

Broxburn Nursing Home Care Home Service

1 Lumsden Court
Broxburn
EH52 5LX

Telephone: 01506 857793

Type of inspection: Unannounced
Inspection completed on: 5 March 2018

Service provided by:
Broxburn Nursing Home Ltd

Service provider number:
SP2003002444

Care service number:
CS2003010618

About the service we inspected

Broxburn Nursing Home (referred to in the report as "the service") is registered with the Care Inspectorate to provide care to a maximum of 43 older people. There were 41 older people (referred to in the report as "residents") living at the service at the time of the inspection.

The service is owned and managed by Broxburn Nursing Home Ltd (referred to in the report as "the provider").

The accommodation is located in a residential area in the West Lothian town of Broxburn and is close to local shops, services and public transport.

Accommodation is over two floors and the upper floor is accessed by a lift and stairs. Both floors have a dining room with a separate lounge. All bedrooms are single with en-suite with toilet and hand basin facilities. Bathing facilities and additional toilets are available throughout the home. There are separate kitchen and laundry facilities. There is an enclosed garden to the rear. A small car park is at the front of the building.

The service's philosophy is described as "to maintain a high standard of care to meet the needs of the individual resident."

How we inspected the service

The focus of this inspection was to gain assurance that the service was progressing the action plan submitted following the last inspection detailing how it planned to address the recommendations made. This was to ensure the service was making the right changes and that improvements become embedded.

The inspection was carried out by one inspector on 27 February 2018 between the hours of 14:15 and 17:00 hours and then on 5 March 2018 between the hours of 10:30 and 18:00 hours.

The inspection findings were discussed with the manager and deputy manager on the 5 March 2018. The inspection findings were accepted as an accurate and fair assessment. At this meeting the management team gave assurances that the outstanding areas for improvement would be addressed. The management team was aware that the current recommendations and requirements from a recently upheld complaint need to be implemented in order to improve the quality of service and maintain the current grades.

During the inspection we gathered evidence from various sources, including the relevant documentation which included:

- The certificate of registration.
- The staffing schedule.
- The insurance certificate.
- Staff personnel files.
- Resident dependency assessments.
- A sample of four residents' care plans and associated records.
- Accidents and incidents records.
- Maintenance records and safety checks.
- Quality assurance records.
- Medication administration recording sheets (MARs).

We observed:

- Staff practice and interaction with residents and fellow workers.
- How residents spent their day.
- The general environment.
- How meals and teas were served.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes of residents who were unable to tell us their views.

We had discussions with various people including: 11 residents individually, three relatives, the manager, deputy manager, two registered nurses, five care staff, one cook, one administrator, one activity coordinator.

Taking the views of people using the service into account

During the inspection we spent time in and around the buildings and communal areas to help us hear residents' views about living at the service. We also spoke with 11 residents individually.

Everyone we spoke with was satisfied with the service provided and said they liked living here. They described the staff as "very nice." One residents said "staff are very good to me here" and another said that "staff do their best for me."

We were also told that the food was good and this was very important to everyone.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes of residents who were unable to tell us their views. We saw that staff were gentle and friendly when engaging with residents and supported them in a genuinely warm and caring way. As a result residents were comfortable around staff.

Taking carers' views into account

During the inspection we spoke with three relatives who spoke highly of the quality of the service. They were also complimentary about staff who were described as "very good." They said their relatives were "well looked after."

They told us they were made welcome when they visited.

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

Previous requirements

Requirement 1

This requirement was made following a complaint investigation.

Use of mechanical restraint e.g. restraint straps/lap straps. The application of mechanical restraint to a service user must only be carried out after full consultation and agreement has taken place with the service user's medical practitioner, other involved health professionals and the service user's welfare guardian or attorney.

The service provider must complete a restraint risk assessment and develop a detailed care plan, explaining how and when this restraint is to be applied. The service provider must maintain a record which identifies every occasion where this restraint is applied, including the date and time when this is started and when discontinued. The service user must also remain in direct visual and verbal contact with one or more staff at all times when restraint is applied (unless the outcome of the risk assessment has deemed this unnecessary).

