

## Deanfield Care Home Care Home Service

Roadhead  
Hawick  
TD9 7HN

Telephone: 01450 373072

Type of inspection: Unannounced  
Inspection completed on: 4 May 2018

**Service provided by:**  
Scottish Borders Cares LLP, t/a SB  
Cares

**Service provider number:**  
SP2014012415

**Care service number:**  
CS2015334996

## About the service

This service registered with the Care Inspectorate on 31 July 2015.

Deanfield Care Home is operated by Scottish Borders Cares Limited Liability Partnership trading as SB Cares. SB Cares is registered as a Limited Liability Partnership wholly owned by Scottish Borders Council. SB Cares works in partnership with the Council to provide adult social care services on their behalf.

The service is registered to provide a care home service to a maximum of 35 older people including two respite/ short break places. At the time of our inspection there were 34 residents living in the home.

The care home, a modern building, is situated in private grounds close to the centre of Hawick. Shopping and leisure opportunities are nearby, along with churches and health services. Hawick is well served by public transport.

Accommodation at Deanfield Care Home is spread across two floors, one with three units, the other with two. Each floor has communal lounges, a dining room, a small domestic-style kitchen, an assisted bathroom and accessible toilets.

The upper level has a dedicated smoker's lounge. Stairs and a vertical platform lift link the two areas. Each of the units has seven bedrooms with their own en-suite shower and toilet facilities. The home's office, catering kitchen, laundry and staff room are centrally located.

The provider's aims and objectives for Deanfield Care Home include the following:

Aims of the Service:

The service supports people to:

- \* maintain a fulfilling lifestyle of their choosing based on their expressed wishes, assessed needs and identified outcomes
- \* identify, consider and account for risk in a positive manner to achieve and maintain greater skill and independence
- \* make informed decisions and choices
- \* continue to be an active citizen with their local community
- \* maintain a safe environment both at home and when in the community

The service will:

- \* ensure people experience respectful and meaningful support
- \* provide high quality, practical care and support
- \* promote and respect the independence, individuality, choice and the rights of each individual
- \* work closely with individuals and their carers, families and other professionals who are involved with their care to ensure a robust support network is available to empower the person to experience the life they want to
- \* be provided by a highly skilled, qualified and motivated staff team

Objectives:

Meeting the National Care Standards Principles and Standards SB Cares as a wider organisation and directly Deanfield are committed to ensuring the principles of the National Care Standards are at the heart of everything we do: Dignity and respect, Compassion, Be Included, Responsive support and Wellbeing. If people felt that we had fallen below what they would expect they can raise their concerns with us, use our complaints procedure or complain to the Care Inspectorate. Deanfield actively encourage involvement of people using the service and promote the use of advocacy.

## What people told us

Prior to the inspection visit we sent out care standards questionnaires for residents and relatives/carers to complete. We received back two completed relatives' /carers' care standards questionnaires. Both indicated that overall they were satisfied with the quality of care that the service provided.

At the time of our inspection there were 34 residents in the home. During our visits we met most of the residents and spoke individually with 14 of them. When chatting with us about their day-to-day lives, they indicated that they were generally very satisfied with the service being provided. Their comments included: "I like it in here. I am very well cared for"

"I'm very well attended to. I haven't a grumble"

"They can't do enough for us, they are really good"

"The food is not as nice as when they made it themselves"

"There is always a choice at mealtimes"

"The home-baking is lovely"

"I would like to spend more time outside"

"Sometimes the days seem long"

"Have occasionally played dominoes and sometimes bingo"

"They keep the home nice and clean."

Where residents were less able to express their views, we noted that they were generally settled and relaxed.

We used the Short Observational Framework for Inspection (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. On this inspection we used SOFI2 to observe the experience of three residents in one of the lounge areas. Although we saw some positive interactions between the staff and these residents we identified that some staff would benefit from further training and support to make everyday interactions more meaningful.

During our inspection we spoke with four relatives. They were all satisfied with the standard of care currently provided. They thought the staff worked hard and their relatives' bedrooms kept clean and tidy.

