

## Tyneholm Stables Care Home Service

Tyneholm Stables Home  
Tyneholm Estate  
Pencaitland  
Tranent  
EH34 5DJ

Telephone: 01875 340 823

**Type of inspection:**

Unannounced

**Completed on:**

4 October 2018

**Service provided by:**

Sanctuary Care (Kler) Limited

**Service provider number:**

SP2007008796

**Service no:**

CS2006135749

## About the service

Tyneholm Stables is a care home registered for a maximum of 45 older people, of whom two named individuals can be under the age of 65 years.

The service is registered with the Care Inspectorate since the Care Inspectorate was formed in 2011. The provider is Sanctuary Care (Kler) Limited.

The home is situated in the grounds of a country estate on the edge of Pencaitland village which has a few local shops and a bus service. Outside, there are two courtyards and a small garden area. Car parking is available to the front and side of the building.

Accommodation is provided in single rooms and upper floors are accessed by stairs or lift. Eleven of the bedrooms have an en-suite toilet and wash hand basin, and there are shared bathing and toilet facilities on each floor. Communal sitting rooms and dining areas are available on each floor.

The provider's website states:

"We believe that every individual irrespective of their physical, social or psychological condition has the right to be treated with dignity and respect and to be supported to maintain choice and control over their own lives. We work in a person-centred way to identify individual goals and ambitions, focusing on enablement and the promotion of personal dignity."

## What people told us

In pre inspection questionnaires returned to the Care Inspectorate five months prior to the inspection mixed views were expressed about the quality of the service both from residents and relatives/carers.

These mixed views on the quality of the care was still expressed by both residents and relative/carers at this inspection. Some relatives/carers commented on the good standard of care to residents whilst others noted poor attention to residents' personal hygiene and management of continence. Of particular concern to relatives/carers was missing clothing, items of clothing being worn by other residents and not the owner and the general cleanliness of the home environment.

Some of the comments made during the inspection were as follows:

"Staff are kind and they look after us well, I like having company."

"There is not a lot to do I'm bored and fed up with the TV being on all the time."

"I like the staff but sometimes I have to wait for their assistance they are always busy, but are helpful and kind and try their best."

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
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How good is our leadership?	3 - Adequate
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

### How well do we support people's wellbeing?

**3 - Adequate**

We saw respectful, warm and considerate interactions with residents from staff who knew residents well. The outcomes of our SOFI observations (short observational framework) also indicated interactions were at a relaxed pace to suit the needs of the individual resident.

Dependency assessments completed routinely for each resident showed that there were enough staff hours and staff available to provide direct care. There were enough staff on duty to meet the assessed needs of residents and staff considered that staffing provision was appropriate.

Advice from health care professionals informed care planning to ensure any health care needs were managed appropriately. This helped to promote residents' general health and wellbeing.

Medication systems and recording was generally well managed but we saw that further improvements could be made. For example:

- all medicines to be returned to the pharmacy are stored in a locked cupboard
- "as required protocols" are fully completed
- audit systems are effective in picking up errors we noted on a prescription.

See areas of improvement.

We saw that clothing was stored well and continence aids were stored discreetly which helped to promote the dignity of residents. However, we also saw some examples where promoting the dignity and general wellbeing of residents needed to be improved. For example:

- attention to personal care, cleanliness and grooming
- assisted to change clothing when stained with food
- dirty grooming items and toothbrushes not stored appropriately
- unmarked clothing or clothing in wrong rooms which confirmed that personal belongings were not always only used by the owner. (The sparse inventory of belongings in care plan files also made identification of unmarked clothing very difficult).

See areas of improvement.

Residents were free to access the communal areas in the home and each had their own private bedroom space for quiet time if they wished. We saw that residents were able to make choices about their day to day life in the

home, including having private time, participating in activities and some had been involved in choosing the colours for refurbishment and redecoration of the home. This may give residents a sense of inclusion and independence to assist in their feelings of wellbeing.

However, we saw at times where there was no continuous staff presence to assist, and or, observe residents in lounge areas. In contrast the changes to the upstairs lounge/dining/sitting area meant that staff were in attendance and could assist and observe residents whilst still able to access kitchen facilities to provide drink and snacks.

Mealtimes should be a positive and enjoyable experience for residents and we observed a mealtime where several residents needed assistance from staff. This was done in an organised and calm manner and residents were attended to promptly. Meals were well presented and residents said that they enjoyed the food provided.

