

# Blackfaulds House Nursing Home Ltd

## Care Home Service

Westfield Road  
Avonbridge  
Falkirk  
FK1 2JZ

Telephone: 01324 861406

**Type of inspection:**

Unannounced

**Completed on:**

17 April 2019

**Service provided by:**

Blackfaulds House Nursing Home Ltd

**Service provider number:**

SP2003002442

**Service no:**

CS2003010615

## About the service we inspected

The Care Inspectorate regulates care services in Scotland. Information about all care services can be found on our website at [www.careinspectorate.com](http://www.careinspectorate.com)

This service was previously registered with the Care Commission and transferred its registration to the Care Inspectorate on 1 April 2011.

Blackfaulds House Nursing Home Ltd (referred to in the report as "the service") is owned by Blackfaulds House Nursing Home Ltd (referred to in the report as "the provider").

The service is registered to provide accommodation and support including nursing care to a maximum of 25 older people.

There were 21 adults (referred to in the report as "residents") living at the service at the time of the inspection.

Blackfaulds House is situated on a bus route between Bathgate and Falkirk within close proximity to Westfield, Avonbridge and Armadale in West Lothian. The service is a former farmhouse and is set in pleasant landscaped gardens to the front and side of the building, which are not secured areas. The building has been extended to provide the present accommodation which is all on one level. Parking facilities are available.

Bedrooms are for single use but some have the capacity to provide shared accommodation for couples. Some bedrooms have en-suites, some with bathing facilities. There are communal toilets and two assisted bathroom/shower rooms available for residents. There are kitchen facilities and a staff room in the building. Laundry amenities are in a building in the grounds.

There are two sitting rooms and a dining room for residents' use. There is a small room which has recently been converted for use as an activity room. At the time of this inspection, the provider was in discussion with architects and the local planning department regarding the possibility of extending the building to provide an additional communal sitting area.

A submission of an application to the Care Inspectorate to provide care and accommodation to younger people, has been withdrawn by the provider.

The service aims and objectives include: "To provide a quality of life which enables residents to retain their independence, identity and sense of value; provide physical and emotional support to residents, family/friends while involving relatives and friends in day to day affairs of the residents."

## How we inspected the service

We wrote this report after an unannounced inspection that took place at the service on 12 March 2019 between 09:45 and 16:45 and 16 April 2019 between 09:50 and 15:45.

The inspection findings were discussed with the manager, deputy manager and administrator on 17 April 2019. The findings were accepted as accurate and fair.

Two inspectors carried out the inspection.

The focus of the inspection was to gain assurance that the service was progressing the action plans to address the requirements and recommendations made following the inspection in June 2018. To do this, we gathered evidence from various sources, including the relevant documentation which included:

- A sample of four residents' care plans and associated records
- Minutes of meetings/consultations
- Staff training records
- Accident and incident records
- Complaint log
- Quality assurance records
- Registration certificate and insurance
- Medication Administration Records (MARs)
- Staff duty rota
- Residents' dependency assessment.

We observed:

- Staff practice and interaction with residents and fellow workers
- How residents spent their day
- The general environment
- How meals and afternoon teas were served.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes of people who were unable to tell us their views.

We had discussions with various people including: residents, six relatives and the manager. We spoke with staff on duty at the time of inspection including the deputy manager, one registered nurse, five care staff, one activity coordinator, one cook, one laundry worker and one member of housekeeping staff.

We took account of the:

Health and Social Care Standards.

## Taking the views of people using the service into account

We saw and/or spoke with all of the residents during the inspection.

Residents who were willing to discuss their views of the service expressed very positive views about living at the service. They were complimentary about care staff and food. They said they enjoyed the organised activities which took place.

We used the Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes of people who were unable to tell us their views. We saw that residents were comfortable around staff who were caring and friendly in their interactions with them. We saw that residents and staff knew each other well.

## Taking carers' views into account

We spoke with six visiting relatives during the inspection. They were all extremely positive about the quality of care provided with some describing it as "excellent". People said they were made welcome when they visited and they liked the homely atmosphere. Relatives were complimentary about staff noting how caring they were and how hard they worked.

