

Belhaven Nursing Home Care Home Service

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Dunbar
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Telephone: 01368 862246, ext 1

Type of inspection: Unannounced
Inspection completed on: 26 February 2018

Service provided by:
East Lothian Council

Service provider number:
SP2003002600

Care service number:
CS2004062389

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

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

Belhaven Nursing Home is registered to provide care and accommodation to a maximum of 23 older people. The home is situated in a semi-rural setting in the grounds of Belhaven Hospital in Dunbar, East Lothian.

Accommodation is provided over two buildings which were previously used as wards in the hospital. One building is known as Blossom House and the other as Holly Trees. All facilities are on ground level. All the bedrooms are single with en-suite facilities. There are shared lounge and dining areas.

A landscaped garden and patio areas are easily accessible from the home. The service has two separate buildings within the grounds of the home that are used for activities and social events.

The provider for this service is East Lothian Council, however the home is managed by the NHS Trust and operates according to the policies and procedures of the NHS.

The service states in its philosophy of care that "we aim to provide a family environment and the highest quality of life for our residents. Integral to this aim, are our policies, which are designed to be 'person-centred' ensuring that individuality is recognised, respected and accommodated at all times".

What people told us

We met and spoke with all of the residents during this inspection. However, due to communication and or memory difficulties some were unable to give their views and experiences of living in Belhaven Care Home. We used the Short Observational Framework for Inspection (SOFI) to directly observe the experience and outcomes of people who were unable to tell us their views and have reported on this under quality of care.

Residents told us that they were comfortable, well cared for and they had no concerns about the quality of care provided. Comments were made about the kindness of staff and how "they try to make sure you are well looked after." However, residents and relatives/carers thought at times there needed to be more staff around and some did not know about aspects of the services such as: the homes complaint procedure, the right to make a complaint to the Care Inspectorate being able to discuss their views.

We shared the comments made residents and relatives/carers but did not share who had given these views. We also provided a copy of the pre inspection questionnaire summary sheet in order that some of the issues raised could be followed up through resident and carers meetings.

Self assessment

We did not request a self assessment to be submitted prior to this inspection. However, the service should put in place a development plan to show how they will assess, implement and evaluate any improvements necessary.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	2 - Weak
Quality of staffing	3 - Adequate
Quality of management and leadership	2 - Weak

Quality of care and support

Findings from the inspection

All of the residents we spoke with and those residents and relatives / carers who returned pre inspection questionnaires were satisfied overall with the quality of service provided.

We saw that residents were generally well presented in their personal appearance and hygiene which may help them to feel comfortable and contribute to their general well being. However, we also saw the many of the residents remained in bed for prolonged periods of time and we could not see from care plans if this was a personal choice or a medical need. The impact and complications of bed rest are numerous and must be considered in the planning and delivery of care. We have made a requirement about care planning which includes prolonged bed rest.

Requirement 1.

Residents sitting in the lounge area were also in the same seated position for prolonged periods of time. This does not provide a stimulating or social environment for residents and does not promote realising potential. This may also have a negative impact on the health and well-being of individuals.

Activities and outings were provided for residents to join in as they wished. However we also saw that watching TV seemed to be the main activity for most residents and could not determine from care plans if this was their choice.

Individual care plans were in place but some of these lacked basic information including relatives contact details, circumstances under which relatives/carers should be contacted, and some gave conflicting information. Evaluations of care plans routinely noted "no changes". A recommendation about the content of care plans to include development of life stories and resident's choices and preferences on how they like to spend their time and day was not fully implemented. We have made a requirement about care planning and repeated the recommendation about development of life stories. **Requirement 1 and Recommendation 1.**

A requirement about wound care management was not fully met. The assessment of the wound had not taken place within the prescribed timescale. We have made an amended requirement about wound care management with an amended timescale. **Requirement 2.**