## Self assessment

We are not requesting self-assessments from providers for this inspection year. Issues relating to quality assurance, acting on feedback from people using the service and the quality of the service's improvement plan are considered throughout the inspection. From 1 April 2018 the new "Health and Social Care Standards" have replaced the previous National Care Standards. These standards seek to provide better outcomes for people who experience care and services should now be familiarising themselves with these. Services must now take account of the new standards, and should work with staff and the people they support to implement these effectively.

## From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	3 - Adequate
Quality of management and leadership	3 - Adequate

## Quality of care and support

### Findings from the inspection

Deanfield Care Home was performing to a good level in the areas covered by this quality theme. There were good standards of healthcare being provided for the residents in a warm, relaxed and friendly atmosphere.

Both residents and relatives/carers told us that they were satisfied with the standard of care and support the service provided.

The management team were looking at how information in the service could be displayed to provide better information about forthcoming activities/events and how people could give feedback about the service. Regular residents and relatives meetings were to be restarted.

Care and support was provided in an organised way. Staff were aware of their responsibilities and there was a good team approach to meeting the support needs of the residents and their relatives/carers.

We observed breakfast and lunch being served and saw that residents were given appropriate support to eat and drink. Residents were seen offered choice at meal times and with snacks and drinks during the day. We received mixed feedback about the changes to the meal provision in the home. As this system is relatively new to the home we suggested that the management team continue to assess and develop the menu provision.

Residents' health and wellbeing was promoted through assessment and care planning. Nursing support was promptly sought where needed. The service should ensure that care plans are promptly updated when there are changes in care needs (**see recommendation 1**).

The service should continue to develop the provision and facilitation of meaningful activities. See [www.capa.scot](http://www.capa.scot) for resources to support this.

Some improvements needed to be made to the completion of medication administration records (**see recommendation 2**).

The management team were considering reviewing the timings of medication administration in order that it did not detract from residents' enjoying their meals.

We will look at progress of these areas for development at our next inspection.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The service should ensure that care plans are promptly updated when there are changes in care needs. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 1.15) which state that my personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

2. The service should improve the way medication administration records are completed. This should include:  
 Ensuring identification sheets including photos are promptly made available  
 Ensuring when medication is not given the reason for this is clearly recorded and promptly followed up  
 Ensuring that on topical medication records the name of transcribe is recorded and all sheets have the resident's name on them  
 Ensuring "as required" protocols are made available.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 4.27) which state that I experience high quality care and support because people have the necessary information and resources.

Also see: Care Inspectorate's Guidance about medication personal plans, review, monitoring and record keeping in residential care services.

**Grade:** 4 – good

## Quality of environment

### Findings from the inspection

The service was performing to a good level in the areas covered by this quality theme.

First impressions of the service were good. There was off road parking available and a welcoming entrance area.

Residents/relatives told us that they were very happy with their/their relative's rooms and thought the home was kept clean. All the bedrooms we looked at were personalised.

The home was clean and tidy. Bedroom checks had recently been re-introduced to ensure high standards were consistently maintained. A "Pass" food hygiene certificate, dated February 2018, confirmed that the kitchen met the required legal standards for food hygiene.

The service had taken action in response to their last fire audit completed in October 2017.

Having reviewed the current provision of accommodation and outdoor space the management team have identified and planned improvements. This included the smoking room. From our observations additional areas were identified which the management team started to take action to address. These included:

Additional directional signage

Toilet holders needed in units 1, 2 bathrooms

Repair of the bath in unit 2

Hand washing facilities and racking to be put into the new sluice rooms

Hand washing sink to be installed in unit 3,4,5s medication room

Replacement of worn/stained and scratched crockery

Review of storage arrangement in ensuites

Replacing the open bin in the laundry with a pedal bin.

A new medication storage room was being installed for units 1 and 2. In the interim temperature checks were to be carried out on the area where their medication trolley was currently stored.

We asked the service to review the management and monitoring of hot and cold water systems within the home to ensure that safety was maintained (**see recommendation 1**).