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

### Previous requirements

#### Requirement 1

By 30 October 2018, the provider must ensure that safety equipment is used in accordance with best practice. In order to comply, they must:

- a) keep a record of all people who are kept safe by means of restraint
- b) ensure the care plan indicates why restraint is necessary, demonstrating that this is the least restrictive option, when and what circumstances restraint is used, the duration of use and detail what other measures have been used to meet the person's needs
- c) consent should be recorded.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - If my independence, control and choice are restricted, this complies with relevant legislation and any restriction are justified, kept to a minimum and carried out sensitively. (HSCS 1.3)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(c).

**This requirement was made on 17 August 2018.**

#### Action taken on previous requirement

The provider had met this requirement.

We sampled residents' care documentation. Information showed interventions were only used when necessary and in the least restrictive way. Consents were in place.

**Met - within timescales**

#### Requirement 2

By 30 October 2018, the provider must ensure that the premises are suitable for achieving the aims and objectives of the care service. In particular:

- a) ensure equipment such as wheelchairs, shower chairs, easy chairs, pressure relieving cushions and bedrail bumpers are clean and fit for purpose
- b) provide the Care Inspectorate with a refurbishment plan detailing how the following will be achieved and timescales, sufficient bathing and showering facilities, secure garden area, upgraded laundry facilities
- c) ensure sufficient managerial oversight of the quality of the premises and equipment.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support. (HSCS 5.1)

And, also - The premises have been adapted, equipped and furnished to meet my needs and wishes. (HSCS 5.16)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4(1)(b) and 10(a).

**This requirement was made on 17 August 2018.**

#### Action taken on previous requirement

The provider had not met all aspects of this requirement.

The environment was homely and residents' bedrooms were very comfortable and personalised in a way that reflected their individual taste. Staff treated residents' personal belongings with care and respect. The provider was eager to provide good accommodation and continued to invest in upgrading the facilities, including en-suite and bathing facilities.

However, there were aspects of the environment that needed to improve to ensure residents experienced high quality accommodation.

- We saw equipment such as wheelchairs, shower chairs, commodes and bumpers which were not clean or fit for purpose. The manager agreed to ensure that residents' oral hygiene equipment was suitably stored.

- We acknowledged systems were in place to monitor the cleanliness of equipment. However, the audit systems needed to be used in a more effective way that gave a better managerial oversight of the environment and areas that needed to improve.

Because this is not a purpose-built facility there were limitations to the improvements which could be made. We discussed the impact that small sitting areas had on the quality of residents' lives. We observed sitting areas to be crowded and noisy with limited space. The benefits of activities which took place in the sitting rooms were affected because of the general activity in the areas such as other residents watching television or speaking with visitors/staff. There was no quiet area for residents to spend time in, other than their bedrooms. We acknowledged the dining room could be used by residents/visitors but access was restricted during meal times. Residents' access to outside space was restricted because the garden was not secure which meant they could only go into the garden if accompanied by staff or visitors. This limited people's choice.

We were reassured that the provider was in discussion with an architect and planning department to extend the sitting areas. There were plans to address the garden and make this more secure. The manager and provider were aware that the Care Inspectorate should be consulted about plans to change the building.

Therefore, we will monitor progress on this requirement at the next inspection.

**Not met**

## Requirement 3

By 30 October 2018, the provider must ensure that persons employed in the provision of care have the skills necessary for the work they are to perform in the service. They must:

- a) devise a staff training programme
- b) deliver training timeously
- c) assess the competency of all staff in respect of their knowledge and skills to provide residents' needs.
- d) where staff do not have the skills required for the work they perform, plan and implement appropriate training; and
- e) develop and implement a system to assess and improve the effectiveness of any training received in practice within the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 9(2)(b) and 15(b).

**This requirement was made on 17 August 2018.**

### Action taken on previous requirement

The provider had not met all aspects of this requirement.

