us observe how staff engaged with residents and how residents spent their day.

We met with visiting professionals, such as social worker employees and community nursing team staff.

We met and spoke with the manager, operations manager, four registered nurses, one member of the activity team staff, a number of care assistants, housekeeping staff, and the cook.

Taking the views of people using the service into account

Nearly all service users were spoken with or observed during the inspection.

Residents who were able to tell us about their life in the home said that they were happy with the staff and liked the food.

Some told us that they were satisfied with life in the home and that they had enough to do but some told us how they did not want to do anything and were happy with that.

We used the SOFI 2 (a short observational framework for inspection). It helps capture the experiences of people using the service who may not be able to express this for themselves.

We carried out 4 SOFI during the inspection to gauge the experience of four people.

We met with most residents however, due to communication difficulties some could not give their views or have an extensive conversation.

We met with five family members who had a relative using the service.

Taking carers' views into account

We spoke with five relatives/carers during inspection. Views were mixed about the quality of care.

Three people told us that they had raised issues about the personal care and attention given to their relative.

Whilst a few said that this had improved for a short time, this did not last.

One family told us that the welcome and hospitality to the home had changed and there was little discussion with staff and no offers of refreshment. This was different to another who felt welcomed and given tea/coffee.

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 that service users who are assessed as having high care needs (such as short or critical care need intervals or high dependency levels) receive sufficient care and support to meet their health and personal care needs. This must include but is not restricted to:

- (i) sufficient and prompt assessment and treatment of any specific injury or health condition
- (ii) clear and sufficient care recording of care needs and how these are to be met (care plans)
- (iii) sufficient nursing review of any specific injury or health condition

- (iv) ensuring that care is delivered and is appropriate and of sufficient quality to meet service users' needs
- (v) regular nursing oversight of care commensurate to service users' health and support needs.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users. In making this requirement National Care Standards Care homes for Older People, Standard 14 - Keeping Well - Healthcare and Standard 13 - Eating Well.

This requirement was made on 24 August 2015.

Action taken on previous requirement

We have reported on this and requirement number 7 together as they are interlinked. Staffing levels must be based on the dependency assessments of people using the service and any other work carried out to make sure that the service operates effectively.

Dependency assessments were not kept up to date to reflect the needs (or changes in the condition) of residents. The last was completed on 7 November 2017.

No resident was allocated hours for high care needs. We saw many residents who would fall into this category whether it was due to physical care needs or emotional and psychological.

As a result of this the staffing levels were inadequate to deliver quality care to residents. Staff were aware that they were very stretched and were unable to care for the residents as they would like.

Many residents were seen unkempt/poorly shaved/unbrushed hair/dirty nails/unclean mouths and teeth/lack of stockings/ill fitting and dirty footwear/clothing unchanged or wiped after food spills. Records which evidenced that care had been delivered had many gaps in recording baths and showers and nail care.

Additionally, the majority said that checks had been carried out on slippers daily. This may have contributed to a rise in falls in the home since July 2017.

We acknowledge that some residents may become stressed when care is carried out but there must be strategies in place to support the resident.

It appeared that record keeping was ritualistic and not integral to the care staff delivered.

A number of residents were mobile around the home. This often meant that staff were unable to supervise and direct them hence, there were instances where they invaded the privacy of other residents in bedrooms. This also placed themselves at risk.

Some residents spent their day seated in chairs or wheelchairs without interaction and stimulation. Some were observed to be withdrawn from their surroundings and/or spent much of the day sleeping.

A few residents were seen to need reassurance, to be made comfortable or supported throughout the inspection. This was not always seen.

The service did not adhere to their staffing schedule which sets out the numbers of senior carers and registered nurses who must be on duty each shift. It is important that staff are directed and guided in their work. This is the role of senior staff.

The managers told us that they walked around and carried out observations throughout the day. This itself was not effective in making sure that there is appropriate management and leadership in the service.

Not met

Requirement 2

The provider must ensure that the menu meets the dietary and nutritional needs of those living in the service. In order to achieve this the provider must:

- (i) develop the menu offered within the service to include a range of high calorie snacks available during the day, evening and night, and alternative menu choices for service users who do not like the scheduled menu choice
- (ii) advertise the snack and alternative meal menu in a way that is accessible for service users and staff
- (iii) develop guidance and information for staff on adding energy and nutrients to foods for those at risk of under nutrition, ensuring that all staff are clear about their roles and responsibilities in dietary provision
- (iv) ensure that service users who are at risk of under nutrition have a person centred care plan that clearly describes the strategies and care in place to encourage them to eat well, and that care plans are implemented and regularly evaluated
- (v) ensure that any monitoring and recording of service users' dietary intake (food charts or diaries) are fully completed and evaluated within the care planning system.

This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users.

In making this requirement National Care Standards Care homes for Older People, Standard 14 - Keeping Well - Healthcare and Standard 13 - Eating Well.

This requirement was made on 29 January 2015.

