Bearehill
Care Home Service

24 Castle Street
Brechin
DD9 6JU

Telephone: 01356 626435

Type of inspection:
Unannounced

Completed on:
26 April 2019

Service provided by:
Tamaris (South East) Limited, a member of the Four Seasons Health Care Group

Service provider number:
SP2007009321

Service no:
CS2003000383

About the service

Bearehill is a care home that provides care for up to 41 older people who either needs nursing or residential care. It is situated in a residential area of Brechin within the county of Angus.

Bearehill aims to provide a warm and friendly environment, where services users are encouraged to have their say and participate in the day-to-day activities of the home. This service was previously registered with the Care Commission and transferred to the Care Inspectorate on 1 April 2011.

What people told us

We received back two out of 24 Care Standards Questionnaires (CSQs) we sent to the service to randomly distribute to service users and their families and friends. We asked their views on 25 quality statements about the service's care, environment, staffing and management. The limited response was mixed, therefore, we spent time speaking with people at the service, including relatives and visitors during the inspection.

We also received one questionnaire from a staff member. We spoke with the management team and staff at the inspection. The comments received in the CSQs and feedback in person are highlighted below.

From people in the service:
- "never anything a bit special like a chocolate biscuit unless relatives bring them in"
- "they are all very nice here"
- "like a holiday here"
- "got used to it now - they're all right with you in here - staff are very good"
- "do they have meetings? "
- "love gardening - no opportunity to do that here"
- 'I've no idea what's on this afternoon"
- "I would love steak pie".

From relatives:
- "never been aware of activities"
- "sometimes there is a back log of laundry"
- "standards are slipping"
- "very concerned that staff have been told to cut back on live music due to cost"
- 'it needs more thought"
- "my relative's teeth have gone missing twice"
- "the laundry keeps losing things"
- "staff are nice, but they don't have much time".

From staff:
- "morale is really low"
- "we never get supervision"
- "we're always short-staffed"
- "we need more structure"
- "smokers think their break is more important"
- "other staff don't always take responsibility"
- "there has to be a fix for what's going wrong"
- "it's a good team but not all the nurses help you"

- "communication could be better with everybody"
- "I like it here, but it has to get better".

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our staffing?	2 - Weak
How good is our setting?	2 - Weak
How well is our care and support planned?	2 - Weak

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

How well do we support people's wellbeing? 2 - Weak

We spent four days at Bearehill, observing practice and speaking with residents and relatives. We saw care that was positive, caring and kind, and staff that strived to support good care; but we also observed care that could have been much better.

We saw that there were activities on offer to support people's interests but people told us that there was often nothing to do in the way of activities or supporting interests. Activities staff told us that although they tried their best; planned outings had not been held for a few months due to not having access to a driver. The planned activities were sometimes cancelled due to lack of time, staff being off or that they were sent on other errands, resulting in activities not being supported.

Where activities and interests were supported we saw changes in people's demeanour - people were more animated, talked more and interacted with other residents and staff and we saw smiles and laughter. Where we saw little involvement people became withdrawn.

We saw that not all staff supported the promotion of meaningful days and that they sometimes saw this as the responsibility of the activities staff. When speaking with staff in the various units they were often unclear what was happening on the day and there was little or no direction or support from senior staff. We saw that communication between units was often confusing and not always clear. This resulted in missed opportunities and poor outcomes for people by not knowing what was available or how they could join in.

Medications were being managed in line with good practice. People were supported to remain well through the safe use of medications. This was because they were being managed in line with good practice guidance. However, there was a need for a detailed plan to be in place for people who required 'as required' medications. A clear strategy would detail when medication was to be administered and evaluated accordingly.

We used the 'Short Observational Framework for Inspection' (SOFI2) to directly observe the experience and outcomes for people who were unable to tell us their views. We observed people who were in a lounge/dining area in the morning and over lunchtime.

We saw that most staff were friendly, and we observed interactions, which were supportive and sensitive to people's needs. There was a lot of friendly banter. However, other observations within the service were less supportive and practice was clearly dismissive and ignored people's requests or took time to respond to requests. In one area there was little or no staff interventions for over an hour.