The service provider should refer to and comply with Mental Welfare Commission – Good Practice Guidance – Rights, Risks, Limits to Freedom, April 2013, at all times. This is in order to safeguard the service user's legal rights and support staff to safely apply mechanical restraint to the service user within an established legal framework.

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: Regulation 4(1)(c) – A provider must ensure that no service user is subject to restraint, unless it is the only practicable means of securing the welfare and safety of that or any other service user and there are exceptional circumstances.

Timescale: To be actioned by 4 March 2018 and completed before mechanical restraint is further applied to the service users.

This requirement was made on 1 March 2018.

Action taken on previous requirement

The service had not met the requirement at the time of the inspection.

This was because the challenging weather conditions delayed receipt of the letter detailing the requirement until the 5 March 2018. However, the necessary work commenced that day as high priority and the management team will keep us informed of progress.

This is in order to ensure the provider has a reasonable amount of time to meet the requirement.

Not met**Requirement 2**

This requirement was made following a complaint investigation

The provider must ensure that the minimum staffing level is met at all times. The number of persons working in the care service must be appropriate for the health and welfare of service users.

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: Regulation 15(a) - requirement about staffing.

Timescale: To start within 24 hours and be completed by 30 April 2018.

This requirement was made on 1 March 2018.

Action taken on previous requirement

The timescale for completion of this requirement had not expired at the time of the inspection. Progress in meeting the requirement will be assessed following the expiry date.

However, during the inspection we saw that a system was in place to assess residents' care needs to ensure that there were enough staff on duty each day to meet these. The system was completed monthly and indicated enough staff were on duty to provide direct care. However, this was minimum staffing levels and gave no flexibility should an emergency occur such as staff absence. Also the calculations of the staff hours needed did not take account of the other duties staff undertake, such as record keeping, key worker role, making the changes needed to improve the quality of service.

We discussed with the management team that it is crucial that staffing be appropriate to meet the needs of residents and without this it would be harder for the service to develop. We reminded the management team that we needed to be notified when minimum staffing levels were not maintained.

Not met

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

Previous recommendations

Recommendation 1

The provider should develop residents' support plans to ensure they fully reflect the preferences of individuals regarding all aspects of their care and support, social and spiritual needs. Particular focus should be on:

- a) Where a service user is identified as being at risk of falling.
- b) Where residents experience stress and distress reaction.
- c) Maintaining accurate records of residents' wound care and the rationale for changes to treatment.
- d) Care plans and risk assessment should be reviewed and updated following accidents, incidents, changes to care needs or following care reviews.

This is in accordance with the National Care Standards, Care Homes for older people, Standard 6- Support arrangements.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

We saw that residents looked well and care had been taken to ensure they were well presented. We saw pleasant staff interactions with residents and humour and laughter was part of these interactions. We saw staff treat residents with kindness and genuine warmth.

Staff who spoke with us could describe residents' care needs. However, that knowledge was not always reflected in the care plans. We still saw care plans that contained inaccurate information about residents' care needs. Care plans were not always updated when care needs changed or following incident and accidents. This would not guide staff to provide consistent care in the way the residents wished. Accurate care plans were especially important as a number of new staff had commenced in post and would rely on care plan information to guide them in providing the correct care.

There was acknowledgement that further work was needed to develop residents' care plans.

However, we noted that staff were working hard to make sure that care plans reflected residents care needs. We saw that accurate records were maintained about residents' wound care and the rationale for changes to treatment. We were pleased to note that no residents had wounds resulting from pressure, because pressure ulcers had been prevented with good care.

We will monitor progress at the next inspection.

Recommendation 2

It is recommended that the provider ensure that residents are given opportunities and support to participate in social activities in keeping with their interests.

This is in accordance with the National Care Standards, Care homes for older people, Standard 12 - Lifestyle - social, cultural and religious belief or faith.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

An activity coordinator was in post and a planned approach to structured activities took place. Residents told us they enjoyed these, particularly the entertainers and outings. We saw that care staff were better at engaging with residents on a social level and made real efforts to try and create a stimulating environment. As a result we saw laughter and gentle banter between staff and residents.

