care inspectorate

Dryfemount Care Home
Care Home Service

11 St. Bryde's Terrace
Lockerbie
DG11 2EJ

Telephone: 01576 203013

Type of inspection:
Unannounced

Completed on:
28 November 2018

Service provided by:
Horizon Healthcare Ltd

Service provider number:
SP2003002537

Service no:
CS2003010839

HAPPY TO TRANSLATE

About the service

Dryfemount Care Home is registered for 31 older people. This includes two places for respite care/short breaks. The service provider is Horizon Healthcare Ltd.

Dryfemount Care Home is a large period property located close to Lockerbie town centre. There is a modern extension linked to the original building with accommodation provided over two floors connected by a passenger lift.

There are a range of communal areas including a recently upgraded lounge, dining room and hairdresser room on the ground floor. As well as a large sitting room and seating alcove on the first floor.

Most bedrooms are single rooms with en-suite shower and toilet facilities. Three larger bedrooms could be shared but these and three single rooms lack en-suite facilities. A plan is in progress to address this issue.

There was one bathroom on the first floor with a bath aid.

The home has an enclosed courtyard garden with raised beds and chickens to create outdoor interests.

There were 27 people using the service at the time of the inspection.

The service state their aims and objectives include:

"To provide the highest standard of quality care and support to all our residents by delivering care which meets your individual requirements."

The service do not employ nurses as a part of their staff group. Nursing/health needs are met by referral to District nurses or other external health professionals as needs arise.

What people told us

Prior to the inspection we issued questionnaires to help gauge people's views about the service.

We received three completed questionnaires from people using the service, of these one "strongly agreed" and two "agreed" overall they were happy with the quality of the service. Two people gave positive responses to all questions but one felt the service did not ask for opinions on how to improve enough or ensure personal property is marked and cared for.

We received seven completed questionnaires form relatives, all seven "strongly agreed" overall, they were happy with the quality of care provided. Additional positive comments were:

"Good to see lots of staff around at all times, they always make us feel welcome...pleased it always looks clean and food and general catering is a high standard".

"...Staff are fantastic, everyone knows the residents personally and chat in passing. Care staff genuinely care for my relative and are so nice...and I can turn up any day. (They) create a really welcoming community, are all hard working, see the whole person, I have complete faith in them."

During the inspection we spoke with five residents and two relatives.

The people we consulted all indicated they were happy with the care and support provided. They had no concerns and felt confident in the staff. One or two minor issues were raised which were discussed with the manager. These were in relation to personal preferences which staff had yet been made aware of.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	not assessed
How good is our setting?	not assessed
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? 4 - Good

In order to answer this question we evaluated the extent to which people experience compassion, dignity and respect for their rights.

We observed very caring and patient interactions between staff and residents indicating high levels of respect. Residents and relatives told us they felt confident in how staff treated them. In order to be better aware of residents' preferences and agreement to care some improvement was needed to how the admission process was managed. This can help to ensure the right person is consulted and care routines are tailored meet individual preferences. See area for improvement 1.

We evaluated how people get the most out of life and concluded there was great effort made to support this.

There were lots of activities on a regular basis supported by dedicated activity staff. People spoke highly about the positive buzz and enjoyed a range of activities and trips out. We heard how staff often helped out voluntarily to enhance activities and fundraising within the home. Most residents were able to take part in an activity suitable to their needs and preferences. This was helped by having staff with experience of caring for people with dementia. The location of the home was of benefit as people could get into the town easily and use local amenities. The home also had their own mini bus and this was used for trips.

Activities included encouragement to exercise and this is beneficial to maintain health.

We also considered how people's health benefits from their care and support. We saw a holistic assessment was carried out starting with pre-admission to help identify long term medical conditions which needed to be monitored. We checked medication systems and these were well managed to ensure people were supported to take medications correctly.

There was confidence expressed by a visiting district nurse in how care staff helped to highlight health conditions to them. Relatives felt confident staff would contact the appropriate person if someone's health was to deteriorate.

Although some aspects of residents' health were monitored well, others could be monitored better. For example greater detail about long term medical conditions, nutrition and falls. See area for improvement 2.

Areas for improvement

1. The service provider should review admission procedures to ensure important information about needs and preferences is gathered in a timely way. This should include legal status, power of attorney and adults with incapacity certificates.