Action taken on previous requirement

Menus were not seen that were in a form to assist residents make decisions on what they would like to eat. The menu was displayed on a board in small written format. No alternative menus were seen and we did not see that many alternatives were given.

Snacks were available throughout the day but only one packet of crisps was taken. The cook confirmed that all snacks were taken overnight but there was no measures in place to check which resident had been offered or taken these. This may help identify which resident needed additional food throughout the day or after tea time. Many residents were free to walk around the home (this was positive) but it meant that they used a lot of energy. They are likely to be the people in most need of snacks or finger foods.

Staff tried hard to make sure that all residents had been served meals and drinks, however our observations showed that there needed to be improvements in the service to make sure that all residents were well nourished and hydrated.

We noted:

- Staff did not fortify foods before serving for the people who would have benefitted from this.
- Tea was left cold and taken away.
- Small portions were given to some residents.
- Support was not given for a considerable time to help residents eat meals in a dignified manner. For example, one person ate with their fork handle for 10 minute before assistance was given, one person spooning juice into their meal and two trying to eat toast with a fork.
- Some residents were seen to have poor oral care with coated tongues and unclean teeth. This would not encourage eating and drinking.
- One resident who had breakfast later did not take lunch as they were not hungry.

It was concerning that the records of weights of 2 November 2017 showed that there were a number of residents at risk of malnutrition who continued to lose weight.

There was little monitoring of food and fluid intake and some residents who were deemed to be at high risk of malnutrition had no charts in place to record that they had been offered or given adequate food and fluids.

It is important that the service takes the opportunity to enhance the dining experience and that dining is recognised as a crucial factor in the life of older people in care homes.

Whilst there were pleasant lounge/dining areas, these were often crowded with insufficient numbers of tables and chairs for the number of residents in the home which meant that a few residents used small side tables to eat from.

We acknowledge that this could be the preference of the resident but care plans were not updated or evaluated. Care plans did not always give good clear information in respect of nutrition which would help guide staff.

Not met

Requirement 3

Where residents are prescribed medication to alleviate episodes of distress and/or agitation staff should have information and guidance about the effective way to use the medication. Guidance should be person-centred and include:

- a description of signs and symptoms that may indicate need for medications
- the range of interventions to be considered or used before the use of medicine
- guidance on how and where to record the effect of the medication
- how often the medication and its effects should be reviewed. This is in order to comply with Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) - Welfare of service users. This also takes into account National Care Standards, Care Homes for Older People, Standard 14 - Keeping Well - Healthcare.

This requirement was made on 6 July 2016.

Action taken on previous requirement

There were examples of where care plans were needed for the management of stress and distress and these were not in place.

Entries in some records indicated that the first line approach to managing stress and distress was to give medication. Staff should be guided in practice through clear person-centred care plans. Plans should be clear in any actions that staff should take before administration of medication. This may be in the form of distraction or some form of engagement.

There was no effective evaluation of medicines prescribed to alleviate the effects of stress or agitation. This medication was not being reviewed in records we looked at.

There was insufficient evidence to meet this requirement.

Not met

Requirement 4

The provider must ensure that residents who are receiving Palliative Care within the care home, have an effective End of Life care plan in place, that provides detailed information for staff on how to support residents effectively. In order to achieve this the provider must:

- Undertake an assessment of the resident's needs who is receiving End of Life care.
- Ensure psychological, social and spiritual needs are detailed.
- Detailed agreement with the resident receiving End of Life care including family members.
- Details of pain assessment and management.
- Coordination of the plan.
- Ensure that staff have the appropriate Palliative care training to assist them to implement End of Life care planning.

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.

This requirement was made on 21 October 2015.

Action taken on previous requirement

No-one in the home was considered end of life but many residents are at the palliative stage of their life and anticipatory care planning had taken place. Three residents were in bed and unable to get up independently and needed full support for all activities of daily living. It was unclear what the plan of care was to ensure their comfort while in bed. Care plans did not contain information about how to support residents who spent a considerable amount of time in bed or how to manage their risks and care needs. For example the care needed in terms of eating and drinking, controlling pain, oral care, prevention and management of pressure ulcers and constipation.

There was insufficient evidence to meet this requirement.

Not met

Requirement 5

The provider must be able to demonstrate that where a resident is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded. The systems must include provision for the training of staff to ensure that where residents are unable to communicate the fact that they are in pain, staff nevertheless have the skills and knowledge to be able to respond appropriately.

This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, SSI 2011/210 regulations 4(1)(a), 9(2)(b) and 15(b)(i).

This requirement was made on 21 October 2015.

Action taken on previous requirement

Pain assessment charts had been put in place for some residents but these were all dated June 2017.

Samples of pain assessments for residents receiving regular analgesia had no update or reassessment since June 2017. It is important to evaluate the effectiveness of analgesia to make sure that pain is controlled, particularly for residents who are unable to express themselves verbally.

We noted one resident who was receiving strong pain killers and no pain assessment was seen and no evaluation of the effectiveness when this was administered.