However, care staff time was limited because they were busy providing direct care to residents. As a result when the activity coordinator was not on shift there were periods when there was little for some residents to do especially those who spent time in their rooms.

There was acknowledgment that further work was needed in this area.

We will monitor progress at the next inspection.

Recommendation 3

The provider should ensure that medication is managed safely including:

- a) ensure that prescribed medication is in stock and given as prescribed.
- b) handwritten narratives on Medication Administration Recording sheet (MARs) should be signed and dated by the person making the entry and detail where the information was obtained or the authority for the entry.
- c) carer notes on the reverse of the MARs should be completed when appropriate.
- d) ensure a consistent approach is taken to recording the application of topical creams.
- e) documentation should be fully completed for medication given in a disguised form.

This is in accordance with the National Care Standards, Care homes for older people, Standard 15- Keeping well – medication.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

This provider had not fully implemented this recommendation.

Element e) had been implemented.

We came to this conclusion after seeing that the appropriate documentation was in place and fully completed for medication given in disguised form.

However, it was disappointing to see that the other elements of this recommendation had not been implemented, especially as the recommendation had been repeated.

To reach this conclusion we examined a sample of medication administration recording sheets (MARs) on both floors and found:

- a) One medication was recorded as out of stock and there were gaps in signatures that confirm if medication was given. Therefore it was unclear if the medication had been given as prescribed.
- b) handwritten narratives on MARs were not consistently signed and dated by the person making the entry and did not always detail where the information was obtained or the authority for the entry.
- c) carer notes on the reverse of the MARs were not consistently completed. Therefore important information was missing about the reason medication was administered and the effect of the medication. This information is important to help staff assess residents' health and wellbeing.

d) A consistent approach was not taken to recording the application of topical creams. Therefore it was difficult to know if the cream was applied as prescribed.

More robust quality auditing of medication would have identified the above issues and allowed prompt remedial action rather than relying on the inspection process. This is relevant to the recommendation made about developing the quality assurance system.

We will review progress in implementing this recommendation at the next inspection when we expect to see significant progress in this area.

Recommendation 4

The provider should ensure that all staff are recruited safely and in line with best practice guidance: 'Safer Recruitment Through Better Recruitment' 2016.

This is in accordance with the National Care Standards, Care home for older people, Standard 5 - Management and staffing arrangements.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

The provider had implemented this recommendation.

We saw that systems were in place to ensure that staff were recruited and inducted safely to the service and equipped for their role. This required all potential staff to complete an application process, including PVG (protection of vulnerable groups) checking, appropriate references and registration with an appropriate regulatory body.

Recommendation 5

It is recommended that the provider should ensure that infection control procedures are followed to prevent the risk of the spread of infection. In particular ensure that:

- a) staff use protective clothing appropriately when handling used linen.
- b) all equipment including the underside of shower chairs, commodes and wheelchairs are clean.

This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

The provider had implemented this recommendation.

We saw that staff used protective clothing appropriately and equipment sampled was clean.

Recommendation 6

It is recommended that the provider review the current methods of recording equipment safety checks to ensure all checks are recorded. The location of records should be documented for ease of access.

This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

The provider had not fully implemented this recommendation.

The documents were easily accessed. However, improvement was still needed.

Although maintenance checks were carried out on equipment, it was difficult to audit the checks because the recording methods were unclear. Repairs were not always signed when completed making it hard to know if the repair remained outstanding. The recording of safety checks and completion of repairs needs to be clearer to offer residents assurance of living in a safe environment.

We will monitor progress at the next inspection.

Recommendation 7

This recommendation was made following a complaint investigation in April 2017.

The provider should ensure that external slabs are made safe to prevent any possible trip hazards.

National Care Standards, Care Homes for Older People, Standard 5 - Management and staffing arrangements.

This recommendation was made on 13 April 2017.

Action taken on previous recommendation

This recommendation had been implemented.

However, because of the corrosive effects of weather condition, we expect the safety of external slabs to continue to be routinely reviewed to maintain residents safety when outdoors.

