care inspectorate

Springfield Bank Nursing Home
Care Home Service

36/38 Cockpen Crescent
Bonnyrigg
EH19 3PN

Telephone: 0131 660 5060

Type of inspection: Unannounced
Inspection completed on: 15 May 2018

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Care service number:
CS2011300760

HAPPY TO TRANSLATE

About the service we inspected

Springfield Bank Nursing Home is a care home which provides care and accommodation for up to 70 older people. The provider is HC-One Limited.
The home is situated on the outskirts of Bonnyrigg in Midlothian.
Accommodation is within two units named Dalhousie and Pentland. Each has sitting rooms and a dining room. All of the care home is on a ground floor around a fully enclosed courtyard garden. Some of sitting rooms have patio doors to the garden.
All bedrooms have en-suite toilet and hand basin facilities. Bathing facilities and additional toilets are available throughout the home.
An extract from the philosophy of care states that the aim of the provider is to be "the provider of the kindest homes in the UK with the kindest and most professional staff, where each and every one matters and each and every one can make a difference. We will strive to provide all our residents with the highest standards of individualised care. We will do this within a warm, friendly, homely and supportive environment where quality of life is paramount and where residents' rights, habits, values and cultural background are safeguarded and respected."

How we inspected the service

We issued an Improvement Notice (IN) to the provider, in a letter dated 21 March 2018. This notice set out six Improvements that were to be complied with by 21 April 2018.
The focus of this inspection was to ensure that residents' health, welfare and safety needs were met. We did this through measuring compliance with the Improvement Notice.
Our findings can be seen in the section "What the service had done to meet any requirements made at or since the last inspection".

Inspectors commenced the inspection with an unannounced visit and returned for a further three days as follows:
Wednesday 25 April 2018 - 10 - 16:00 (two inspectors)
Thursday 26 April 2018 - 10 - 16:00 (two inspectors)
Sunday 29 April 2018 - 14 - 16:00 (one inspector)
Thursday 3 May 2018 - 10:00 -16:00 (two inspectors)

Feedback was given to the acting manager, deputy manager, three senior representatives of the organisation, a staff member and a newly appointed manager who is to take up post.
A representative of Midlothian Council attended the feedback which took place on Tuesday 15 May 2018 between the hours of 10:00 and 12noon.
This was attended by two inspectors and the inspector manager.

Evidence was gathered from various sources, but inspectors spent time observing:
- Staff practice and interaction with residents and each other.
- How residents spent their day.
- Meals and teas/snacks served.

We observed and interacted with all of the residents, spoke with approximately 10 relatives and 20 staff members.

We looked at documentation and records which included:
Notifications made to us.

Action plans received following regulatory activity.
Samples of staff duty rotas.
Dependency assessments of residents.
Residents' personal records and associated documentation.
Samples of the quality monitoring records of the service.
Medication records.
Staff training matrix.
Accidents and incidents.
We took account of intelligence shared with us through the Large Scale Investigation protocol.

Taking the views of people using the service into account

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.
We spent time with residents in communal areas and observed how they spent their day and how staff interacted with them.
The atmosphere was calm and staff spent time with residents and knew them well. This included agency staff.
We saw some very pleasant interaction between staff and some residents, with residents responding with smiles and laughter. This was a good indicator that residents were comfortable and relaxed.

Taking carers' views into account

We spoke with 10 relatives who told us that there had been a significant change in the home.
Some commented on how the care of their relative had improved and this was shown in how physically better their relative looked.
People said that there were more staff around the home and we were given examples of how staff were trying hard to meet their relative's needs.
A few relatives told us that, whilst they had no concerns about the care of their relative, they could see that there were improvements to be made and there were suggestions of where further improvement could be made, for example in the response time to answer call bells.
It was pleasing to hear comments such as, "What a difference - things have improved", "There's a massive difference in the home" and "They know what is important to her. She is well dressed and physically looks better".