A staff training programme was in place and the computerised system identified when refresher training was due. When e-learning was overdue, the manager issued a letter to the staff concerned with timescales for completion.

Training plans were developed when staff were assessed as needing support to develop their skills. However, the training plans were not always implemented or staff competency reassessed. Therefore the provider could not be assured of staff knowledge and skills to provide the care to meet residents' needs. Not providing the necessary training was not supportive of staff and did not assist them to develop their skills.

We were given assurances that training plans would be implemented and competency reassessed. We will monitor progress at the next inspection.

**Not met**

## Requirement 4

By 30 October 2018, the provider must ensure that any complaint received under the complaint procedure is fully investigated and the complainant informed of the action (if any) to be taken.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me. (HSCS 4.21)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 18(3)(4).

**This requirement was made on 17 August 2018.**

## Action taken on previous requirement

The provider had met this requirement.

A record was kept of complaints received at the service. The records showed that complaints were investigated and the complainant notified of the outcome.

**Met - within timescales**

## Requirement 5

By 30 August 2018, the provider must comply with legislation and Care Inspectorate guidance on notification reporting and ensure that notifications are made timeously. This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I benefit from different organisations working together and sharing information about me where appropriate. (HSCS 4.18)

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Registration) Regulations 2011 (SSI 2011/28) Regulation 4 - Notifications

**This requirement was made on 17 August 2018.**

## Action taken on previous requirement

The provider had met this requirement.

We saw that relevant information was notified timeously to the Care Inspectorate

**Met - within timescales**

## 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 review how meals are served at the service to ensure residents enjoy unhurried snacks and meals in a relaxed atmosphere.

- a) Snacks and drinks are available outwith set meal times and residents are supported to access these
- b) Visual meal choices are offered at meal times to residents who need this support
- c) Staff are appropriately deployed and skilled to support residents at meal times.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning. (HSCS 1.33)

And, also - I can enjoy unhurried snacks and meals in as relaxed an atmosphere as possible. (HSCS 1.35)

**This area for improvement was made on 17 August 2018.**

## Action taken since then

We saw that the service had worked hard to improve residents' dining experience and their enjoyment of meals and snacks.

We saw that snacks and drinks were available in the sitting rooms and residents were helped to access these outwith meal times. During meal times staff were effectively deployed. Staff were attentive to residents' needs and assisted in a discreet way that protected residents' dignity.

However whilst visual meal choices were offered, this was not skilfully executed and could unintentionally restrict choice. The manager agreed to work with staff to develop the methods of offering visual choices.

We noted that noise levels during meal times could be high and the dining room very busy. We were pleased that by the end of the inspection the service had reorganised lunch time meals in a way that would reduce congestion in the dining room. Staff were positive about the changes and thought meals were calmer and more pleasant for residents, with less food waste. This would indicate residents were enjoying meals more.

Work was still needed to make the evening meal as pleasant a dining experience as lunch.

We will monitor progress with implementing this recommendation at the next inspection.

## Previous area for improvement 2

The provider should ensure that medications are managed in a way that makes sure that residents get all the medicines they need. In particular, ensure:

- a) the application of topical creams is consistently recorded
- b) carer notes on the reverse of the MARs (medication administration recording sheets) should be fully completed when appropriate to record why medication is given and the effect
- c) accurately completed documentation to record the location of medication patches
- d) fully implemented audit systems are used to monitor medication management and staff practice.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

And, also - If I need help with medication, I am able to have as much control as is possible. (HSCS 2.23)

**This area for improvement was made on 17 August 2018.**

## Action taken since then

Staff had worked hard to improve the management of medication. The findings from medication audits were being used effectively to ensure medication was managed safely. We saw that the location of medication patches were well recorded.

However we still saw examples where carers' notes were not completed fully. This made it difficult to measure how effective medication was. The completion of the application of topical creams was not consistently recorded which made it difficult to know if the cream was applied in the prescribed way. The manager



acknowledged these areas could still improve and we received assurances that the service would continue to work on improving this.

