

Holmesview Care Home Service

2 Holmes Road
Broxburn
EH52 5JZ

Telephone: 01506 859 660

Type of inspection: Unannounced
Inspection completed on: 13 March 2018

Service provided by:
Randolph Hill Nursing Homes (Scotland)
Ltd

Service provider number:
SP2003002451

Care service number:
CS2010270153

About the service

Holmesview is a care home service for older people, providing twenty-four hour care for up to sixty older people. The service is owned and managed by Randolph Hill Care Homes Ltd and has been registered since 2011.

The service is situated on the main street in Broxburn and has some local shops, public transport and amenities within walking distance.

Accommodation is provided over two floors, with six small units each containing ten single ensuite bedrooms, lounge and dining area, and a communal bathroom. There is also a larger public lounge, and an enclosed sensory garden with access from some bedrooms and one of the downstairs lounges. Kitchen and laundry facilities are situated on the ground floor, and there is also a small hairdressing salon.

The philosophy of Randolph Hill Care Homes Ltd is "to provide high quality, skilled and empathetic individual care".

What people told us

We saw and/or spoke with most of the residents during the inspection. Some residents could not give their views of life in the home and/or were unable to have an extensive conversation.

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.

Residents looked comfortable around staff and staff were warm and caring in their approach to residents.

However, we did not see a lot of interaction and engagement due to staff prioritising direct care for residents who needed this.

We spoke with seven relatives during our inspection and they gave us mixed views about staffing in the service. One relative told us, "My mother is well looked after but they could do with extra staff here. They (staff) are really busy and lots of people need help". However, people were complimentary about the care they felt that their relative received. They stated that they felt welcomed to the home.

Self assessment

We did not request an updated self assessment before this visit.

From this inspection we graded this service as:

Quality of care and support	2 - Weak
Quality of environment	5 - Very Good
Quality of staffing	not assessed
Quality of management and leadership	not assessed

What the service does well

The accommodation is well presented and divided into small homely units. Areas of the home were clean and bedrooms were personalised which can help residents feel a sense of belonging. Relatives told us that they were welcomed to the home.

We were satisfied that checks of equipment, for example, those used in moving and handling were completed by external contractors and reflected the home's inventory.

An audit system of the environment and equipment was good but could have been enhanced with the use of an action plan to show that areas identified for improvement had been completed.

There was very kind and caring interactions between staff and residents. This was particularly noted when staff assisted individuals with meals. One to one interaction was good with patience and encouragement. Some residents chose to have alternative items to eat other than those set out in the daily menu.

It was positive that there was activity planned each day and some residents were supported to join in.

It was evident that care staff knew residents well and wanted to deliver a high standard of care. Attention was given to the appearance of residents and they looked well groomed which gives people a sense of well being.

What the service could do better

Staff were seen to work hard but it was clear that they were unable to meet the needs of residents making sure that they could realise their potential and have a purposeful and meaningful quality of life in the home. This was because they were busy and some residents needed care to be delivered by two staff members.

Whilst relatives told us that they were overall happy with the quality of care their relative received, comments were given about the lack of staff available to support and supervise residents. Staff were frustrated as they were aware that they did not have the time to do this.

We thought that the lack of staffing had an impact in the care and care practices in the home.

We found:

- a lack of staff presence in lounge areas for the majority of time and call bells were not in place for residents to summon assistance. This meant that some residents were at risk of harm.
- continence needs not being addressed for a few people which did not respect their dignity
- mealtimes being condensed into a short space of time
- repositioning charts unable to be adhered to help prevent pressure damage
- some residents spending all of the time in bed which is socially isolating and disabling
- some residents using lap straps when seated
- care planning not updated and reflecting best practice in areas of care.

These issues can have negative outcomes in the health and well being of residents and some of the issues could be addressed quickly if sufficient staff were available in the units where needs were high.

Requirement 1.

We advised the management on some other aspects of care and practice which could be improved quickly. For example, in making sure that information on Adults with Incapacity was up to date and where possible, copies of relevant legal documents were in place. This would clearly identify the responsible person to be involved and consulted in the care of each resident.

We also asked that they review the guidance documents which gives information about what the service is expected to report to us in the form of notifications.

Some care issues are detailed below and have resulted in requirements as these place people at risk in respect of health and well being.