One person waited over 25 minutes for a cup of tea. This did not support the promotion of fluids nor give a choice of having a cuppa when the person wanted one. On another occasion a staff member entered a lounge area and there were no conversations with any residents, this was a missed opportunity to chat or engage with people. A chat and a conversation would have given the chance for people to talk, have a laugh or to enjoy the banter. We witnessed a member of staff speaking over a resident with another member of the team. This did not give us confidence that confidentiality was being promoted, and equally it was not respectful.

Some people were encouraged to go to the dining room area 45 minutes before lunch was served, leaving people to sit around the table with little conversation or engagement. We observed a person asking for a glass of water, they received apple juice. We saw that residents were often provided with tea and biscuits but selected by the staff member. People were not always supported to choose their own biscuits.

A minute of a resident's meeting highlighted that they wanted a more varied menu with more stews and steak pies. However, this request had been ignored by management, and we saw that menu choices were poor. The menu often had meals in buns (chip butties, black pudding rolls, bacon rolls as a lunch option). The staff and residents told us that the meals were not always of a good quality, which meant that people may not have a meal of their choice.

Good nutritious meals are important to promote the health and wellbeing of people. Lack of choice or poor quality meals could potentially lead to poorer nutrition. The regional manager gave reassurances that the menus would be reviewed and a catering/hospitality manager would visit the service to carry out a review of choices and staff competence.

Some residents had not had their reviews carried out at required six-monthly intervals and there was little evidence that relatives had participated in reviews. Minutes were not signed by relatives or residents. This meant we were unsure if needs were being met or if the person or their representative were involved in decision-making.

Although most people were well-kept, several residents appeared to have long fingernails, which in some cases were not very clean. This did not promote their dignity, and highlighted gaps in the quality of care being provided.

Requirements

1. In order to improve residents' quality of life, they must be encouraged and supported to maintain and develop interests and activities to ensure their day is meaningful, with opportunities to enable lifestyle choices.

The service must carry out a review of people's interests, ensuring the plan of care and support is personalised and clearly outcome focused. Staff need to be directed and supported by the management team to work together to bring about improvement.

- The service must carry out a comprehensive review focused on improving outcomes and quality of life for residents by 1 July 2019.

- An action plan must be developed and actioned by 1 August 2019.

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 the organisation who support and care for me have an enabling attitude and believe in my potential' and
HSCS 1.10: 'I am supported to participate fully as a citizen in my local community in the way I want'.
HSCS: My personal plan (sometimes referred 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. This is to comply with regulations 3

Principles:
3. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users and affords them choice in the way in which the service is provided to them.
and:
Welfare of users
4.-(1) A provider must -
(a) make proper provision for the health, welfare and safety of service users;
(b) provide services in a manner which respects the privacy and dignity of service users;

Areas for improvement

1. The service should promote best practice in order to create opportunities for stakeholders to participate in the development of the service. A clear participation procedure should be in place with regular opportunities to comment on the service. The service should have a system in place to bring about improvements and suggestions and keep stakeholders up to date.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard HSCS 1.6 - 'I get the most out of life because the people and organisation who support me care for me have an enabling attitude and believe in my potential'.
HSCS2.11: 'My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions'.

Staff should always promote confidentiality when carrying out their duties. This is in order to ensure that care and support is consistent with the Health and Social Care Standard HSCS 3.14: 'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow their professional and organisational codes'.

How good is our leadership? 2 - Weak

People should be confident that they will benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. At this inspection we saw that there were audit systems in place, which gave information about how the service was performing.

The service was presently without a manager, however, the interim role was being supported by the depute manager and the senior management team. We found that the lack of leadership had not created a consistent approach to the monitoring of the service. This resulted in little direction, lack of support for staff and practice not being appropriately monitored. Where issues had arisen, this had not been addressed which resulted in poorer outcomes for both residents and staff.

We noted that only three staff had received supervision in the past year and team meetings were not held regularly. This increased the risk that some staff were not properly supported, and training and development needs were not clearly understood. Medication administration competency training records for staff could not be found. This meant that we could not be confident that staff had attained the required competencies for administration of medications. We could not validate when training had taken place, or if it was held within the appropriate timescales. This did not support best practice.