The new management team were currently making improvements to the organisation and recording of environmental/equipment checks.

We noted wardrobes that were not secured to the wall. We asked that the service complete a risk assessment and take appropriate action to reduce any risk where identified (**see recommendation 2**).

Staff were to be reminded about the storage of dressings, catheters and continence aids in bedrooms to ensure that these items were discretely stored.

Staff should ensure that perishable items stored in the fridges are date labelled when opened and promptly removed when their use by date expires (**see recommendation 3**).

We will look at progress of these areas for development at our next inspection.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 3

1. The service should ensure that the management and monitoring of hot and cold water systems is reviewed. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 5.17) which state my environment is secure and safe.

Also see Health and Safety Executive's guidance "Health and Safety in Care Homes".

2. The service should complete a risk assessment on the provision of tall furniture, including wardrobes. Appropriate action should be taken to reduce the risk of these items tipping over where a risk is identified. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 5.17) which state my environment is secure and safe.

Also see Health and Safety Executive's guidance "Health and Safety in Care Homes".

3. Staff should ensure that perishable items stored in the fridges, for example fruit juices and bottles, are date labelled when opened and promptly removed when their use by date expires. This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 5.17) which state my environment is secure and safe.

**Grade:** 4 – good

## Quality of staffing

### Findings from the inspection

The service performed to an adequate level in the areas covered by this quality theme.

Recent improvements to internal monitoring have resulted in the provider being aware of where the service needs to improve. Additional management support is being provided to help the service make the necessary improvements. This should lead to improved support for staff which will enable the service to improve on this grade.

During our inspection, we saw that residents were supported in a caring and respectful manner by staff who were knowledgeable about residents' support needs.

A previous recommendation regarding the evaluation of e-learning (**see recommendation 1**) remains so that we can follow up full compliance at the next inspection. However it was recognised that the provider's revision of supervision records should ensure more consistency in terms of what is discussed and how supervision is planned and conducted. The changes include a more reflective element to supervision and ensure staff receive feedback through direct observations of practice.

The provider had recently made improvements to ensure better communication regarding the completion of safe recruitment checks. As part of this the service should record decisions made about staff suitability in response to information gathered during the recruitment process (**see recommendation 2**). This will evidence a clear audit trail.

The management team now has an improved overview of which staff are registered with the Scottish Social Services Council (SSSC). This meant that staff are appropriately registered. However it was recognised that previous poor practice in this area had led to some staff not registering within the correct timescale.

There was a clear overview of staff training requirements and a plan was in place to ensure these would be met. As part of this plan the provider was reviewing the current provision of training to ensure that all training was fit for purpose and to identify if other bespoke training was needed.

The service should continue to effectively assess the dependency of residents to ensure that they can continue to provide sufficient staff with the right skills to meet their care and support needs. This assessment should include reviews of accidents and incidents and listening to feedback.

We will look at progress of these areas for development at our next inspection.

## Requirements

**Number of requirements:** 0

## Recommendations

**Number of recommendations:** 2

1. The service should ensure that methods are put in place to evaluate the effectiveness of e-Learning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 3.14) which state I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes.

2. It is recommended that where decisions about staff suitability have been made during the recruitment process that this information is clearly documented. This will provide a clear audit trail and evidence decisions made.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 4.24) which state I am confident that people who support and care for me have been appropriately and safely recruited.

Also see: SSSC Codes of Practice for Social Service Workers and Employers.

**Grade:** 3 - adequate

## Quality of management and leadership

### Findings from the inspection

The service performed to an adequate level in the areas covered by this quality theme.

There was now improved monitoring of the service with additional management support being provided. This will enable ongoing checks to continue, new robust systems to be developed and provide support for staff. This should lead to the improvement of this grade.

We received positive comments from the staff in the staff questionnaires that we received about the new management team and from the two visiting healthcare professionals we spoke with.

There was clear recording by staff when dealing with residents' finances.



A previous requirement regarding ensuring that all staff receive mandatory training within stipulated timescales remains (**see requirement 1**) so that we can follow up full compliance at the next inspection. This has been given a revised timescale in order for the provider to address the difficulties it is having in accessing appropriate training.