Nutrition

We were concerned about the audit findings of nutrition and weights for January 2018. Many residents were recorded as having lost weight and there was no considered approach to address this. For example, to start weekly weights or update care plans when advice was sought from the dietician, or to review the dining experience.

Meals were served at differing times which allowed staff to sit and assist those who needed one to one support. However the evening meal was over by 4pm for some residents. Whilst it was positive that one to one attention was given, the social aspects of dining were lost.

This also meant that there would be a long period of time between main meals.

Visual choices of meals can encourage eating but this was not afforded to many residents as plated meals were delivered to the units. This would help those with memory problems to select at the time. Additionally, whilst snacks were available, these were stored out of sight. These would have to be seen, be accessible and offered to residents to help encourage eating.

Requirement 2.

Bedrest

A number of residents spent their time in bed and we could not see any clear rationale for this.

We acknowledge that they may be frail or have difficulty standing or sitting but there are complications associated with bed rest which places them at risk. This is also socially isolating for the individual.

We did not see involvement of professionals to make assessments and find alternatives to remaining in bed, such as adapted seating.

Whilst there may be reasons for individuals to remain in bed, there was no care planning to guide staff on how to meet the resident's needs for all aspects of daily living.

The manager explained that there had been discussion with family members but there was no documentation in care files to support that they had been made aware of rights and risks to their relative.

Requirement 3.

Restraint

We were concerned about the lack of understanding and decision making in respect of restraint.

The use of recliner chairs and lap straps can be defined as restraint and appropriate documentation was not in place. We observed and read of instances where this practice placed residents at considerable risk. There were no risk assessments or accurate care planning.

We directed the management to the Mental Welfare Commission guidance to help direct practice in the home to ensure that people are not subject to unfair restrictions.:

Mental Welfare Commission for Scotland (2013): Rights, Risks and Limits to Freedom

Mental Welfare Commission (2007): Safe to Wander.

Requirement 4.

Stress and distress

There were a number of residents affected by stress and distress and care plans did not have sufficient information to direct and guide staff on how best to deliver care to make sure that the resident was comfortable and calm.

Care plans had not been updated taking account of monitoring charts or changes in the presentation of residents.

It was concerning that staff were guided to the use of restraint in one care plan sampled to manage the stress and distress of a resident.

Requirement 5

Pressure ulcer prevention and management

We looked at the pressure care audit for the month of January 2018.

There was a range of pressure reducing equipment in the home and used according to risk. This was positive. It was difficult to see from these records any resident who had a wound in each of the units. It was clear in one unit that there was a resident who had a pressure ulcer. This information was not readily available for some other units.

In response to the question if there were any wound or skin issues, this was stated 'yes' only. There was no descriptors of what this meant and if a wound or skin tear was present and where.

Care files indicated that a few residents had wounds or breaks to skin and wound care products were seen in bedrooms. We acknowledge that one resident had involvement of professionals to support the staff deliver care and manage their wound. This was evident from their records. However, it was difficult to tell if anyone had wounds and/or the treatment that was to be given.

This was also in respect of prevention of skin damage. Some residents needed to be assisted to move position either whilst in bed or chairs if they could not do so themselves. Repositioning for some residents who needed to be moved in bed had not been done within the assessed timescale. This meant that they were at risk of skin damage.

It is important that care plans accurately reflect the status of the residents' skin and the care to be delivered to prevent and treat skin damage.

Requirement 6

Medication management

Improvement was needed in aspects of medication management. We noted the following:

- Topical medications had no dates of opening and this is needed to make sure that items remained fit for use.
- Handwritten entries of medications did not have information on who had authorized the prescription.
- Where medication was used for the management of stress and distress, this did not have a protocol in place to guide staff in practice to manage symptoms before using the medication.
- There was variable practice in the use of carers' notes to show how effective any medications had been when these were given as needed.
- Administration of covert medications was unclear. We did not see involvement of the pharmacist and one resident who continued to have records in place and no longer had medication administered covertly.

Requirement 7

Requirements

Number of requirements: 7

1. 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 : For completion by 31 May 2018

2. The provider must ensure that the nutritional needs of residents are being met. In particular you must:

- (a) Assess the nutritional needs of all residents.
- (b) Record the identified nutritional needs of residents and how they will be met taking account of individual

choices and preferences.