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

1.9 I am recognised as an expert in my own experiences, needs and wishes.
2.12 If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account.

2. The service provider should ensure aspects of health monitoring are reviewed and linked to best practice. This is with particular reference to:

- management of long term medical conditions and the need to link these to suitable plans of care.
- monitoring of weights/ nutrition, pressure sore risk and falls.
- use of protocols for "as required" medications to ensure it is clear to staff when and in what circumstances these are to be administered. e.g. pain medication linked to pain assessment, sedative medications linked to assessment of "stress/ distress."

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

  1.19 My care and support meets my needs and is right for me.

How good is our leadership? 4 - Good

In order to answer this question we considered the extent to which quality assurance, including self evaluation and improvement plans, drive change and improvement where necessary.

The service had undergone a period of change and the new management team were still developing their roles and new systems.

The current quality assurance policy and checking systems were still in need of review. They were not robust in checking all aspects of the service were safe and functioning well. This needed to be updated to take account of new heath and care standards and could use the new self evaluation framework.

We checked recruitment practice but found some areas could be tighter. For example obtaining references prior to the start date and keeping on top of staff registrations with the Scottish Social Services Council.

Financial audit was in place but needed review to ensure policy was up to date and best practice followed.

Adult support and protection policy also needed review to ensure local procedures were followed correctly. Better records could be developed to ensure tracking of any incidents can be done more easily.

Although a home development plan was in place it was too narrow in focus. A wider evaluation would help to identify other priorities in relation to resident well-being and outcomes. For example we found completion of risk assessments were not always carried out regularly enough or linked to plans of care which were fully implemented. This was in relation to use of nutrition, pressure sores and falls.

A dependency tool was in use to help ensure the number of staff was enough to meet the needs of residents. However, this was not used regularly and had inaccuracies which meant it lacked value.

Incidents and accidents were monitored. Environmental checks were in place. Some equipment had not been monitored closely enough. See area for improvement 1.

Some minor issues with infection control were noted. For example, how mop heads were dried, linen segregation, paper towel access for staff and commode pot cleaning schedules. The manager agreed to review these issues immediately.

We were told a plan was in progress to address the lack of en-suite facilities in six bedrooms. Changes were also due to be made to improve the homely environment of the upstairs lounge. In addition we highlighted the need to increase the choice for bathing/shower use as the home only has one bath and showers lacked a range of shower chairs to suit more dependent people. Making these changes would enhance the service further.

Overall, there was good use of feedback questionnaires and meetings within the service to gauge satisfaction. People spoke highly about the new service provider and management team. This meant there was confidence in the organisation. However, development was needed to improve meaningful involvement and strengthen leadership in order to ensure standards and best practice are followed more robustly. See area for development 2.

Areas for improvement

1. The service provider should ensure equipment checks are carried out to include/ address the following:

- window restrictors, call bells and wheelchairs given individual checks.
- Heat protectors to radiators should be fitted.
- Doors only propped open with suitable door guards.

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

5.17 My environment is secure and safe.

2. The service provider should review and develop quality assurance policy, procedures and develop more outcome focused means of checking the quality of care and support provided against recognised best practice.

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

4.19 I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

How good is our staff team?

This key question was not assessed.

How good is our setting?

This key question was not assessed.

How well is our care and support planned? 3 - Adequate

In order to answer this question we evaluated the extent to which assessment and care planning reflects people's needs and wishes.

We found personal plans were stored in a central area, locked away for confidentiality. Care staff used a bedroom folder to guide some aspects of day to day care. Whilst seniors recorded daily notes and updated care plans as needed.

The service provider had recognised some deficits to this system and was in progress with a move towards electronic record keeping.

The care plans sampled on this visit were not completed well. During the first month of admission the care plan should be compiled in collaboration with resident or their legal representative. We found care staff were not clear as to what information should be gathered as a priority in the first days/ weeks of admission. This meant care plans were not always in place to follow and people could not be sure their needs and wishes were well understood.

The records we sampled needed improvement to ensure legal status was clear, so that involvement in care decisions took place appropriately. Health conditions were not well linked to care plans and risk assessments were not always completed in accordance with best practice. This meant important aspects of health and well-being were not assessed and plans of care put in place quickly enough.