In one care plan we saw notes which clearly indicated that ABC charts were in use, there were references to behaviour management and covert medication prescribed. However, there was no stress and distress care plan to assist staff to support the resident. We have included this in a requirement about care planning. **Requirement 1**

Dietary needs were catered for and daily menus were available for reference. However, care plans did not always accurately residents needs and there was no analysis or evaluation of food intake charts to inform any changes to dietary needs. We have included this in the requirement about care planning. **Requirement 1**

A requirement about management of medicines was not met and we saw that medication management was not always in line with best practice guidance. Also a recommendation about prescribed "as required" medicines was not implemented. We have an amended requirement about the management of medicines with an amended timescale and have repeated the recommendation about "as required" medicines. **Recommendation 2**

The omissions in care planning, lack of stimulation, prolonged bed rest, outstanding requirements and recommendations have the potential to put residents at risk and give cause for concern. Therefore we have graded the quality of care as 2 - Weak.

Requirements

Number of requirements: 3

1. The provider must ensure that the health, wellbeing and safety needs of all residents are met. In order to do this, the provider must:

- a) record the following matters in the personal plan of each service user:
the service user's name, address and date of birth; the name, address and telephone number of the service user's next of kin or of any person authorised to act on behalf of the service user; the name, address and telephone number of the service user's general practitioner; and the date on which the service was first provided to the service user.
- b) ensure assessment and plans of care are in place to meet each service users needs including but not limited to: tissue viability; continence management; stress and distress; mobility, management of falls; and nutritional needs. These must focus on the expected outcomes in each area of care.
- c) records must show that rights of and risks to the individual have been discussed with them and, or their representative before a plan of care has been put in place.
- d) ensure charts to inform any plan of care are completed accurately and evaluated in a given timescale.
- e) in reviewing care plans, ensure that care is planned in a way that is specific, detailed and individual to each resident and takes place at least once in a six month period.
- f) put in place a system to audit and monitor the quality of care planning, to ensure that it meets the provider's own expected standards as well as those set by the National Care Standards.

This is in order to comply with The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114). Regulation 4(1) (a) - a regulation regarding the welfare of service users and Regulation 19 (1) - a regulation about offences.

Consideration should also be given to The National Care Standards Care Homes for Older People, Standard 6 - Support Arrangements.

Timescale: to be completed by 30 June 2018.

2. Wound care documentation must be in place to show wound are recorded, monitored and treatment evaluated. Wound care assessment must take place within the prescribed timescale.

This is to comply with Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a) proper provision for the health, welfare and safety of service users. This also takes into account National Care Standards, Care Homes for Older People, standard 14, keeping well - health care.

Timescale: this was already required of the service and must now be in place by 30 June 2018.

3. The service provider must ensure medication is managed in a manner that protects the welfare and safety of service users and is administered according to best practice. In order to ensure this, the provider must ensure that:

- a) systems are in place to monitor omissions of signatures on the medication records
- b) residents receive the treatment that has been prescribed for them
- c) all medicines kept in the home must be prescribed for each individual resident.
- d) systems must be in place to audit and check medicines kept in the home

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3) (j) - a requirement to keep a record of medicines kept on the premises for residents. Royal Pharmaceutical Society of Great Britain (RSPGB) "The Handling of Medicines in Social Care", October 2007, Nursing and Midwifery Council "Record keeping: Guidance for Nurses and midwives", April 2010.

This takes account of National Care Standards, Care homes for older people, Standard 15 - keeping well - medication.

Timescale: this was already required of the service and must now be in place by 30 June 2018.

Recommendations

Number of recommendations: 2

1. 1. The service provider should continue to develop the residents' personal plans to contain detailed, personalised information that would guide staff in providing care and support in a person centred way. This should include:

- a) further development of life stories with residents.
- b) residents' choices and preferences, information on how they like to spend their time and what their day should be like.

This takes account of National Care Standards – Care homes for older people, Standard 6 – Support arrangements and Standard 12 – Lifestyle.