In some cases when residents are distressed there is no evidence that staff are considering pain may be a factor. This is a factor that can often go unnoticed.

We witnessed some residents who were stressed and/or distressed and staff did not engage or react to determine the cause of this.

We accept that some of the provider's training information refers to pain management.

For example, HC - One workbook 2 - End of Life care in practice states that "Managing symptoms including pain, is perhaps the most important part of End of Life Care". This emphasises the need to report if staff think someone is in pain. However, there is no information on how to choose a reliable assessment tool or how to use this.

There was insufficient evidence to meet this requirement.

Not met

Requirement 6

All staff must receive training and support to help them implement the training in caring for people living with dementia. In order to do so

- staff skills must be reviewed in order to identify a level and depth of training needed
- a training plan must be agreed
- the training plan must be implemented
- a suitable system of monitoring must be put in place to ensure staff implement training to improve their practice.

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).

Taking into account: National Care Standards, Care Homes for Older People, Standard 5 - Management and Staffing Arrangements and Scotland's National Dementia Strategy 2010.

This requirement was made on 6 July 2016.

Action taken on previous requirement

Some staff training had taken place and was on going. It was good that we received examples from care staff of how the training had helped them understand how to meet the residents' needs.

Training covered five modules with the final module completed face to face. The training matrix was unclear and showed that module five (final) had been completed before others. The recording was explained by the area manager and accepted.

However, some senior staff had 'failed to complete' modules in dementia. This was concerning as they are leading and directing care.

At times, outcomes for some residents with dementia was poor. For example, one resident needed emotional support and this was not always forthcoming, one resident needed a drink and staff did not try to find out what they wanted and the solution was to move the resident from one area of the home to another.

This indicates that staff need to be supported to implement their training into practice on a daily basis.

We accept that staffing levels were insufficient to meet the needs of the residents and this may have been a contributing factor in some cases.

Not met

Requirement 7

The provider must, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of the service users ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users. 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 15 Staffing.

Timescale: By 31 August 2017.

This requirement was made on 17 August 2017.

Action taken on previous requirement

This requirement has been taken into account in requirement number 1.

Not met

Requirement 8

The provider must send a plan of the proposed refurbishment of the home (including provision of adequate suitable bathing and showering facilities), with timescales, to the Care Inspectorate. 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). National Care Standards Care Homes for Older People, Standard 4 Your environment.

Timescale: By 31 August 2017.

This requirement was made on 8 June 2017.

Action taken on previous requirement

We did not receive a plan for the refurbishment of the home. However, we acknowledge that some refurbishment had taken place.

Colleagues from Registration had visited the home after the last inspection to give their view of available showering/bathing facilities.

Two bathrooms were out of action. The inspector stated that one was to be reinstated by end of September 2017. This was not completed by this date. The provider was working to achieve this by end of December 2017 and confirmed that this would be achieved.

We will carry forward this requirement until the work is complete.

It was concerning that these requirements have not been met.

Four requirements have been outstanding since 2015, two since 2016 and two since 2017.

Not met

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

Previous recommendations

Recommendation 1

The manager should make sure that residents personal plan (care plan) and review records are suitably detailed to show how often a resident would like to have a shower or bath. This should include consideration of a residents family and or representatives views. Thereafter, accurate records should be kept to demonstrate that this is being achieved. Also in situations where it is later found that the hygiene need is not being met, the reason for this must be clearly recorded and remedied if at all possible.

National Care Standards Care Homes for Older People Standard 6 Support arrangements and Standard 8.1 Making choices.

This recommendation was made on 18 August 2016.

Action taken on previous recommendation

There was insufficient improvement in care. There were insufficient bathing facilities in the home. (See requirement number 8).

21 care records of bathing/showering showed that 12 residents had received a bath/shower in December 2017. Care plans told us the preferences of frequency of bathing/showering. Records showed that these were not adhered to. For example, One resident who was to be cared for at least once a week and offered more did not have any recorded entries in December 2017. There was no indication of the reason why it was omitted or if they were offered more. Another resident's care plan told us that they were to be offered daily. Entries showed that they were given care on 5 November and 3 December 2017 only. There was no records of offering or the resident refusing.

One resident's family had been involved in decision making about showering/bathing.

We have already stated in requirement number 1 about the personal hygiene and care of residents in the home. It is concerning that there has been no action taken by the service to rectify the situation.

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	
8 Jun 2017	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
7 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed
6 Jul 2016	Unannounced	Care and support	2 - Weak
		Environment	3 - Adequate
		Staffing	2 - Weak
		Management and leadership	2 - Weak
2 Jul 2015	Unannounced	Care and support	2 - Weak
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	2 - Weak
29 Jan 2015	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
12 May 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
13 Jan 2014	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
30 Apr 2013	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate

Date	Type	Gradings	
		Management and leadership	3 - Adequate
29 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate Not assessed Not assessed
1 May 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 4 - Good

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