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

Previous requirements

Requirement 1

Improvement 1

By 21 April 2018, you must ensure that service users receive sufficient care and support to meet their health and personal care needs. In particular you must ensure that:
(a) Sufficient and prompt assessment and treatment is carried out in relation to any specific injury or health condition sustained or experienced by a service user.
(b) Sufficient nursing reviews are carried out in relation to any specific injuries or health conditions affecting service users.
(c) Care plans must include the needs and preferences of the individual resident in respect of personal hygiene. These must include information to guide staff on how these needs are to be met.
(d) Records must evidence that the care has been delivered and where it has not a reason for the omission documented.
(e) Implement a system to evidence that registered nurses and /or managers have oversight of any care given. This is to comply with Regulations 4(1)(a) and of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 21 March 2018.

Action taken on previous requirement

Progress on Improvement 1
a) Whilst we saw some good assessments, these were not always followed through to make sure that treatment was given.
This element was not complied with.

b) Due to the findings at (a), we did not assess that this element was complied with.
Some care issues needed to be reviewed by nursing staff, for example in skin care.
This element was not complied with.

c) Whilst we could see that some work had taken place, we thought that this was still work in progress.
Samples of care plans gave inconsistent information at times and we could not be assured that the needs and preferences of individuals were accurate.
Care plans were not always updated when there was a change to the condition of the resident.
This element was not complied with.

d) Records to evidence that care had been delivered were not always completed and where care was not delivered the reason for the omission was not documented.
This element was not complied with.

e) Care records did not show that these had been reviewed by nurses or managers.
For example, food and fluid monitoring charts were often incomplete and had not been totalled to show whether the resident had a sufficient intake over a 24 hour period.
This meant that there was no guide for staff to follow if a resident had taken insufficient.
This element was not complied with.

The provider has a system to review each care file at least once in a month. This was a good opportunity to review all of the information to ensure that it reflects the resident's needs.

This Improvement has an extended timescale of 22 June 2018.

Not met

Requirement 2

Improvement 2
By 21 April 2018, you 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).

This requirement was made on 21 March 2018.

Action taken on previous requirement

Progress on Improvement 2
a) There was sufficient evidence to show that nutritional needs of residents had been completed.
Assessment information and care needs were compiled into clear instruction for staff and readily available. This was dated 21 April 2018 and this directed staff in making sure that residents had specific diets - enhance diets and/or give supplements.
It was positive that the cook had been included and copied into the information and this had gave her a better understanding of nutrition in older people. This meant that they were actively seeking solutions to helping residents eat well.
This element was complied with.

b) Preferences were limited in the care files but as other aspects of files, this is work in progress.
We thought that there should be continued work to set out the preferences of residents.
This element was not complied with.

c) We assessed that the needed to be continued work to make sure that the needs of residents were met.
We are still seeing tea left cold and residents not assisted or encouraged to drink/ drinks put in cups that the resident cannot hold/unclean mouths which does not encourage eating and drinking.
Food and fluid records monitoring needs to be improved. This is to make sure that there is an assessment and updated direction to staff when insufficient food and fluid is taken.
This element was not complied with.

d) We saw a much improved dining experience for residents. We were really pleased to see some residents, who previously did not engage in the dining experience, seated and calm and taking their meals and snacks.
Tea trolleys were set very attractively with lots of choices/titbits and high calorie snacks. Residents were seen to really enjoy this and the presentation of a variety of cakes, fruit and sweets encouraged them to try a few samples.
These improvements, in part, have contributed to the steady reduction in weight loss in the home.
This element was complied with.

e) We have assessed that there needs to be consistent approach to monitoring. Food and fluid recording must be checked over each 24 hour period and advice given to staff when individual resident's intake is poor. This must also be reinforcement of making sure that at risk residents are encouraged and assisted to take food and fluid.
This element was not complied with.

Overall the outcomes have improved in respect of nutrition for residents. There is a must nicer dining experience and weight loss has been/is being addressed.
There are lots of snacks, including fruit, and staff are encouraging.
Where improvement continues to be needed is in respect of making sure that preferences are clear and that staff practice is better in some cases. That is in assisting residents to make sure they take drinks and that they are aware of prevention of infection, for example in using tongs to handle food.
Some work is needed to improve the completion of records and making sure there is management oversight of these.

This Improvement has an extended timescale of 22 June 2018.