We saw various activities were provided, activity equipment was available and care staff also spent time engaging in a social way with residents. However, the range of activities and use of equipment could be improved. For example, we could not see how the choices and preferences of residents was reflected in the activity plan. Also there was little meaningful activity interactions where residents could not join in group events. The manager was aware that improvements in the provision of activities was needed to provide stimulation and an interest for residents. See areas for improvement.

## Areas for improvement

1. The management of medicines needs to improve to ensure that:

- medicines are safely stored including those to be returned to the pharmacy
- "as required protocols" are fully completed
- medication audits are effective in identifying areas for improvement including prescription details.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- Any treatment or intervention I experience is safe and effective. (HSCS 1.24)

2. The promotion of residents dignity needs to be improved to ensure :

- a high standard of personal care, cleanliness and grooming is maintained at all times including assistance to change clothing when stained with food
- residents wear appropriate footwear and where they prefer otherwise this is included in the care plan
- grooming items and toothbrushes are clean and stored appropriately not stored appropriately
- clothing is marked with the owner's name and not used by anyone else

inventory of belongings in care plan files are descriptive, accurate and kept up to date

- use of items which could be viewed as restraint should be fully recorded including consent and or rationale for using these.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.13, 1.14, 1.15)

3. The range of activities and use of equipment could be improved to ensure that residents were consulted about the activity programme and individual choices and preferences of activities reflected on the plan of activity. This should include group and one to one activities where preferred.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.25)

## How good is our leadership?

### 3 - Adequate

The manager and deputy manager were aware of the areas of improvement which were needed in the home and gave a commitment to address quality assurance systems which we acknowledged.

Whilst there are some quality assurance measures in place these need regularly undertaken with the use of an action plan to show continuous improvements are taking place.

The quality assurance measures need to be robust and effective to identify and address any areas where improvement is needed and should include the deficits we noted during this inspection. For example:

- basic personal care
- evaluations of charts to inform care planning
- contents of care plans
- timescales of care plan reviews
- dirty equipment, standards, hoists and wheelchairs
- cleaning and turning of mattresses
- worn stained cushions, chairs and bed bumpers
- medication management.

## Areas for improvement

1. The quality assurance systems need to be robust and effective to identify and address any areas where improvement is needed including areas for improvement we noted during this inspection.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience a high quality environment. (HSCS 5.16, 5.16, 5.21, 5.22)

## How good is our staff team?

### 3 - Adequate

As noted under quality indicator 1.1 we saw that resident dependency assessments informed staffing in the home. Whilst not factored in to dependency assessments care staff had time to attend to other duties, such as record keeping, key working and having social time with residents.

We saw that staff were respectful, considerate and caring in their interactions with residents and residents told us that staff were kind to them. We also saw staff use appropriate humour and laughter to engage with residents which may help residents to be at ease with staff and give reassurance.

There were good safe recruitment practise which helped to ensure that appropriate staff were employed. However, there were still difficulties in the recruitment of Registered Nurses.

The on-going training provided including SVQ training helped staff to keep up to date with good practice and develop their skills. Staff were appropriately registered with their professional body for example Nursing and Midwifery Council (NMC) and Scottish Social Service Council (SSSC) and records showed that these were up to date. This helped to promote a professional, trained and motivated staff team.

However, oversight and direction from senior staff needed to improve to ensure that a high standard of care delivery was provided to each resident at all times. This is to ensure residents' assessed needs are being met which may also enhance their experience of life in the home.

The full transfer of Sanctuary Care policies and procedures completed in August 2018 has meant changes in the management of sickness absence to address high levels of absenteeism.

In addition, subsequent changes will also take place in regard to staff supervision, appraisal and training needs.

It is important that all staff are aware of their responsibilities in regard to adult protection and residents' legal status including Adults With Incapacity (AWI) legislation. Training in this area of care needs to be improved as the training records showed that this had only been completed by 30% of the staff team.

## Areas for improvement

1. Training in Adult Protection including residents' legal status should be provided for all staff in order that they are aware of their responsibilities in this area of care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience a high quality care and support which is right for me.  
(HSCS) 1.2 1.3

## How good is our setting?

### 3 - Adequate

A major refurbishment and redecoration programme was underway in the home which included attention to the lift, new dining/kitchen for resident use, new lighting in all communal areas and replacement of sluices with more modern hygienic systems. Residents were involved in choosing colours and seating whilst relatives have been kept updated through meetings and sharing of the refurbishment plans.