Staff told us that there had been difficulties and there was little opportunity to share or openly discuss team issues. We saw that dependency audits were regularly undertaken but evidenced that staffing was often stretched resulting in inadequate cover to meet the needs of people at Bearehill. Minutes of team meetings were sparse, and it was unclear if senior management had addressed issues raised.

We found that some of the audits carried were a 'tick box' exercise with little acknowledgement given to quality indicators, this resulted in poorer outcomes for people. We saw that home audits had been undertaken, but we observed, areas that should be locked, including a cleaning cupboard and an electrical cupboard. One person's room was not homely and not fit for purpose. The room was poor, limited lighting, no shelves in the bathroom nor colour contrasted to aid sensory problems. These instances clearly highlighted that some audit systems were not working and had a considerable affect on people's wellbeing.

We heard from staff, residents and relatives that management was ineffective and did not respond effectively when concerns were raised. This included reports of poor moving and handling, complaints about food and activities, which were not acted on.

Management/senior team /nurses do not use success as a catalyst to implement further improvements, therefore, there were missed opportunities to motivate staff and others to involve them in quality assurance activities.

Areas for improvement

1. There is need to further develop observed practice opportunities, making them, more outcomes focused and directed to ensure practice is embedded and sustained.

This is in order to ensure care and support is consistent with Health and Social Care
Standard 3.14, which states: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' and Standard 4.17, which states: 'I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that experience consistency and continuity'.

How good is our staff team? 2 - Weak

Staff appeared to be very busy during our visit and struggled to ensure that key areas were supervised. We found that there was only one person on duty to cover eight residents whilst a senior carried out medication and other clinical tasks. We found evidence that main areas were often unsupervised for prolonged periods whilst staff supported residents in bedrooms or with personal care. This meant that if someone was requiring assistance staff may not be available on hand to give support or reassurance.

Staff had little time to sit with residents and assist with activities or supporting meaningful days. There were missed opportunities to speak and interact with residents because of time constraints or not having enough staff deployed. Residents and relatives told us that they rarely get out. People had been unable access the minibus due to lack of staff and/or competent drivers. This has been ongoing since December 2018. This meant that there was not an opportunity for residents to go shopping, have a trip out or access the community.

Although dependency levels are recorded, this does not reflect the support required to have a quality service. There were little opportunities for staff to discuss the impact of duties and the effect and outcomes it had on residents. When senior staff were taken away from units this had an impact on the support and quality of care, which resulted in people not getting the support they required and there was a reduction in one-to-one time.

There was a non supportive culture within the home, with teams not always working well together. This meant that communication across the team was not good, and information and direction by management was unclear. Team building has suffered due to lack of time to meet up which has affected staff motivation and in turn the quality of care.

The organisation's 'Dementia Framework' was introduced to the service in October 2018, but we saw little evidence of this resulting in better outcomes for people. The regional manager gave reassurances that all staff would be accessing training and awareness sessions.

Requirements

1. In order to ensure there is a culture of sustained improvement the provider must ensure that the quality assurance processes are effective and clearly identify areas for improvement. The processes should be responsive to improving the service's individual performance, based on relevant legalisation and good practice and actively drive good practice and standards forward.

The systems must be focused on improving outcomes and quality of life for residents by 1 July 2019.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.19 which states: 'I benefit from a culture of continuous improvement, with the organisation having a robust and transparent quality assurance processes'.

It is also necessary to comply with regulation 3 - Principles and Regulation 4(1)(a) Welfare of Users of the Social Care and Social Work Improvement Scotland Regulations 2011.

How good is our setting? 2 - Weak

People should benefit from high quality facilities that are comfortable, homely, safe and well maintained. The home was clean and some of the bathrooms had benefited from upgrading. There was a pleasant large and nicely decorated sitting room downstairs in the 'Florence Unit' with plenty of space to move about. People also enjoyed sitting in the conservatory area downstairs. However, there were many areas throughout the home that looked tired and uninviting.