2. Where residents are prescribed 'as required' medicines to treat symptoms such as distress, agitation and anxiety, information should be included in the care plan and Medication Administration Record chart (MAR) that describes how staff are to help the resident with these symptoms. Information should include what signs may indicate the need for medicine to be given and maximum dosage to be given in a given time period.

This takes account of National Care Standards – Care homes for older people, Standard 15- Keeping well, medication.

Grade: 2 – weak

Quality of environment

Findings from the inspection

Both areas of the care home were clean and comfortably furnished and private bedrooms were decorated and furnished as the resident wished. All rooms were spacious with en-suite facilities and had call buzzers and or pressure mats to alert and summon staff. Public areas such as the sitting/dining rooms were also spacious.

We saw ample supplies of equipment, cleaning materials and protective clothing available to keep the home clean and assist in infection control measures.

Specialist equipment was available to help staff to move residents safely. However, we could not cross reference safety checks to ensure that this equipment had been checked in line with Lifting Operations and Lifting Equipment Regulations 1998 (LOLER).

The NHS maintenance department attended to safety checks on equipment, repair and maintenance work. However, although faults and maintenance work had been reported we could not always see that the work had been undertaken.

An overview of the frequency of safety checks would assist the manager to ensure the necessary checks were undertaken at the appropriate time intervals. An action plan approach to show the progress of faults and maintenance work would also help the manager to know that work was completed promptly and reduced any potential risk to residents and staff.

We have made a requirement about safety checks and maintenance arrangements in the home. **Requirement 1.**

Accidents and incidents including falls were recorded. However, some records were not fully completed to note the final outcome or if consideration had been given to reviewing and or updating relevant risk assessment or the care plan. We have made a recommendation about this. **Recommendation 1.**

A requirement about maintaining residents' safety had not been met. We have repeated this requirement with an amended timescale. **Requirement 2.**

A requirement about food hygiene practice was not met. We have repeated this requirement with an amended timescale. **Requirement 3.**

A recommendation about storage and dating of open foodstuffs had not been implemented. We have repeated this recommendation. **Recommendation 2**

Health and safety policies and procedures were in place for staff guidance to direct them to maintaining the safety of the home environment including fire safety. However, when the fire alarm was activated this was ignored by staff. Only when prompted did staff try to find out the source of the alarm which was due to remedial work being undertaken in the home. We have made a requirement about this. **Requirement 4.**

We have considered that the lack of confirmation of safety checks, maintenance and repair work undertaken timeously, lack of response to the activation of the fire alarm, the management of accidents and incidents and the outstanding requirements and recommendations have the potential to put resident's safety at risk and give cause for concern.

Therefore, we have graded the quality of the environment as 2 - Weak.

Requirements

Number of requirements: 4

1. The provider must provide sufficient and suitable equipment for the general use of service users within the care service. In particular, the provider must:

- a) devise a detailed inventory of all equipment in the home
- b) maintain a record of the maintenance of any equipment used in the provision of care is checked and fit for use including equipment under LOLER regulations

This is in order to comply with Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011, Regulation 4(1) (d) - a regulation regarding the welfare of service users, and Regulation 14 - a regulation regarding facilities in care homes.

Timescale: to be implemented by 30 June 2018

2. The provider must make proper provision for the health and welfare of service users. In order to do so, the provider must maintain residents' safety in all areas of the home by ensuring that:

- a) a falls risk assessment is completed for each resident, this is reviewed and updated at regular intervals, and after each fall or change of circumstance.
- b) residents' individual care plans have sufficient detail on the actions required by staff to help reduce the likelihood of a resident falling.
- c) staff are deployed appropriately in order to supervise residents in all areas of the home including shared lounges, dining rooms and bedrooms.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users and Regulation.

This also takes account of National Care Standards, Care Homes for Older People, Standard 4 - your environment.