Not met

Requirement 3

Improvement 3
By 21 April 2018, you must ensure that medications are managed in a way that does not place residents at risk and in a way that meets the health and welfare needs of residents. In particular you must:
(a) Carry out a full review of all aspects of medication practices in the service, taking account of 'best practice' guidelines. This must include receipt, storage, administration and return of medication.
(b) Use the results of the review to prepare and implement an action plan to significantly improve all aspects of medication management within the service.
(c) Where residents are prescribed medication to alleviate episodes of distress and/or agitation, staff should have information and guidance about the effective way to use the medication. Guidance should be person-centred and include:
(i) a description of signs and symptoms that may indicate need for medications
(ii) the range of interventions to be considered or used before the use of medication
(iii) guidance on how and where to record the effect of the medication
(iv) how often the medication and its effects should be reviewed.
(d) Where a resident is in pain or is assessed as being 'at risk' of developing pain, proper systems have been put in place and implemented to address this and any resulting treatment is recorded.
This is to comply with Regulations 3 and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 21 March 2018.

Action taken on previous requirement
Progress on Improvement 1
a) A full review of medication management has taken place.
This element was complied with.

b) Boots medication management system has now been fully implemented in the service. Competency checks of staff have been completed.
This element was complied with.

c) and d)
We saw that there was good information about stress and distressed behaviours and pain management in care plans. However we saw that these were not signed and dated to show that they were current.
When protocols were in place for the use of 'as required' medications, these were not person centred so there

was no full information to guide staff in assessing if medication was needed and other interventions had been tried.
We acknowledge the extensive work that had taken place in respect of care plans for stress and distress but it would have been clearer to cross reference the protocols to these. This was agreed to be addressed.

A considerable amount of work had taken place to maintain the safety and well being of residents in respect of medication management.
This element was complied with.

This Improvement has been fully complied with.

Met - within timescales

Requirement 4

Improvement 4
By 21 April 2018, you 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 there is appropriate and sufficient equipment for the service to meet the health and welfare needs of residents taking account of the risks identified from the assessments carried out in accordance with paragraph 4(a) above. Ensure that staff are guided in appropriate selection of suitable equipment to meet individuals' needs.
(c) 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.
(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 14(b) and 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 21 March 2018.

Action taken on previous requirement
Progress on Improvement 4
a) We were satisfied that assessments had been completed.
This element was complied with.

b) We can see that there are a lot of different mattresses in place and these are used by residents based on the outcome of their risk assessment.
We were given the guidance for staff in the selection of appropriate mattresses.
However, we did not see information on the selection and use of appropriate cushions and saw a number of people who had pressure reducing mattresses in place, but when seated did not use cushions.
A few residents spend a considerable time in wheelchairs.
The provider confirmed that there were a range of cushions throughout the home and that further supplies can be easily accessed.
This element was complied with.

c) Measures are not always implemented to prevent the development of pressure ulcers.

We have stated in element (b) that there is no shortage of supplies of equipment but we did not see cushions being utilised for residents to reduce risks of pressure.
We found that mattress checks were not always completed to show that they were at the correct setting for the resident. We also did not see instruction to staff on what the setting should be so that this promoted the comfort and safety of the resident.
Where charts were used for repositioning residents to relieve pressure, there were gaps.
We acknowledge that when residents were seated and out of bed that charts may not be completed but they remain at risk. There needs to be evidence to show that care of residents, in respect of repositioning, is completed and documented.
Some residents were prescribed creams to help maintain healthy skin. We noted examples of where cream was not applied according to instruction.
This element was not complied with.

d) As we have already stated, topical creams/repositioning charts/the use of cushions need to be improved to reduce the risks of skin damage to residents.
Additionally, where wounds had developed and treatment was needed, the plan was not always followed.
Frequency of dressing changes were set out, however these were not always followed.
Whilst we were informed that wounds in the home were seen to be healing, it is important that regimes are adhered to so that any issues can be identified promptly through assessment and evaluation can take place.
This element was not complied with.

This Improvement has an extended timescale of 22 June 2018.