Most of the home was bland in colour and not dementia friendly; this was because the décor in most of the home had little contrast making it potentially difficult for people to their way around. People with dementia can experience difficulties with their sight and perception as a result of their condition. The use of different colours, particularly those that contrast, has been proven to make it easier to get around places. People's room doors were not seen to be personalised, making it difficult for people to identify their room. The lighting in some areas was poor making it more difficult to get around for people with a visual impairment.

We saw that home audits were carried out regularly but audits did not pick up on the some of the issues with decoration; nor did they highlight issues which we found with a resident's room during the inspection. However, this issue was addressed during the inspection.

Maintenance issues were not always reported or addressed. We found large radiator coverings in the dining room and lounge that were not secured to wall (wobbly and loose) which meant there was a potential for accidents. An electrical cupboard had a padlock, but it was not locked. We highlighted this on our first day, however, it was still not locked on our return on the second day of inspection. Domestic cupboards (which held cleaning products) were often left open or not padlocked.

There were potential hazards around the home including trailing leads. This meant that there was a potential risk for an accident to happen, if a resident was able to access a cupboard which stored cleaning chemicals; or if someone was able to open an electrical cupboard junction box which could cause harm.

The home had carried out a building audit to measure how dementia friendly the building was. Although there was an action plan no one knew what action was to be taken. There was insufficient lighting in some rooms and corridors and lack of contrast for people sensory impairment (toilet seats/ light switches). We noted that the flooring was noisy, and some areas were uneven, and people are unable to access outside space independently.

There was a tea and coffee facility near the entrance of the home, but residents and visitors could not use this facility because supplies were not topped up and cups were not available. This was a missed opportunity for people to relax in the area, and have a cup of tea with their friends and relatives, rather than having to depend on staff making refreshments. It did not promote independence. During the inspection the regional manager began addressing some of the issues.

Requirements

1. The service must ensure that the environment is user-friendly, homely in appearance and decorated and maintained to a standard appropriate for the care service. The provider should revisit the environmental assessment and make the necessary adjustments for people living with dementia.

Maintenance checks must be thorough. Staff must ensure issues are reported and safety systems are fully implemented. The provider must implement a detailed plan of works to improve the standard of the environment.

In order to ensure that the concerns about the environment are responded to appropriately the provider must provide a detailed plan of work by 1 July 2019.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instruments 2011/210 10(2)(a)(b)(c)(d) a regulation regarding the fitness of premises and Health and Social Care Standard (HSCS)

This is to ensure care and support is consistent with the Health and Social Care Standard: '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: 'If I experience care and support in a group, I experience a homely environment and can use a comfortable area with soft furnishings to relax' (HSCS 5.6) and: 'My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells' (HSCS 5.18).

5.11 I can independently access parts of the premises I use and the environment has been designed to promote this. (HSCS 5.11).

5.19 My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes (HSCS 5.19).

5.22 I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment. (HSCS 5.22).

Timescale - by 1 July 2019 as discussed at the feedback of our inspection on 26 April 2019.

How well is our care and support planned? 2 - Weak

It is important that care plans provide information about people's preferences. We found that there was little information or detail about people's interests and activities and preferences. Although most staff knew people well, there was a risk that agency staff or unfamiliar staff would not have access to information, which could have a negative impact on individual's outcomes by not knowing how to help and support people.

Although there were regular audits, these were more focused on quantity, rather than quality. We found that some health care tools had not been completed properly, lacked detail or did not explain why they were being used. For example: we found that 'as required' (PRN) medicines did not detail protocols. These need to be more detailed to ensure that staff use the same approaches for stress and distressed behaviour before PRN medication is administered. We also saw that the effect of PRN medications were not always recorded. This made it difficult to find out if the as required medication was effective

Some missing signatures were also missing from charts and documents. This did not give us information who administered the medication, or if the medication was administered, which did not support best practice and could put someone at risk.

The room where medication was stored was very warm and temperatures are not recorded for room at the time of our visit. If medicines are not stored properly, they may not work the way they were intended, and so pose a potential risk to the health and wellbeing of the person receiving the medicine.

