

Tranent Care Home Care Home Service

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Telephone: 01875 616 560

Type of inspection:

Unannounced

Completed on:

18 October 2018

Service provided by:

HC-One Limited

Service provider number:

SP2011011682

Service no:

CS2011300790

About the service

Tranent Care Home is situated in a residential area of the town of Tranent, East Lothian. It is close to local transport links and amenities. The service is registered to provide care for up to 60 older people. The accommodation is purpose-built with 60 single bedrooms with ensuite toilet and wash hand basin facilities.

Bedrooms, communal lounge areas and dining rooms are available on each of the two floors which can be accessed by stairs or lifts. Baths, showers and additional toilets are available throughout the home.

There are separate kitchen, laundry and staff facilities in the home. The home has its own car park and there is a pleasant garden area around the home with seating areas.

The provider, HC-One Limited, state that its aim is:

"To have the kindest homes in the UK with the kindest and most professional staff."

What people told us

Before the inspection we received one completed care satisfaction questionnaire (CSQ) out of 30 sent to residents who used the service. This individual was happy with the service and raised no concerns.

We received six CSQs from relatives/carers out of 30 sent. Whilst people told us that they were overall satisfied with the service there were views expressed which indicated that some people thought feedback given was not taken seriously. A few people gave specific comments but these varied with an individual giving their views on care issues and how they were not well managed and another individual stating that they could raise issues and have them dealt with promptly.

During inspection we saw and/or spoke with all of the residents and met with at least six relatives.

It was really positive that many residents and relatives highly praised the staff:

"Staff are really nice" and "Staff are fabulous".

However, the clear message was that people thought that there were not enough staff working in the service.

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

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| How well do we support people's wellbeing? | 3 - Adequate |
| 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 have assessed that the service is reaching an adequate level in response to the question 'How well do we support peoples' well being'.

We saw that there were respectful and pleasant interactions between staff and residents. It was clear that staff knew residents well and genuine warmth and kindness was expressed by staff when they told us about some residents preferences and daily life. However, whilst the direct care we saw was respectful and dignified there were issues showing where dignity and respect fell short. This was in areas of bed making and changing, the cleanliness of the environment and equipment and the numbers of staff to attend to the residents' needs. These are further discussed under other questions in this report.

Residents should expect to get the most out of their life and be able to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. We saw the outcomes of this for some residents in the home with some individuals participating in planned activity and they told us how they enjoyed it. We heard about outings and events in the local community. However, we saw that some residents had minimal quality interactions with staff with one resident telling us they were bored. Some spent much of their time in bed or their care was delivered late in the day so they missed planned events. This lack of stimulation and structure to their day leads to boredom and depression.

Activity staff were working hard to fund raise and organise events but we thought that they would benefit from guidance and monitoring to make sure that their time is best spent with as many residents as possible. We acknowledge that discussion and supervision with activity staff before the end of the inspection. This is a significant aspect of care to enhance the well being of residents and we will continue to follow this up.

(See recommendation 1).

Residents should expect that their care and support is delivered in a person centred way and for it to have a positive effect on their well being. However, some residents waited for a considerable time to be assisted to wash and dress. Staff were rushed and therefore there was no attention to detail to make sure that residents were appropriately clean and tidy and dressed. We could not be assured that good oral care was given as toothbrushes were sometimes dry and some tubes of toothpaste were clogged.

Additionally there were many gaps in recordings of the care that had been delivered.

One recommendation was made previously about personal care and records. We have made an area for improvement which reflects the Health and Social Care Standards.

(Area for improvement 2).

In addition to personal care, it is important that prescribed topical creams are used to help protect and maintain healthy skin. They should be used as prescribed and have dates of opening on the container to make sure they still remain fit to be used. We were informed that action had been taken to address this by the end of inspection. However, we will follow up progress.

(See recommendation 3).

Equipment, such as needles and specimen containers and syringes, used in the administration of medication must be clean and in date. This was not always the case and we raised this with the manager who addressed this by the end of the inspection.

Some residents needed help to care for their clothes and belongings and where this is done well it gives a sense of confidence in the service. We saw that the storage of clothing was variable with some kept neat and tidy and others looking uncared for. We saw examples where clothing was not fit for use having holes or stains. This does not add to a sense of well being nor promote the dignity of individuals. There had been progress in respect of addressing this area of concern by the end of the inspection but we will continue to look at this.

One recommendation was made previously about care of residents' clothing. We have made an area for improvement which reflects the Health and Social Care Standards.

(See area for improvement 4).

There were aspects of care and support that were good and contributed to the health of residents. This was seen in key aspects of care for example in nutrition and pressure ulcer prevention.

Food, snacks and titbits were plentiful and the food looked good with residents telling us that they enjoyed it and had a variety of choices. Changes to the menus had been made after consultation with residents and this resulted in better satisfaction about meals. The head cook was well involved in discussion about nutritional needs of residents and knew residents well and those who would benefit from enhanced diets. Referrals were made if necessary to other professionals to support staff in this area of care. We suggested that fruit could be better presented to encourage residents to eat this. We saw fruit left in bowls whole and some residents would not be able to access these themselves.