Not met

Requirement 5

Improvement 5
By 21 April 2018, you must ensure that persons employed in the provision of care have the skills necessary for the work they are to perform in the service. In particular you must:
(a) Assess the competency of all staff in respect of their knowledge of and skills in medication management where this is relevant.
(b) Ensure that staff are supported to implement training in respect of, but not limited to:
(i) meeting the nutritional needs of older people
(ii) dementia awareness
(iii) stress and distress management
(iv) pain assessment and management; and
(v) pressure ulcer prevention.
(c) Where staff do not have the skills required for the work they perform, plan and implement appropriate training; and
(d) Develop and implement a system to assess and improve the effectiveness of any training received in practice within the service.
This is to comply with Regulations 9(2)(b) and 15(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 21 March 2018.

Action taken on previous requirement

Progress on Improvement 5
a) Records showed that staff competency checks in medication management had taken place.

This element was complied with.

b) We looked at training records and saw that this was progressing. There was involvement of the community psychiatric nurse to assist with training in stress and distress. External and internal training and support had taken place and was continuing.
Records showed that a number of staff still had to complete nutrition and pressure ulcer prevention training. These are aspects of care practice that we have identified as needing to improve.
The provider confirmed that the statistics for completion of training had significantly improved.
This element was complied with.

c) We did not see a training plan for areas of practice that some staff would benefit from. We discussed record keeping, assisting with food and fluid and other aspects of care which the provider confirmed were included in the training plan.
We were satisfied that sufficient progress had been made.
This element was complied with.

d) There had been competency checks of medication management for staff that this was relevant to and medication management had improved.
We acknowledge that there is a system of addressing issues where practice could be improved at the point of the event. This was continuing on a daily basis.
However, we thought that more observation of practice (supported by written documentation would help evidence that this has taken place).
This element was not complied with.

This Improvement has an extended timescale of 22 June 2018.

Not met

Requirement 6

Improvement 6
By 21 April 2018, you must ensure that at all times, sufficient numbers of staff are working in the service to meet the health, welfare and safety needs of residents. In particular you must ensure that:
(a) Dependency assessments are completed which accurately capture the needs of residents on a four weekly basis;
(b) Staff numbers take account of the needs of residents identified in the Dependency Assessments carried out in accordance with 6(a) above;
(c) Staff numbers take account of other aspects of work to be carried out to ensure that the service is making proper provision for the health, welfare and safety of the residents at all times; and
(d) Where there are changes in the needs of residents at any time, these are taken into account and reflected in an updated dependency assessment.
This is to comply with Regulations 4(1)(a) and 15(a) of The Social Care and Social Work Improvement (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 21 March 2018.

Action taken on previous requirement

Progress on Improvement 6
We have assessed this Improvement in it's entirety.

The provider had introduced a new format for assessing staffing levels in the service, taking account of additional duties that staff carried out to meet the health, welfare and safety needs of residents.
This had made an impact on the care that was delivered to residents. Staff felt that they had time to do the job at a standard that they wished.
Relatives all reported that there were more staff around. This meant that there was better interaction and engagement.
We noted that there was clearly a calmer and more pleasant atmosphere in the service. A few residents who had not responded to us previously, answered appropriately when we spent time with them and one engaged in a short conversation.
Whilst we saw that there were a few errors in calculating the dependency assessments, the staffing hours were at a greater level than those assessed.
On balance, we thought that this had been a crucial piece of work that will help the service move forward.
This improvement was fully complied with.

Met - within timescales

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

Previous recommendations

There are no outstanding recommendations.

Complaints

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

Enforcement

Please see Care Inspectorate website (www.careinspectorate.com) for details of enforcement action taken against the service.

Inspection and grading history

Date	Type	Gradings	
27 Feb 2018	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
15 Dec 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
12 Jan 2018	Re-grade	Care and support Environment Staffing Management and leadership	1 - Unsatisfactory 2 - Weak 1 - Unsatisfactory 1 - Unsatisfactory
8 Jun 2017	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 3 - Adequate
7 Mar 2017	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
6 Jul 2016	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 2 - Weak
2 Jul 2015	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 4 - Good 3 - Adequate 2 - Weak
29 Jan 2015	Unannounced	Care and support Environment Staffing	3 - Adequate 4 - Good 4 - Good

Date	Type	Gradings	
		Management and leadership	4 - Good
12 May 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
13 Jan 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good
30 Apr 2013	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
29 Nov 2012	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate Not assessed Not assessed
1 May 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 3 - Adequate 4 - Good 4 - Good

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