Timescale: this was already required of the service and element c) must be put into place immediately elements a) and b) must now be in place by 30 June 2018.

3. The provider must ensure that food is served at recommended temperatures in line with good food hygiene practices.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users.

This also takes account of National Care Standards, Care Homes for Older People, Standard 13 - Eating well.

Timescale: this was already required of the service.

4. The provider must ensure that all staff are aware of and respond appropriately when the fire alarm is activated in the home.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users.

This also takes account of National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

Timescale: to be implemented immediately.

Recommendations

Number of recommendations: 2

1. The provider should review the systems for recording of accidents and incidents to make improvements to include:

- a) full details of the event, follow up actions and clear instructions for staff to inform any changes needed to their practice
- b) recording if relevant events have been reported to other authorities, for example Social Work and the Care Inspectorate.

This is in order to meet The National Care Standards - Care homes for older people, Standard 5 Management and staffing and Standard 6 Support arrangements.

Records that all registered care services (except childminding) must keep and guidance on notification reporting a Care Inspectorate publication.

2. The service provider should ensure that opened foodstuffs are labelled with a date of opening and or expiry date to assist staff to ensure that these are stored and service in line with the manufacturers guidelines and best practice in food hygiene.

This takes account of the National care standards, Care homes for older people, Standard 4 - your environment.

Grade: 2 - weak

Quality of staffing

Findings from the inspection

We saw a warm and considerate approach by staff and practice that suggested that they were aware of and responsive to residents needs.

Staff training was in place and training records indicated that any time limited training was up to date. However, we could not see that all of the training to assist staff in their duties and to meet residents' needs had been provided. We also saw an instance whereby staff did not follow fire safety procedures. We have reported this further under Quality of the environment.

We have made a recommendation about staff training records. **Recommendation 1**

We were told that supervision and appraisal was used to guide and support staff. Staff meetings were also held which enabled discussions about staff practice, training and service development/changes.

We saw a task orientated approach to care and indications that a group approach was also used. This suggested that staff were unaware of person centred care and their role and responsibilities in providing this. The outcomes of our Short Observational Framework (SOFI) also indicated negative outcomes for residents in that they were left for long periods without a staff presence in the sitting room and little if any acknowledgement by staff as they passed through the area. We have made a recommendation about staff training. **Recommendation 2.**

Staff considered that there was enough staff on duty to meet residents needs although this was not always the view of residents who completed pre inspection questionnaires. An assessment of residents' needs informed the staffing provision in the home and we saw that staffing provided met the minimum staffing as outlined in the staffing schedule.

We were told that no new staff had commenced in the service since the last inspection therefore we did not check safe recruitment practices as this had been checked at the last inspection.

The lack of a person centred approach to care, the deficiencies in staff training and the task and group orientated to care provision and the lack of staff adherence to fire safety practices have the potential to put residents at risk and give cause for concern. Therefore we have graded the quality of care as 3 - Adequate.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 2

1. The provider should develop an overview of staff training (training matrix) to show that all staff have undertaken mandatory training, training required by legislation and any other training undertaken to assist staff to meet residents' needs. This should include refresher dates for any time limited training, for example, moving and handling.

This is in order to meet The National Care Standards, care homes for older people Standard 5 Management and staffing arrangements.

2. The provider should ensure that all nursing and care staff receive training in the provision of person centred care, including assessment of needs, care planning, evaluations of care needs and care plan reviews. This should include actions required of staff to practice person centred care. Taking account of the principles of dignity, privacy, choices, safety, realising potential and equality and diversity

This is in order to meet The National Care Standards, care homes for older people Standard 5 Management and leadership. NMC code of conduct for registered nurses and SSSC code of practice for social care staff.

Grade: 3 - adequate

Quality of management and leadership

Findings from the inspection

To assess this quality theme we took into account our findings throughout this inspection and the audit systems used in the home.