Recommendation 8

The provider should ensure staff maintain records in a respectful way that maintains residents' dignity. Terminology which could be considered judgemental should not be used.

This is in accordance with the National Care Standards, Care homes for older people, Standard 5, Management and staffing arrangements.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

The provider had implemented this recommendation.

The sample of records viewed showed these were maintained in a respectful and non judgemental way.

Recommendation 9

The provider should ensure that ongoing assessment for the use of equipment, such as bedrails or lap strap is carried out. Appropriate consents should be in place for the use of this equipment.

This is in accordance with the National Care Standards, Care Homes for older people, Standard 9 - Feeling safe and secure.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

Following a complaint investigation, a requirement was made about equipment and consent. It is therefore appropriate to remove this recommendation.

Recommendation 10

It is recommended that the provider forward a programme of works of the expected completion of the following:

- a) removal of keypads from communal bathrooms and shower rooms unless there is documented evidence to show why keypads are necessary.
- b) provision of locks on all communal toilet doors.
- c) refurbishment of two communal bathrooms.

This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 5 - Management and staffing arrangements.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

The provider had implemented some elements of this recommendation.

We were provided with a programme of works which remains ongoing.

- a) all keypads had been removed from communal bathrooms.
- b) one toilet still had no lock. Therefore those using the toilet could not choose to lock the door and protect their privacy and dignity.
- c) two communal bathrooms were being converted into wet rooms. Two bathrooms would still be available. This would increase residents choice of bathing facilities.
Waiting on confirmation from the Care Inspectorate to commence the work had contributed to the delay in completing this.

Aspects of the environment could be improved to make it more homely. For example, communal areas were generally untidy with items lying around, some doors, with holes in them, were waiting to be replaced. In general more attention to detail would make the environment more inviting for residents to live in.

We will monitor progress at the next inspection.

Recommendation 11

The provider should ensure that staff have the skills and knowledge required to effectively support residents experiencing stress and distressed reactions.

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

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

The provider had partially implemented this recommendation.

We saw that staff had received training to help them support residents who were experiencing stress or distress. We saw some examples where staff supported residents well and as a result the residents were reassured and their distress reduced.

However, new staff had commenced in post and had still to receive the training. In addition not all residents' care plans contained enough information to guide staff in the best ways to support residents when distressed. This is important in ensuring care is given in the correct way especially when some staff have still to receive training.

We will monitor progress at the next inspection.

Recommendation 12

The service provider should develop staff leadership skills to help them in directing the daily running of the service. Staff would benefit from clarification on their roles and responsibilities.

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

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

The provider had not fully implemented this recommendation.

There was clear guidance around managerial roles and lines of accountability. There was also clarity around staff roles and responsibilities.

However, there remained a need to support staff in developing skills around directing the daily running of the service particularly staff deployment at peak times, for example meal times. This would help ensure that all staff were available to support residents and help make the dining experience more pleasant and organised.

There remained an over reliance on the manager to make decision about things that were within the scope of competent staff. For example, ensuring that incidents were recorded and reported appropriately.

We will monitor progress at the next inspection.

Recommendation 13

It is recommended that the provider continues to develop the quality assurance system to ensure all aspects of service quality is comprehensively evaluated. This should include measures to be taken to check that any identified action has been satisfactorily completed.

This is in accordance with the National Care Standards, Care homes for older people, Standard 5 - Management and staffing arrangements.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

The provider had not fully implemented this recommendation.

A quality assurance system in the form of audits was used to measure the quality of service and identify things that needed to improve.

We saw some examples where this had been used effectively to improve residents' experience of living at the service. For example a calmer setting, improved quality of meals, improved skin care.

However, the audit system needs to be used in a more systematic way to help identify the areas that need to improve and plan how to do it. This approach would help the service implement the recommendations in this report in a more structured way.

Care needs to be taken to ensure that we have been informed of all incidents specified in the Care Inspectorate guidance on notification reporting. The management team acknowledged our concern about this. We were given assurance that in future it would comply with legislation and notify the Care Inspectorate timeously of stipulated events. We will monitor progress at the next inspection.

