

Beechwood Park Care Home Service

136 Main Street
New Sauchie
Alloa
FK10 3JX

Telephone: 01259 720355

Type of inspection:

Unannounced

Completed on:

5 July 2018

Service provided by:

Caring Homes Healthcare Group Limited

Service provider number:

SP2013012090

Service no:

CS2013318118

About the service

Beechwood Park care home is provided by Caring Homes Healthcare Group Ltd, who are part of Myriad Healthcare Ltd, with care homes throughout the UK. The care home is registered to provide for 62 older people.

The home is located on the main street of Sauchie and close to local amenities. The home is laid out over two floors and divided into five units providing single room accommodation, with all rooms having en-suite shower facilities. There are also some enclosed garden areas and seating with direct access from ground floor lounges.

The home has shared use of a mini bus with designated drivers and day trips take place for people on a regular basis.

What people told us

During our inspection we spoke with eight relatives and ten residents to ascertain their views. We also considered two returned questionnaires. Comments overall were mixed, however common themes were that the food was good quality, the staff were kind and hardworking and communication was also good. We also heard there was a variety of meaningful activities for people to enjoy including participation in community life.

A range of comments we heard included:

"Care is excellent. Dad has settled really well. Staff always update me day and night."

"I have trust in the staff who are very kind and caring."

"They get help when they need it or request it, respecting their independence."

"I am really happy here, get plenty to eat and lots of choices."

"Nothing is a bother for any of the staff, they are very kind and so helpful."

"Always offered activities even though rarely joins in but nice to be included."

"Not enough going on in the mornings."

"Sometimes struggle for staff availability."

"Carers need more direction from nurses and communication between shift changes could be better."

People who could not express their views looked peaceful and smiled when we spoke with them, some sang songs and others liked their hand being held softly. We concluded by their body language that this indicated overall people were content.

Self assessment

We did not ask the service to submit a self-assessment for this inspection. Instead, we look at the overall development plan the service has in place. This is discussed in the management and leadership theme of this report.

From this inspection we graded this service as:

Quality of care and support	3 - Adequate
Quality of environment	not assessed
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

We looked at a variety of information and records held by the service and also undertook observations that included two lunch times. People were well supported during mealtimes and this was carried out efficiently ensuring that the nutritional needs of people were being met. The majority of people we spoke with told us the quality of the food was good.

It was pleasing to see that staff treated people living in the home who were living with dementia with kindness and dignity and ensured that regular drinks were provided to promote good hydration. Relatives visiting could access kitchen facilities and this enhanced the sociable atmosphere.

People experienced the benefit of strong links with the local community as well as participating in mini bus trips. This helped ensure that they were not isolated from wider society. People were encouraged to have visitors and internet technology could be facilitated for long distance contact with family and friends. Daily activities that were meaningful to individuals were also offered, and various communication needs were taken into account.

Some records held by the service needed to improve. For example, we noted that care plans had not been put in place for a person who had been in the home for eight weeks, this however was rectified immediately during our inspection. In addition, we did not see that regular reviews for people were carried out, and in particular, if their needs had changed. This meant that on-going health and wellbeing needs, in particular, could be missed. (See requirement 1)

Medication records also needed to improve, we saw missing signatures in some instances as well as gaps in recording for people receiving prescribed creams. This is necessary to promote healthy skin. People should be confident that care plans are adhered to and that they will be given their medications and at the right times to improve or maintain their state of health., as highlighted in Health and Social Care Standard 1.19 - "My care and support meets my needs and is right for me."

We were not satisfied that people were given showers when they requested these, or as outlined in their care plans. The service should improve on this, as highlighted in Health and Social Care Standard 1.23 - "My needs, as agreed in my personal plan, are fully met and my wishes and choices are respected." Furthermore, we did not see in records held by the service how people were monitored who chose to stay in their rooms, particularly those who were at high risk of falls or for those who could not use the nurse call bell to summon help. During our inspection, the manager was rectifying this. We will look at this area again in future visits.

We heard from a relative that a request had been made for an updated continence assessment. We agreed that this should have been acted upon sooner, and some assessments in the records for other people did not have regular evaluations or updates. The service should improve on this as highlighted in Health and Social Care Standard 1.14 - "My future care and support needs are anticipated as part of my assessment."

We found that oral health care charts did not indicate what action was taken if people refused mouth care and we saw for one person their teeth and gums looked unhealthy. We did hear that the service would be supported by the "Caring for Smiles" team and this should ensure that records and associated actions improve. We will look at this again in future inspections.

Finally, the service should ensure that other professionals are consulted, such as the GP when necessary and in accordance with the service protocol to ensure that advice and action are implemented as highlight in Health

and Social Care Standard 1.13 - " I am assessed by a qualified person, who involves other people and professionals as required."

Requirements

Number of requirements: 1

1. The provider must demonstrate that the service undertake six monthly reviews for all individuals to ensure that the current and future needs of people are regularly considered, assessed and monitored and this should be undertaken with other professionals and any welfare appointees.

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: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

This also takes into account Health and Social Care Standard - 1.12 - I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly, and when my needs change.