At the last inspection we made a recommendation that records were kept of audits and quality assurance systems to evidence an ongoing overview of the service and to identify any areas for improvement. This was to

include a record of problems /issues identified, action required, by whom, in what timescale and evidence that this has been actioned.

At this inspection we saw that there were some audits in place to measure, develop and improve some aspects of the quality of the service in the home. However, we could not see if there was a quality assurance policy and system in place to show assurance measures were in place and how these would be implemented. In addition some of the audits undertaken did not include an action plan to show what actions were necessary as a result of the audit. Also an audit of topical medicines dated December 2017 was not fully completed. We have made an amended recommendation. **Recommendation 1.**

At the last inspection we made a requirement about the staffing provision in the home and the supernumerary status of the manager. At this inspection we were advised that staff working in the care home did not work in the NHS part of the facility and this was reflected in the sample of duty rotas we looked at. However, records of staff meetings suggested that at times of emergency they did provide cover in the NHS area.

The manager also covered breaks in the NHS facility. Whilst we understand that emergency cover may be required in the NHS facility this may then mean that the staffing in the home does not continually meet the minimum staffing as outlined in the staffing schedule and could have an impact on the safety of residents. In addition the absence of the manager to cover another area means that they are not 100% supernumerary in accordance with the conditions of Registration.

We have repeated the requirement. **Requirement 1.,**

At the last inspection we made a requirement that the provider must ensure that the service notifies the Care Inspectorate, within the timescales stipulated, about events outlined in the guidance on notification reporting for all registered services. This is required to comply with the Public Services Reform (Scotland) Act 2010, section 53(6).

In the notifications made from this service since the last inspection we still note delays between four days and 19 days from the event to when the notification was submitted. Whilst some may be attributed to IT problems this would not relate to all. Therefore we have repeated this requirement. **Requirement 2.**

An annual self assessment is no longer required from services but each service should develop a service development plan to show the continuous development and improvement of service provision. We will follow this up at future inspections.

The lack of implementation of definitive quality assurance systems, effective oversight of the outcomes of quality assurance audits and the outstanding requirements and recommendations have the potential to put residents at risk and give cause for concern. Therefore we have graded the quality of care as 2 - Weak.

Requirements

Number of requirements: 2

1. In order to make proper provision for the health, welfare and safety of service users, the provider must ensure that:

- a) staff rotas accurately reflect who is working in the service.
- b) the manager is 100% supernumerary for the service, according to the current staffing schedule.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a).

This takes account of National Care Standards, Care homes for older people, standard 5 - Management and staffing arrangements.

Timescale: this was already required of the service.

2. It is a requirement that the provider must ensure that the service notifies the Care Inspectorate, within the timescales stipulated, about events outlined in the guidance on notification reporting for all registered services. This is required to comply with the Public Services Reform (Scotland) Act 2010, section 53(6).

Timescale: this was already required of the service.

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 ensure that care plan and associated documentation accurately details residents' skin care needs and actions required by staff in order to meet these needs. This must include, but not be limited to:

- (a) Guidance on settings for pressure relieving equipment.
- (b) Completion of wound care documentation to evidence that wounds are recorded, monitored and treatment is evaluated.
- (c) Guidance on re-positioning needs.
- (d) Accurate completion of re-positioning charts.

This is to comply with Social Care and Social Work Improvement Scotland Requirements for Care Services Regulations 2011 (SSI 2011/210), Regulation 4 (1) (a) proper provision for the health, welfare and safety of service users. This also takes into account National Care Standards, Care Homes for Older People, Standard 14 Keeping well - health care.

Timescale: for completion by 26 June 2017

This requirement was made on 16 March 2016.

Action taken on previous requirement

We saw that:

- (a) guidance on settings for pressure relieving equipment was in place. This element of the requirement is met.
- (b) wound care documentation was in place to show that wounds were recorded, monitored and treatment evaluated. However, the record we looked at showed that the wound had not been assessed within the prescribed timescale. This element of the requirement is not met.
- (c) On the sample of re-positioning charts we looked at guidance which recorded for example, reposition every two hour needs were recorded. This element of the requirement is met.
- (d) Re-positioning charts we looked had been completed. This element of the requirement is met.