There was a range of equipment to aid the prevention of pressure ulcers and this was used based on assessed needs. Repositioning charts set out frequency and these were generally well recorded with a few exceptions. We were not concerned about pressure ulcers in the home. Where there were wound care plans, we found these difficult to follow. However, this was discussed and where action was needed this was addressed.

Where we had concerns these were accepted by the management team and steps taken without delay to rectify these.

Areas for improvement

1. The provider should improve the structure in daily life of residents to afford them stimulation and interaction. This should take account of needs, preferences and wishes of the individual. This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.6 which states "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" and 1.19 which states "My care and support meets my needs and is right for me".
2. The provider should improve the care delivered in respect of residents' personal hygiene needs and take into account oral care. This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states 'My care and support meets my needs and is right for me'.
3. The provider should improve the management of topical prescribed medication in the home.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which state that "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice."

4. The provider should improve the care of residents' clothing and belongings to ensure that residents' dignity and respect is maintained.

This is to ensure care and support is consistent with the Health and Social Care Standard principles of dignity and respect which state: "I am respected and treated with dignity as an individual".

How good is our leadership?

3 - Adequate

We have assessed that the service is reaching an adequate level in response to the question "How good is our leadership?"

We would expect that residents' experiences are continually evaluated so that, as far as possible, residents are provided with the right care and support and that they live in a homely environment.

We saw that there were good audit systems for key aspects of care. This included nutrition and pressure ulcer development. Audits identified where there were concerns. For example where any resident was losing weight, the findings were shared with the staff team and actions put into place if needed. However, our findings indicated that there was insufficient and/or meaningful auditing which made sure that the outcomes for residents was positive. This was in respect of basic issues such as the general cleaning of the home and general care that residents should expect.

We acknowledge that action was taken during the inspection to address some of the deficits quickly. However it was disappointing that routine auditing had not picked up on issues which were obvious during the inspection. We will look at outcomes for residents at the next inspection and determine whether auditing is having the desired effect of identifying issues for improvement and addressing these.

It was positive that the organisation had introduced a 'winter wellness programme' which included ensuring that staff were given the opportunity and encouragement to have a 'flu vaccine.

Additionally, winter menus were to be introduced so that residents were afforded high calorie healthy options.

How good is our staff team?

3 - Adequate

We have assessed that the service is reaching an adequate level in response to the question "How good is our staff team?"

Recruitment practices showed that some improvements were needed in record keeping. Files had an index in place which is a good way to make sure that the process is followed and that all necessary checks have been made. However we saw that there were files where this was incomplete without information such as start dates and references. These were quickly given when we requested. We will look at recruitment at the next inspection.

It was positive that there was a checklist of all staff and details of their registration with their own regulatory body and this meant that staff were able to work in the service.

Residents should have confidence in the people who support them because they are trained, competent and skilled. There was a variety of training taking place in the service. This included infection control, adult support and protection and food safety.

The training statistics we saw were not showing 100% compliance with training events but we accept that some staff members can be absent for different reasons. The standard of compliance is set at 85%. The system can identify any staff member who has completed, is due or overdue any training. It was positive that all moving and handling training had been completed which helps keep both residents and staff safe.

It is important that records are updated after any event to evidence that staff have been trained for the job they are to perform. We will review staff training records at the next inspection.

Whilst we saw that training took place we thought that staff needed to have a better understanding of respectful and dignified care and the wider implications of this. Records showed that training was given in dignity and person centred care but our findings showed that this was not always implemented in everyday practice.

For example, we have written under other questions how attention to detail was needed in personal care, clothing and bed making and the general environment. This knowledge will equip them to raise issues in the service so that action can be taken where there are deficits.

Residents should expect that their needs are met by the right number of people working in the service. We were pleased that the service used a recognised tool to assess the dependency needs of residents. This took account of the care and support needed in aspects of care. This was completed on a monthly basis. However, residents, relatives and staff were telling us, in their view, staffing was short. We saw that this was the case from the duty rotas sampled and our observations during inspection where residents did not receive the care and support they needed.

There were times when staffing did not meet the direct care needs of residents and did not take account of other duties staff had responsibility for. We raised this with the senior manager during inspection and dependency assessments and staffing levels were reviewed.

Also swift action was taken to engage staff in reviewing the dependency of residents and this is important as staff working directly with the residents often know their needs and wishes best.

Without sufficient staff working in the service residents do not receive quality support to meet their well being needs and can miss out on meaningful interaction and stimulation which is necessary for a sense of well being. **(See area for improvement 1).**

Areas for improvement

1. The provider should ensure that there are sufficient numbers of staff working in the service at all times. In order to achieve this they must:
 - a) ensure that dependency assessments of residents are completed 4 weekly or where there are changes in their care needs.
 - b) staff numbers are calculated based on the assessments of needs.
 - c) there is consideration of additional duties of staff and the layout of the building.