We saw that the routine maintenance and safety checks were well established and records showed these were up to date. We also saw that systems were in place for staff to report any maintenance work and this was signed off by the handyman when completed or when attended to by external contractors. This meant that any repairs or maintenance needs were recorded and attended to promptly to ensure the on-going safety of residents, staff and visitors to the home.

There were a choice of sitting areas in and outdoors and residents could also spend private time in their room if preferred. However, we noted that a sitting area on the ground floor was seldom used as residents had preferred seating elsewhere.

Residents were able to furnish their bedroom as they wished with their own belongings including furniture. Bedrooms we looked at had been made personal which may give residents a sense of comfort to have their own belongings to hand.

Whilst situated in a quiet village with limited amenities the manager was enquiring about local groups which some residents may wish to join. This was to encourage residents to have interests outwith the home and to be involved in their local community.

There was transport available to take residents to external events and activities and to personal appointments where needed.

Phone points were available throughout the home and residents could have their own phone in their room if they wished to help them to keep in touch with family and friends. Frequent and regular visitors to the home also helped residents to keep in touch with their families and friends.

## How well is our care and support planned?

## 3 - Adequate

We looked at a sample of care plans to see if these gave accurate and up to date information to staff on how each residents' care was to be effectively provided.

Care plans assessed the individuals' everyday living skills and health care needs supported where necessary by risk assessments. For example management of falls, prevention of pressure ulcers, moving and handling, mobility and management of nutrition needs.

However, in the samples we looked at there were gaps in information, inaccurate information and lack of detail to guide staff in the provision of care. This was noticeable in the management of stress/distress which had an impact on the level of personal care which could be tolerated by the individual. See areas for improvement.

In addition, we could not always see that information in care plans took account of assessed needs, wishes and preferences of the individual in how their care is to be provided. See areas for improvement.

We saw that charts to inform care planning were not always fully completed or evaluated to influence any changes needed in the provision of care. For example, fluid balance charts did not always have a daily target of expected intake or guidance for staff if the target was not achieved. See areas for improvement.

Nurses and senior carers take the lead in care planning and reviews for nominated residents. This gave the resident and their relative/carers a named member of staff they could speak with about their or their relatives' carers needs. However, review of care plans had not taken place at least once in a six month period. These were now being planned to assist the transfer of care plan information to the Embrace care plan format. Therefore it is important that in updating care plans accurate and up to date information is recorded and completed as a matter of priority. This was acknowledged by the manager. See areas for improvement.

The overview of residents' legal status to ensure residents' legal rights were protected and the appropriate people could be contacted on behalf of each resident needs to be fully completed and up to date. See areas for improvement.

The use of items which could be viewed as restraint were not fully recorded, for example, lap belts and use of pressure mats. See areas for improvement.

## Areas for improvement

1. Management of stress/distress needs to be clearly reflected in care plans including how this affects the individual, trigger points and management strategies.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.15)

2. Information in care plans needs to fully reflect the assessed needs, wishes and preferences of the individual in how their care is to be provided.

This is to ensure care and support is consistent with the Health and Social Care which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.15 1.23, )

- I am fully involved in all decisions about my care and support. (HSCS 2.17)

3. Where fluid charts are in place to monitor fluid intake each chart must include the expected intake over 24 hours and the corresponding care plan should guide staff in any actions they should take to support the resident to achieve this target.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.15)

- I have confidence in the people who support and care for me. (HSCS 3.21)

4. Care plans must be reviewed with each resident and, or their representative as preferred at least once in a six month period to ensure the information remains accurate and up to date.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.12, 1.15, 1.19, 1.23)

5. In order that residents' human and legal rights are protected and legal status known. The manager should update the capacity register and thereafter ensure the information is accurate and up to date.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.2, 1.3, 1.23, 1.24)

6. The use of equipment which could be viewed as restraint should be fully recorded including any consent and advice where necessary from other health care professionals, for example a physiotherapist.



This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user:

- I experience high quality care and support that is right for me. (HSCS 1.3, 1.24)
- I have confidence in the people who support and care for me. (HSCS 3.21)

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

### Areas for improvement

#### Previous area for improvement 1

It is recommended that the service carries out a review of the sluice facilities within the home and takes any action necessary to meet with current infection control best practice guidance.

**This area for improvement was made on 19 September 2018.**

#### Action taken since then

At this inspection we saw that a full refurbishment plan was being undertaken in the home including replacement of the sluices. This recommendation had been implemented.

### 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).

### Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
1.4 People are getting the right service for them	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	5 - Very Good
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
4.3 People can be connected and involved in the wider community	3 - Adequate

How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate
5.2 Families and carers are involved	3 - Adequate

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