It was noted that policies used to guide staff in their practice needed updating. We will monitor progress at the next inspection.

The management team was aware that the current recommendations in this report, some of which have been repeated, need to be implemented in order to improve the quality of service and maintain the current grades. We were assured that the service would implement the recommendations and we will monitor progress at the next inspection.

Recommendation 14

The provider should ensure staff are competent to carry out their role and responsibilities.

- a) Systems should be used to evaluate staff skills and competencies in practice.
- b) Ensure staff use methods that reflect up-to-date knowledge and best practice guidance.
- c) Where staff are not assessed as competent, the provider should ensure that this is identified and recorded.
- d) An action plan for reflection and improvement should be implemented.
- e) Progress should be monitored and recorded to ensure the necessary skills and competencies are achieved.

This is in accordance with the National Care Standards, Care homes for older people, Standard 5, Management and staffing arrangements.

This recommendation was made on 26 June 2017.

Action taken on previous recommendation

The provider had not fully implemented this recommendation.

Systems had been devised to evaluate staff work practice. We saw evidence that where staff needed support to develop their skill this was identified and recorded. This system was still in the early stages of development and its too early to measure the full benefits.

As a result we still saw that staff needed support to ensure their practice reflected the most up-to-date guidance. For example, in medication management, reporting and recording of incidents.

We will monitor progress at the next inspection.

Recommendation 15

Following a complaint in November 2017 the following recommendation was made.

If a resident is moving to another bedroom for whatever reason this may be, the provider must ensure the bedroom is of the same or improved standard of which the resident currently resides.

This is in accordance with the National Care Standards, Care homes for older people, Standard 4 - Your environment and Standard 3 - Your legal rights.

This recommendation was made on 10 November 2017.

Action taken on previous recommendation

Whilst we were told that it was the custom and practice at the service to ensure the suitability of residents' bedrooms, it would be beneficial if this procedure was written.

This would guide staff in a consistent approach. This should form part of the overall policy review which the provider needs to complete.

We will monitor progress at the next inspection.

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
30 May 2017	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
20 Feb 2017	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
16 Aug 2016	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good
16 Feb 2016	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership Not assessed
16 Jun 2015	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 3 - Adequate Management and leadership 3 - Adequate
11 Feb 2015	Unannounced	Care and support 2 - Weak Environment 2 - Weak Staffing 2 - Weak Management and leadership 2 - Weak
28 Aug 2014	Unannounced	Care and support 3 - Adequate Environment 3 - Adequate Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings
31 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good Not assessed 4 - Good Not assessed
29 Aug 2013	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 4 - Good 4 - Good 4 - Good
21 Feb 2013	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate Not assessed 2 - Weak
18 Dec 2012	Unannounced	Care and support Environment Staffing Management and leadership
		2 - Weak 1 - Unsatisfactory Not assessed Not assessed
2 Aug 2012	Unannounced	Care and support Environment Staffing Management and leadership
		4 - Good 3 - Adequate 4 - Good Not assessed
7 Nov 2011	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 3 - Adequate Not assessed Not assessed
7 Jul 2011	Unannounced	Care and support Environment Staffing Management and leadership
		3 - Adequate 2 - Weak 3 - Adequate 3 - Adequate
7 Apr 2011	Unannounced	Care and support Environment Staffing Management and leadership
		2 - Weak 2 - Weak 2 - Weak 3 - Adequate

Date	Type	Gradings	
19 Jan 2011	Unannounced	Care and support	2 - Weak
		Environment	2 - Weak
		Staffing	2 - Weak
		Management and leadership	3 - Adequate
29 Jun 2010	Announced	Care and support	3 - Adequate
		Environment	Not assessed
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate
26 Jan 2010	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
16 Jun 2009	Announced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	3 - Adequate
19 Mar 2009		Care and support	3 - Adequate
		Environment	3 - Adequate
		Staffing	3 - Adequate
		Management and leadership	3 - Adequate

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

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

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

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

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿੱਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.