We saw that some covert medication pathways were now overdue and DNACPR (Do Not Resuscitate) forms were not discussed with some residents who have capacity even though they have been completed and are in the files. Follow up of peripatetic advice was not always followed through. This put people at potential risk because staff ignored the advice given by health care professionals, and therefore not following the Code of Practice. People were again at potential risk because they were not involved in life changing decisions. This did not show compassion, or respect to residents, as they were not involved in making their own decision despite being able to.

We were informed that some staff were suspended in December 2018, due to their Scottish Social Services Council registration lapsing. This issue has now been resolved but it is a requirement that services must ensure all staff on professional registers remain valid and up to date.

We observed that although dependency levels are recorded, this does not reflect the support required to have a quality service. There were little opportunities for staff to discuss the impact of duties and the effect and outcomes it has on residents. Senior staff taken away from units has an impact on support and the quality of care.

Residents'/relatives' meetings were sporadic. Where suggestions, ideas or concerns had been raised they had not been acted upon by management.

Recommendations from the previous inspection had not been acted upon.

Requirements

1. The provider must, having regard to the size and nature of the care service, ensure that at all times suitably qualified and competent staff are working in the care service and in such numbers as are appropriate for the health, welfare and safety of service users. Service should undertake a review of staff to ensure levels or cover and experience are appropriate. Staffing levels should be appropriate to support supervision and to ensure meaningful days.

The provider and management team should plan staff meetings to develop and implement the improvement plan ensuring everyone is aware of their responsibilities, that improvement is measurable using SMART objectives and all stakeholders are involved.

The provider must carry out a review of practice and take appropriate action to ensure standards improve and improvements are sustained, and the service is closely monitored and audited. All care and support must be person-centred, and stakeholders fully involved in decision-making.

In order to ensure that people's concerns are responded to appropriately the provider must by 1 July 2019, ensure that staff including agency staff, have the necessary qualifications, skills and experience to ensure people receive quality care and support. The service and provider are required to undertake a review of all staff and implement the necessary actions, regularly reviewing skills, practice and competences. The service must develop an action plan.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instruments 2011/210 15(a) (b)(i)(ii) a regulation regarding staff and Health and Social Care Standard (HSCS)

This is to ensure care and support is consistent with the Health and Social Care Standard: 'I experience high quality care and support because people have the necessary information and resources' (HSCS 4.27) and 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This is in order to ensure care and support is consistent with Health and Social Care Standard 4.17, which states: 'I am supported and cared for by a team or more than one organisation, this is well co-ordinated so that experience consistency and continuity'.

2. The provider must carry out a review of practice and take appropriate action to ensure standards improve and improvements are sustained, and the service is closely monitored and audited. Audit processes must be fit for purpose. All care and support must be person-centred, and stakeholders fully involved in decision-making.

The service and provider are required to undertake a review of all staff and implement the necessary actions, regularly reviewing skills, practice and competences. The service must develop an action plan by 19 June 2019.

In order to ensure that people's concerns are responded to appropriately the provider must by 1 August 2019, ensure that staff including agency staff, have the necessary qualifications, skills and experience to ensure people receive quality care and support.

This is to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Scottish Statutory Instruments 2011/210 15(a) (b)(i)(ii) a regulation regarding staff and Health and Social Care Standard (HSCS)'

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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

There is need to further develop observed practice opportunities, making them, more outcomes focused and directed to ensure practice is embedded and sustained.

This area for improvement was made on 9 July 2018.

Action taken since then

No action has been taken on this area of improvement.

Previous area for improvement 2

The service should continue with the present work to personalise the care plan documentation making all care plans person-centred.

This area for improvement was made on 9 July 2018.

Action taken since then

This area of improvement has not been met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
2.3 Staff are led well	2 - Weak

How good is our staff team?	2 - Weak
3.3 Staffing levels and mix meet people's needs, with staff working well together	2 - Weak

How good is our setting?	2 - Weak
4.2 The setting promotes and enables people's independence	2 - Weak
4.3 People can be connected and involved in the wider community	2 - Weak

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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