The use of the daily notes gave a retrospective summary of what happened within a residents day. However, consideration could be given to using active care records which help to forward plan key aspects of care which are needed and then record completion. This could better ensure people's needs are met. See area for development 1.

Overall, record keeping needed to be more accurate, reflect changing needs and ensure important aspects of health and well-being are monitored more closely. Care plans need to be more easily referred to by care staff and drive day to day care. The review process could be used to better effect to check agreements, ensure equipment in use is recorded, future care is discussed, update dependency and update key people on finances and how money can be spent to ensure well-being.

Areas for improvement

1. The service provider should ensure personal plans are further developed to take account of best practice. With specific reference to:

- Guidance for staff on content and timescales for completion.
- Identification of hopes/ aspirations/ outcomes.
- review of how daily notes are recorded to ensure care records drive care and record when this is delivered.
- ensure link between risk assessment and care plans.
- ensure health care conditions are monitored and actions taken to support.
- ensure anticipatory care plans are developed by staff with appropriate skills and knowledge, and GP practices are involved to ensure wider recording takes place.

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

1.14 My future care and support needs are anticipated as part of my assessment.
1.15 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.

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

The provider should develop methods of gaining feedback from people with dementia or other cognitive impairment and show how this has been taken into account in the delivery of the service.

National Care Standards, care homes for older people, standard 11: expressing your views.

This area for improvement was made on 13 October 2017.

Action taken since then

Questionnaires used by the service had been adapted to include pictures and symbols. This made it easier to use for people with dementia or cognitive impairment. Other methods should continue to be developed to ensure meaningful involvement of as many residents as possible. This will be monitored at future inspections.

Recommendation met.

Previous area for improvement 2

The service should continue to develop personal planning to reflect individual needs and preferences and how these are to be met. This should include maintaining accurate records to show that the care and support delivered is consistent with the plan of care. This will ensure that people experience care and support as agreed in their personal plan, that their needs are met, and their wishes and choices respected.

National Care Standards, care homes for older people, standard 6: support arrangements

This area for improvement was made on 13 October 2017.

Action taken since then

There were deficits to record keeping found within the current care planning system. The service provider plans to introduce a new care planning system.

This recommendation is not met and has been reworded to reflect the findings of this inspection. See quality indicator 5.1 of this report.

Previous area for improvement 3

The service should review risk assessments and equipment checks to ensure that these are reviewed and updated as necessary and carried out in accordance with best practice guidance.

National Care Standards, care homes for older people, standard 4: Your environment

This area for improvement was made on 13 October 2017.

Action taken since then

Some deficits were found to equipment checks.
This recommendation is not met and has been reworded to reflect the findings of this inspection. See quality indicator 2.2 of this report.

Previous area for improvement 4

Staff should be encouraged to reflect on their learning and be able to show how this has contributed to their practice and development linked to their post registration training and learning requirements.

National Care Standards, care homes for older people, standard 5: management and staffing arrangements.

This area for improvement was made on 13 October 2017.

Action taken since then

This was not seen in the staff files examined and will be followed up at the next inspection.

Previous area for improvement 5

The provider should ensure that all staff receive dementia training appropriate to their role in accordance with the Promoting Excellence Framework.

National Care Standards, care homes for older people, standard 5: management and staffing arrangements.

This area for improvement was made on 13 October 2017.

Action taken since then

This is an on-going area for development. Staff were attending training with the IDEAS team and this matches with some aspects of Promoting Excellence framework. However, the service provider had not devised a strategy for mapping this training and developing staff further.

Previous area for improvement 6

The provider should continue to review and develop quality assurance systems and processes including compiling a service development plan which shows how everyone is involved in progressing improvements within the service. The service development plan should address how policies and procedures are to be reviewed to ensure that they reflect legal requirements and best practice guidance, and staff made aware of these.

National Care Standards, care homes for older people, standard 5: management and staffing arrangements.

This area for improvement was made on 13 October 2017.

Action taken since then

This is an on-going area for development. The service development plan was too narrow and had not focused on key points/outcomes relating to residents well-being. Policies and procedures still needed review. This is commented on in section 2.2 of this report.

Recommendation is not met and has been reworded to reflect the findings of this inspection. See quality indicator 2.2 of this report.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

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

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