Not met

Requirement 2

The service provider must ensure medication is managed in a manner that protects the health, welfare and safety of service users and is administered according to best practice. In order to achieve this the provider must ensure that:

- a) The reason for omission or clarification of dosage given is recorded on the MAR sheet at the time of administration.
- b) Residents receive the treatment that has been prescribed for them, and must not receive treatments that have been prescribed for another person (such as creams and ointments).
- c) Creams and ointments are labelled with the resident's details and date of opening. This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) - a requirement to make proper provision for the health and welfare of people, SSI 2002/114 Regulation 19(3)(j) - a requirement to keep a record of medicines kept on the premises for residents. Royal Pharmaceutical Society of Great Britain (RSPGB) "The Handling of Medicines in Social Care", October 2007, Nursing and Midwifery Council "Record keeping: Guidance for Nurses and midwives", April 2010. This takes account of National Care Standards, Care homes for older people, Standard 15 - keeping well - medication. Timescale: for completion by 29 June 2017

This requirement was made on 16 March 2017.

Action taken on previous requirement

In the sample of medication records we looked at we saw

- a) that there were missing signatures to confirm that medicines had been administered. This element of the requirement is not met.
- b) Due to the omissions in signatures to confirm administration of some medicines we could not be certain that all residents at all times had received the treatment that has been prescribed for them. This element of the requirement is not met.
- c) Creams and ointments were not labelled but the residents name and date of opening had been hand written on boxes. This element of the requirement is met.

Not met

Requirement 3

The provider must make proper provision for the health and welfare of service users. In order to do so, the provider must maintain residents' safety in all areas of the home, by: (a) Ensuring a falls risk assessment is completed for each resident, reviewed and updated at regular intervals, and after each fall or change of circumstance.

(b) Ensuring residents individual care plans have sufficient detail on the actions required by staff to help reduce the likelihood of a resident falling.

(c) Ensure that staff are deployed appropriately in order to supervise residents in all areas of the home including shared lounges, dining rooms and bedrooms. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1)(a) make provision for the health, welfare and safety of service users and Regulation. This also takes account of National Care Standards, Care Homes for Older People, Standard 4 – your environment. Timescale: for completion by 29 June 2017

This requirement was made on 16 March 2017.

Action taken on previous requirement

in the samples of care plans we looked at we saw that :

(a) falls risk assessment were not always fully completed and had not always been updated after a fall

(b) the risk assessments did not always note preventative measures to reduce the risk of falls

(c) residents were left unsupervised for long periods of time while sitting in the lounges.

Not met

Requirement 4

The provider must ensure that food is served at recommended temperatures in line with good food hygiene practices.

This requirement was made on 16 March 2017.

Action taken on previous requirement

In the sample of food temperature records we found omissions in signatures to confirm the temperature of some foodstuffs had been taken. Therefore we could not confirm that food served was always at the recommended temperature.

Not met

Requirement 5

It is a requirement that the provider must ensure that the service notifies the Care Inspectorate, within the timescales stipulated, about events outlined in the guidance on notification reporting for all registered services. This is required to comply with the Public Services Reform (Scotland) Act 2010, section 53(6). Timescale: immediate. This was required at the time of inspection.

This requirement was made on 16 March 2017.

Action taken on previous requirement

Not all notifications made to the Care Inspectorate had been submitted within the timescales stipulated in our guidance. Some of this was attributed to problems accessing the on line forms. However, we noted instances of delays in reporting between four and 19 days.