This is to ensure that care and support is consistent with Health and Social Care Standards 3.15 "My needs are met by the right number of people' and 3.16 'People have time to support and care for me and to speak with me'.

How good is our setting?

3 - Adequate

We have assessed that the service is reaching an adequate level in response to the question "How good is our setting?"

Residents should expect to benefit from high quality facilities and there were some positive aspects about the home. Residents had single bedrooms with en suite facilities and some residents had made these personal and homely.

Residents had access to a variety of communal lounge areas and had the choice to use quiet areas. However, it was disappointing that standards had fallen and there were many areas which were malodorous and needed cleaning. This included equipment for use in personal care. Some beds were not always fresh and inviting and would have benefitted from linen changes or attention to detail in bed making.

We acknowledge that there was a significant improvement in the cleaning of the premises during the inspection and that steps were taken to replace mattresses however, this must be maintained and we will continue to monitor progress.

(See area for improvement 1).

The records for routine safety checks and maintenance was up to date which was good but we had difficulty in checking if all necessary equipment had been checked in line with Lifting Operations and Lifting Equipment Regulations (LOLER). Whilst the external contractor records showed that they had checked items we could not see if all equipment, for example slings and hoists used in the home had been presented for inspection. Cross checking, using an inventory of equipment in the home would make sure that all items were safe for use.

(See area for improvement 2).

Areas for improvement

1. The provider should make sure that all areas of the home are free from malodours and that there is sufficient cleaning taking place to provide a comfortable and homely environment.

This is to ensure that care and support is consistent with Health and Social Care Standard 5.21 which states "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" and 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment".

2. The provider should complete an inventory of all equipment used in the service. This would help make sure that all necessary equipment is made available for LOLER checks to ensure they continue to be safe for use. This is to ensure that care and support is consistent with Health and Social Care Standard 5.21 which states "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" and 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment".

How well is our care and support planned?

3 - Adequate

We have assessed that the service is reaching an adequate level in response to the question "How well is our care and support planned?"

Residents should expect their care plans are right for them because it sets out how their needs will be met, as well as their wishes and choices.

It was positive that legal documents were in place which was necessary for representatives of the resident be involved in any decision making relating to their care if the resident was unable to express their own needs and wishes.

Information was seen giving details of contacts and the relationship of people who would be involved in the residents' care and therefore had the rights to contribute to the planning and reviewing of their care.

It was disappointing to see that some basic information in care files relating to the resident was conflicting or inaccurate. This meant that there was no clear guidance for staff on how the resident's needs should be met.

Risk assessments were seen for key aspects of care and helped support care planning by taking account of the steps to take if the resident was 'at risk'. These covered areas such as the risk of falls, the development of pressure ulcers and nutrition and were evaluated on a monthly basis. There was also evaluations of care plans on a monthly basis but mostly these stated that there was 'no change'. We thought that these could be more meaningful to show that full consideration of the experiences of the resident was taken into account.

Whilst care plans gave some information on preferences and wishes, these can change over time. This is particularly when residents experience new things in the home and staff become more familiar with the resident. However, we saw that preferences remained unchanged. Additionally when reviews of care were held and specific requests were made about aspects of care, these were not transferred into care plans. This is important so that care, taking account of the residents' wishes, can be delivered by staff in a consistent manner.

Care plans gave detail of how each aspect of care should be delivered, however we saw that there was not always specific care plans for the management of stress and distress. Sometimes information could be seen under personal care. Where people are affected by stress and distress, it can impact on all aspects of their daily life. It is important for staff to be guided on how best to recognise the signs for early intervention to support and comfort the resident at these times.

(See area for improvement 1).

Areas for improvement

1. The provider should ensure that residents' personal plans are right for them and set out how all their needs will be met, as well as wishes and choices. These must include:

- a) accurate assessment information about the residents' support needs.
- b) updates of care plans following care reviews or any changes in the needs of the resident.
- c) more information about how to support residents when experiencing stress and distress.
- d) information to show that evaluation of the care and support provided is meaningful to make sure that the care provided fully meets residents' needs.

This is to ensure care and support is consistent with the Health and Social Care 1.15 which states "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 monitor the recording of care delivery in the home and make sure that staff have sufficient guidance to complete records. This should include, administration of topical medications, personal care and repositioning.

National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing.

This area for improvement was made on 4 September 2017.

Action taken since then

This recommendation has been replaced to reflect the health and social care standards.

Previous area for improvement 2

The provider should continue to implement the system of managing residents' clothing and include a form of auditing that is effective in identifying where there are deficits.

National Care Standards, Care Homes for Older People, Standard 16, Private Life.

This area for improvement was made on 4 September 2017.

Action taken since then

This recommendation has been replaced to reflect the health and social care standards.

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

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| 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 |
| 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 | 4 - 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 |
| 4.1 People experience high quality facilities | 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 |

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