Timescale: To be in place by 31 December 2018

Recommendations

Number of recommendations: 0

Grade: 3 - adequate

Quality of environment

This quality theme was not assessed.

Quality of staffing

Findings from the inspection

We assessed the staffing to be performing at a good level. We concluded this after we met with ten staff members and gathered their views around their training, induction and how they were supported in their roles. We also looked at training information and recruitment information.

Staff were overall very positive and told us they worked well together as a team and that they were well supported by the nurses and management. There was a wide variety of essential training available to people, and additional training requests were also considered. The majority of training undertaken was electronic learning, and we agreed with staff that practical sessions in some areas would enhance their learning.

Communication between staff in most instances was efficient and positive, but some staff felt handover information between shifts could improve. Relatives told us they felt the communication from staff was very good and they were always updated and kept informed where identified.

We saw from recruitment records that all guidance was adhered to with regard to newly appointed staff in ensuring all relevant background checks were carried out. We also heard from a newly recruited staff member that their induction was a positive one with regular discussions regarding on going training taking place. These procedures enhanced security and safety for people in that staff were carefully selected and were supported to obtain the skills and training to deliver care.

We undertook observations of staff practice. We noted that this was carried out in a respectful and caring manner with assistance provided for mobilising people being carried out safely and effectively.

The majority of staff currently employed in the service have been working there for many years. This benefits people living there as they receive continuity of care, and staff also demonstrated they met the needs of people well. We heard for example how staff read body language cues if they were unable to communicate verbally. Relatives also told us they found staff consistency to be of benefit and this promoted confidence for people living in the home as well as relatives.

The provider has issued new training materials to staff to support people living with dementia. Information held in the training records indicated that to date the majority of staff have only undertaken the introductory level of training. We would expect that staff should be trained at a more skilled level, and in particular, for the staff working in Ben Cleauch and is highlighted in Health and Social Care Standard 3.14 - "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisation codes."

Finally, we discussed with the manager that more consideration should be given as to where newly appointed staff should be deployed within the home to ensure that they have the necessary skills and experience to meet the needs of people.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

We assessed the management and leadership to be performing at a good standard. We concluded this after considering how the manager progressed with on-going improvements and looking at how staff were supported and encouraged with progression and responsibility.

Staff spoke very positively about the manager as did the relatives we spoke with. We heard that the management team were approachable, supportive and took on board areas of interest that staff had. For example, we heard that staff had opportunities to become "champions" which involved additional training in areas such as nutrition, palliative care and moving and assisting. This meant staff had an identified person they could go to should they need support, training or guidance in particular areas that would improve their practice, thereby enhancing the care and support to people.

We saw that the manager had a good overview of staff registration with professional bodies, and supported staff to obtain any conditional qualifications required. Staff told us they received regular supervision meetings that took into account training and development. The service will also consider reflective practice in supervision in the future as currently this is not being evidenced. This means that staff will consider how their training and learning has made a difference to people.

The manager regularly undertook quality assurance audits of the service, and overall these were of a good standard. We did however, discuss that improvements could be made in some areas, for example, how any discrepancies were to be rectified and what action needed to be taken. We also suggested that the care plan audits should also consider newly admitted people to ensure care plans are in place within the required timescales.

Finally, we did not see evidence of a service improvement or development plan based on the outcomes of the quality assurance audits, and how this included the views of residents, relatives and professionals supporting the service. The management team should consider how the opinions of people can be gathered using a variety of methods to ensure ongoing improvement is considered and acted upon on a regular basis, as highlighted in 4.19 of the Health and Social Care Standards - "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

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

Previous requirements

There are no outstanding requirements.

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 all bedding and pillows are of a good standard and replaced when appropriate.

This is to comply with the National Care Standards: Care Homes for Older people. Standard 4.8 - Your environment.

This recommendation was made on 7 October 2017.

Action taken on previous recommendation

We saw evidence of purchases having been made for replacement bedding.

This recommendation has been fully met.

Recommendation 2

The service should provide additional training to registered nurses on the importance of accurate and detailed record keeping and to comply with the Nursing and Midwifery Councils Code, reference 10.1.

This is to comply with the National Care Standards: Care Homes for Older people. Standard 5 - Management and staffing arrangements.

This recommendation was made on 7 October 2017.

Action taken on previous recommendation

We have highlighted under care and support that we did not see in some instances updated information relating to evaluations and reviews. We have made a requirement to consider this going forward.

Recommendation 3

The service should consider alternative options for storing personal toiletries within the en-suite area, which would be more dignified than it is at present.

This is to comply with the National Care Standards: Care Homes for Older people. Standard 4.8 - Your environment.

This recommendation was made on 7 October 2017.

Action taken on previous recommendation

We did not see any personal toiletries inappropriately stored in bathrooms or en-suite rooms.

This recommendation has therefore been fully met.

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
26 Sep 2017	Unannounced	Care and support 5 - Very good Environment 4 - Good Staffing Not assessed Management and leadership Not assessed
14 Jun 2016	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing Not assessed Management and leadership Not assessed
12 Jun 2015	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 5 - Very good Management and leadership 4 - Good
17 Jun 2014	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership 4 - Good

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