Not met**Requirement 6**

In order to make proper provision for the health, welfare and safety of service users, the provider must:

- a) Ensure that staff rotas accurately reflect who is working in the service.
- b) And ensure that the manager is 100% supernumerary for the service, according to the current staffing schedule.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 (a). This takes account of National Care Standards, Care homes for older people, standard 5 – management and staffing arrangements.

Timescale: for completion by 26 June 2017.

This requirement was made on 16 March 2017.

Action taken on previous requirement

In the sample of duty rotas we saw that these:

- a) accurately reflected who was working in the service.
- b) showed that the manager was 100% supernumerary for the service

However, there was no staffing schedule on display in Holly Trees at the start of the inspection but one was on display at a later visit. There was a different staffing schedule on display in Blossom House.

Minutes of staff meetings suggest there had been times where staff were deployed to cover breaks and to work in ward 2 which is outwith the care home. The manager also confirmed that she also covered breaks where necessary in Ward 2.

Not met

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

Previous recommendations

Recommendation 1

It is recommended that the service continue to develop the residents' personal plans to contain detailed, personalised information that would guide staff in providing care and support in a person centred way. This should include:

- a) Further development of life stories with residents.
- b) Residents' choices and preferences, information on how they like to spend their time and what their day should be like.

This recommendation was made on 16 March 2016.

Action taken on previous recommendation

The samples of care plans we looked at had

- a) incomplete or blank life stories or "this is me" documents
- b) residents choices and preferences in how they may like to spend their day was also incomplete . In addition we could not see how residents had been involved in developing their care plan taking account of their preferences in how their care was to be provided.

This recommendation had not been implemented.

Recommendation 2

Where residents are prescribed 'as required' medicines to treat symptoms such as distress, agitation and anxiety, information should be included in the care plan and MAR chart that describes how staff are to help the resident with these symptoms. Information should include what signs may indicate the need for medicine to be given and maximum dosage to be given in a given time period.

This recommendation was made on 16 March 2017.

Action taken on previous recommendation

In a sample of the medication records we saw an "as required" protocol which was not fully completed, was not signed or dated and did not give guidance to staff on what steps they should take to support the resident before considering administration of the medicine. This recommendation had not been implemented.

Recommendation 3

The service provider must ensure opened foodstuffs must be labelled with a date of opening to assist staff in ensuring that these are stored and served in line with the manufacturers' guidelines and best practice in food hygiene.

This recommendation was made on 16 March 2016.

Action taken on previous recommendation

In Blossom house we saw a pre-packed sandwich in the fridge with no date label. In both Blossom House and Holly Trees we saw that cereals had been decanted from their original packaging but the containers did not have a date label. A box containing scones also had no date label.

This recommendation had not been implemented

Recommendation 4

The provider should ensure that records are kept of audits and quality assurance systems to evidence they have an ongoing overview of the service and to identify any areas for development. This should include a record of problems/issues identified, action required, by whom, in what timescale and evidence that this has been actioned.

This recommendation was made on 16 March 2017.

Action taken on previous recommendation

While we say some audits were undertaken many of these were incomplete and did not always include action required, by whom, in what timescale and evidence that this has been actioned. This recommendation had not been implemented

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	
20 Mar 2017	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	Not assessed

Date	Type	Gradings	
6 May 2016	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 Jun 2015	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
15 Dec 2014	Unannounced	Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
14 Mar 2014	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
11 Mar 2013	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	5 - Very good
		Management and leadership	4 - Good
19 Oct 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	Not assessed
		Management and leadership	Not assessed
30 Jan 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	4 - Good
15 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	5 - Very good
		Management and leadership	4 - Good

Date	Type	Gradings	
26 Jan 2011	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
4 Nov 2010	Announced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate
25 Mar 2010	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	Not assessed
		Management and leadership	4 - Good
8 Oct 2009	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
6 Mar 2009	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	4 - Good
		Management and leadership	Not assessed
23 Oct 2008	Announced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good

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Please get in touch with us if you would like more information or have any concerns about a care service.

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

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