The management team were responsive to the areas of improvement highlighted during our inspection and from their own findings. They and the staff had worked very hard to take action to support improvement. Whilst acknowledging this, it is important that the service retains and develops strong leadership in order to progress the service's development plan and meet the requirement and recommendations from this report. Promoting management and leadership at all levels, from resident involvement to senior management support will help to provide continued improvement.

An overview sheet was being developed to identify who the legal guardian was when a resident did not have capacity and to ensure all appropriate documentation had been seen.

Staff who take charge of the home were to be reminded of the Care Inspectorate's document 'Guidance on notification reporting'.

The post fall tools being used in the service were to be reviewed to ensure that they identified and recorded any actions taken following review of the accident.

We will look at progress of these areas for development at our next inspection.

## Requirements

### Number of requirements: 1

1. The service provider must ensure that all staff receive mandatory training within stipulated timescales. This must be achieved by 27 October 2018.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 3.14 which states I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. It is also necessary to comply with Regulation 15(a) of the Social Care and Social Work Improvement Scotland Regulations 2011, which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.

## Recommendations

### Number of recommendations: 0

**Grade:** 3 - adequate

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

### Previous requirements

#### Requirement 1

The service provider must ensure that flooring and levels of decoration in the lower ground area of the care home are maintained in a manner appropriate for a care home for older people.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (a) and (d) a requirement that premises are decorated and maintained to a suitable standard.

Timescale for implementation: Within six weeks from the receipt of this report.

**This requirement was made on 22 June 2017.**

#### Action taken on previous requirement

There was sufficient evidence that this requirement was met.

The service submitted an action plan indicating that they had reviewed the work needed and had planned for this to be carried out within a three months timescale.

At our inspection visit we found that the flooring in the communal areas had been replaced and the décor improved.

The new management team had recently reviewed the environment and had identified how the environment in the home could be further improved. Their development plan detailed how this would be achieved.

**Met - outwith timescales**

#### Requirement 2

The service provider must ensure that all staff receive mandatory training within stipulated timescales.

This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15(a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users.

Timescale for implementation: six weeks from the receipt of this report.

**This requirement was made on 22 June 2017.**

#### Action taken on previous requirement

At this inspection we found that induction training had not been completed within the expected timeframe.

The service had a current training matrix which gave a good overview of who had completed their expected training. A number of gaps indicated that some staff had not completed mandatory training within stipulated

timescales. However the management team were aware of this and were currently prioritising staff training requirements as well as looking at how they could improve access to training for staff.

This requirement will remain so that we can follow up full compliance at the next inspection. A revised timescale of six months has been given in order for the provider to address the difficulties it is having in accessing appropriate training.

**Not met**

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

### Previous recommendations

#### Recommendation 1

The service should ensure that methods are put in place to evaluate the effectiveness of e-Learning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training.

National Care Standards. Care at home. Standard 4. Management and staffing arrangements .

**This recommendation was made on 22 June 2017.**

#### Action taken on previous recommendation

The service told us in their action plan that one to one staff supervision would capture this information.

At our inspection visit we saw that a new supervision template had been developed and staff had been asked to complete a reflective account following e-learning events. The use of these was about to commence. This recommendation will remain so that we can follow up full compliance at the next inspection.

#### Recommendation 2

All personal and confidential information should be securely stored.

National Care Standards. Care homes for older people. Standard 10. Exercising your rights

**This recommendation was made on 22 June 2017.**

#### Action taken on previous recommendation

The service told us in their action plan that staff had been reminded of expected practice and locks purchased.

At this inspection we saw that both medication and care records were kept securely. There was sufficient evidence that this recommendation was met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://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	
17 May 2017	Unannounced	Care and support	5 - Very good
		Environment	4 - Good
		Staffing	4 - Good
		Management and leadership	4 - Good
27 Oct 2016	Unannounced	Care and support	4 - Good
		Environment	3 - Adequate
		Staffing	4 - Good
		Management and leadership	3 - Adequate

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