(c) Ensure that the strategies identified for meeting resident's nutritional needs are put into practice.

(d) Ensure that staff support the dining experience of residents in accordance with the strategies identified to meet nutritional needs.

(e) Ensure that there is a system in place to monitor residents who are assessed at high risk of malnutrition and that action is taken promptly to minimise such risks.

This is to comply with Regulations 3 and 4(1)(a) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: For completion by 31 May 2018

3. The provider must ensure that there is recorded consultation and agreement with the residents and / or their representatives when residents spend a considerable amount of time in bed. 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 developed and implemented.

This is to comply with Regulations 3 and 4(1)(a) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: For completion by 31 May 2018

4. The Provider must ensure that no resident is subject to unnecessary restraint.

In order to achieve this the Manager must:

a) Assess the care needs of residents who currently use lap straps and/or recliner chairs

b) Ensure that risk assessments are in place for the use of restraint.

c) Ensure care plans clearly set out the rationale for use of restraint if appropriate.

d) Provide staff with guidance on appropriate record keeping in respect of restraint.

This is to comply with Regulations 3 and 4(1)(a), 4(1)(c) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: For completion by 31 May 2018

5. The provider must ensure that residents who exhibit symptoms of stress and distress or whom staff report as having behaviours that challenge them has a personal plan to guide staff. In order to achieve this, the provider must:

a) Ensure there is a personal plan which sets out the triggers that may contribute to stress and distress.

b) Include in the personal plan signs of stress and distress and how this is displayed in each individual.

c) Include guidance for staff on how to support residents by early intervention, minimising distress and helping residents feel calm, safe and secure.

d) Ensure that staff are guided on when and how to document when residents show signs of stress and distress.

This is to comply with Regulations 3 and 4(1)(a) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: For completion by 31 May 2018

6. The provider must ensure that the health and welfare needs of residents in relation to pressure ulcers are met. In particular you must:

(a) Carry out an assessment of all residents in the home which identifies the level of risk posed in respect of pressure ulcer development.

(b) Ensure that measures to help prevent the development of pressure ulcers are identified and clearly documented in care plans and that these are implemented by staff delivering care.

- (c) Ensure that residents who have wounds have clear plans of care developed and implemented to evidence how these are assessed and managed.
- (d) Ensure that there is a system which monitors the effectiveness of care delivered in relation to prevention and treatment of pressure ulcers.
- This is to comply with Regulations 4(1)(a) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: For completion by 31 May 2018

7. The provider must ensure that medications are managed in a manner to protect the health and welfare of residents. In particular you must:
- a) Ensure that prescribed topical medical preparations are dated to show that they remain fit for use.
 - b) Ensure that handwritten entries of medications have information on who had authorized the prescription.
 - c) Ensure that where medication is used in the management of stress and distress, that protocols are in place to guide staff in practice to manage symptoms before using the medication.
 - d) Ensure that where covert medication administered is carried out that there is clear documentation of involvement of professionals and that guidance is given to staff.
 - e) Carers' notes must show the effectiveness of any medications which are given on an 'as required' basis.
- This is to comply with Regulations 4(1)(a) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Timescale: For completion by 31 May 2018

Recommendations

Number of recommendations: 0

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Inspection and grading history

Date	Type	Gradings
23 Dec 2016	Unannounced	Care and support
		5 - Very good
		Environment
		5 - Very good
		Staffing
		5 - Very good
		Management and leadership
		5 - Very good
23 Mar 2016	Unannounced	Care and support
		5 - Very good

Date	Type	Gradings	
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
16 Dec 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	4 - Good
19 Feb 2014	Unannounced	Care and support	4 - Good
		Environment	5 - Very good
		Staffing	4 - Good
		Management and leadership	5 - Very good
30 Jan 2013	Unannounced	Care and support	Not assessed
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
8 Nov 2012	Unannounced	Care and support	4 - Good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	Not assessed
6 Mar 2012	Unannounced	Care and support	4 - Good
		Environment	Not assessed
		Staffing	Not assessed
		Management and leadership	5 - Very good
26 Aug 2011	Unannounced	Care and support	3 - Adequate
		Environment	4 - Good
		Staffing	4 - Good
		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.