We will monitor progress with implementing this recommendation at the next inspection.

## Previous area for improvement 3

The provider should progress all staff supervision sessions and team meetings to make sure that staff have a structured opportunity to discuss their work practice and be supported to follow their professional and organisational codes.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I have confidence in people because they are trained, competent and skilled and are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3.14)

**This area for improvement was made on 17 August 2018.**

### Action taken since then

Progress had been made toward implementing this recommendation.

We saw that team meetings were taking place. This offered staff the opportunity to come together as a group in a structured way and discuss the development of the service.

We saw that most staff were now receiving regular one to one sessions with a supervisor. This offered them the opportunity to speak about their professional development and reflect on how to develop their skills.

However, some staff had not received one to one sessions with a supervisor over the same period. We expect all staff to be offered equal opportunities to develop their skills, discuss professional and organisation codes and develop their competency in the work they perform.

We discussed the importance of fully implementing this recommendation and were assured this would happen. We expect to see improvement in fully implementing this recommendation by the next inspection.

## Previous area for improvement 4

The provider should ensure that all staff are recruited safely and in line with the best practice guidance - Safer Recruitment Through Better Recruitment, 2016.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I am confident that people who support and care for me have been appropriately and safely recruited. (HSCS 4.24)

**This area for improvement was made on 17 August 2018.**

### Action taken since then

The provider had implemented this recommendation.

We sampled staff recruitment files which showed staff were recruited in accordance with the best practice document Safer Recruitment Through Better Recruitment, 2016.

We discussed best practice in relation to the storage of Protecting Vulnerable Groups (PVG) information and the manager agreed to address this.

## Previous area for improvement 5

The provider should ensure that the staff duty rota accurately reflects the total number of staff working in the service each day to meet the health, welfare and safety needs of residents.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - My needs are met by the right number of people. (HSCS 3.15)

**This area for improvement was made on 17 August 2018.**

### Action taken since then

The provider had not implemented this recommendation.

The rota did not accurately reflect the total number of staff working in the service each day. We saw that the total number of staff recorded each day was often inaccurate and did not take account of when staff finished shifts early. As a result, there were occasions when care staff levels fell to low levels after 7pm, which can be a busy time. We had some concerns that there were not enough staff to meet residents' care needs at this time. There needed to be a better managerial overview of the staffing levels at all times of the day/evening. The manager was of the view that staffing levels met residents' care needs, but staffing levels were affected by staff absence but confirmed the staffing levels would be maintained at minimum levels at least.

We saw staff who were hard working and committed and loyal to the service. They were enthusiastic about working at the service and with residents. However, they were of the view that there was not enough staff. The manager was aware of these views and consideration was being given to introducing a twilight shift.

The service had devised a residents' dependency assessment tool and this was completed monthly. We discussed the importance of continuing to develop the resident dependency assessment to ensure that there were enough staff on duty to meet residents' needs.

We will monitor progress in implementing this recommendation at the next inspection.

## Previous area for improvement 6

The provider should develop residents' care plans to ensure these are right for each person and set out how needs will be met as well as wishes and choices. Plans should:

- a) Reflect all aspects of residents' care including wound care, nutrition, continence, oral healthcare and social interests
- b) Be updated when care needs change or following care reviews, accidents and incidents
- c) The evaluation of care plans should take account of other records, such as fluid charts. Charts should be accurately completed
- d) Fully implement the audit system to monitor the accuracy of plans
- e) Include copies of certificates of legal powers in operation should be kept in residents' files.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - 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. (HSCS 1.15)

**This area for improvement was made on 17 August 2018.**

### Action taken since then

The provider had not fully implemented this recommendation.

While this recommendation had not been fully implemented, we did see improvement in how residents' care was assessed and planned. We saw nice examples where care plans were written in a person centred way and gave a real sense of the residents, their likes and dislikes and how they wanted their care given. We saw staff deliver care in a way that generally reflected the instructions in the care plans. We saw staff give residents gentle care and it was clear they knew residents well.

However staff missed opportunities to use the care plans in a way that reflected changing care needs or anticipated future needs. This was because plans were not always updated when care needs changed. Information from other documents such as daily records were not taken account of when measuring if the planned care was still relevant. This would not guarantee that care plans contained accurate information to direct staff in delivering consistent care in the way residents wished.

There was acknowledgement that further work was needed in this area.

We will monitor progress in implementing this recommendation at the next inspection.

### Previous area for improvement 7

The provider should share with staff, clear information about the managerial structure within the organisation, roles and responsibilities. This is to increase staff knowledge of roles and responsibilities within the organisation and where to gain support and guidance in decision making.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I experience high quality care and support because people have the necessary information and resources. (HSCS 4.27)

**This area for improvement was made on 17 August 2018.**

#### Action taken since then

The provider had implemented this recommendation.

Staff were clear about the managerial structure within the organisation.

### Previous area for improvement 8

The provider should develop registered nurses and senior carers' leadership skills to help them in directing the running of the service and contributing to developing the quality of the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I use a service and organisation that are well led and managed. (HSCS 4.23)

**This area for improvement was made on 17 August 2018.**

#### Action taken since then

The provider had implemented this recommendation.

Registered nurses managed and led the service well on a day to day basis. Staff were deployed appropriately and registered nurses made decisions within their scope of competency. There was less evidence of reliance on key personnel to make decisions on a day to day basis. Staff were keen to develop their leadership skills and were taking additional responsibilities such as champions for oral healthcare.

## Previous area for improvement 9

The provider should apply to the Care Inspectorate for a variation to alter the conditions of registration under which the service operates. This is to formalise the ages of residents who can live in the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that – If I receive care and support in a group, the overall size and composition of that group is right for me. (HSCS 1.8)

**This area for improvement was made on 17 August 2018.**

### Action taken since then

The provider had implemented this recommendation.

A variation application had been submitted to the Care Inspectorate.

## Previous area for improvement 10

The provider should develop a robust and transparent quality assurance process to ensure that residents benefit from a culture of continuous improvement. To do this, the provider should:

- a) Collate all information gathered from audits, meetings and surveys
- b) Devise action plans to implement any areas identified for improvement
- c) Work through devised action plans
- d) Re-visit action plans to ensure that they have been completed
- e) Feedback the outcomes to those who they gathered the information from.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that – I benefit from a culture of continuous improvement with the organisation having a robust and transparent quality assurance process. (HSCS 4.19)

**This area for improvement was made on 17 August 2018.**

### Action taken since then

The provider had not fully implemented this recommendation.

Systems had been introduced to help provide a better managerial overview of the quality of the service. However, there was acknowledgment that the systems need to be developed and used in a more cohesive way that would allow the service to identify and implement strategies for improvement.

The manager agreed to amend the service aims and objectives to reflect that the National Care Standards are no longer used and that the Health and Social Care Standards are in use.

We will monitor progress in implementing this recommendation at the next inspection.

## Previous area for improvement 11

The provider should improve how residents are involved in developing the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that – I am supported to give regular feedback on how I experience my care and support and the organisation uses the learning from this to improve. (HSCS 4.8)

And, also - I can be meaningfully involved in how the organisation that supports and care for me work and develop. (HSCS 4.6)

**This area for improvement was made on 17 August 2018.**

#### Action taken since then

The provider had implemented this recommendation.

Various methods were in place to encourage residents and relatives' involvement. These included meetings, newsletters and consultation on aspects of service development, for example on the service aims and objective.

#### Previous area for improvement 12

The provider should review and update policies and procedures to ensure that the most up-to-date information is provided and all legal requirements are covered.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that - I experience high quality care and support based on relevant evidence, guidance and best practice. (HSCS 4.11)

**This area for improvement was made on 17 August 2018.**

#### Action taken since then

The provider had implemented this recommendation.

Sufficient progress had been made in reviewing and updating policies and procedure to assess this recommendation as implemented. The manager will continue to ensure policies and procedures are relevant and up to date.

## 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)

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