scottish commission for
the regulation of care

Inspection report

Pentland Hill Nursing Home
Care Home Service

23/27 Gylemuir Road
Edinburgh EH11 2RG

Inspected by: **(Care Commission Officer)**	Janet Smith
Type of inspection:	Announced
Inspection completed on:	11 January 2006

Improving care in Scotland

Service Number

CS2003010660

Service name

Pentland Hill Nursing Home

Service address

23/27 Gylemuir Road
Edinburgh EH11 2RG

Provider Number

SP2003002226

Provider Name

BUPA Care Homes (CFHCare) Limited No. 2741070

Inspected By

Janet Smith
Care Commission Officer

Inspection Type

Announced

Inspection Completed

11 January 2006

Period since last inspection

4 months

Local Office Address

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Introduction

Pentland Hills Nursing Home is a purpose built home registered by the Care Commission on 1st April 2002 for the care of 120 older people.
The Home is situated close to a variety of local amenities including public transport, parks, supermarket and shops.

The accommodation is divided into 4 separate units, 2 of which are on the upper level and can be accessed by either a lift or stairs.
Each of the units has 30 single bedrooms with en-suite washing facilities.
There are communal lounge/dining facilities in each of the units.

The aims and values of the service are displayed in each unit.
The service states that they aim to "provide our customers with the highest quality care service. We will use our health and care knowledge, specialist skills and values to deliver an individual service to our customers".

Basis of Report

Before the visit the Home was sent a Pre-Inspection Return to complete with information about the service.
The Home was also sent a self-evaluation form.

The visit was announced and the allocated Officer was accompanied by William Morrison, Care Commission Officer.

During the visit which took place on 11th and 12th January 2006, the Care Commission Officers spoke with:
the Nurse Manager
the Assistant Manager
11 service users individually. Others were spoken with in group settings in the communal areas.
7 staff members on an individual basis and others in group settings.
4 service user representatives.

The Care Commission Officers also looked at a range of policies, procedures and records including the following:
Fire logs
Accident and incident records
Complaints records
Financial records
Staff records
20 Personal plans
Medication management
and spent time observing interaction between service users and staff.

The Officers spent time becoming familiar with the environment.

The Care Commission Officers took all of the above into account and reported on whether the service was meeting the following National Care Standards - Care Homes for Older

People:
Standard 1: Informing and Deciding
Standard 5: Management and Staffing Arrangements
Standard 6: Support Arrangements
Standard 7: Moving In
Standard 18: Staying in Touch.

The Officers also took into consideration The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002.

Action taken on requirements in last Inspection Report

1 requirement had been made as a result of the last inspection. This had been met.

Comments on Self-Evaluation

The self-evaluation had been completed and returned to the Care Commission.
Areas of strength had been set out which were relevant to each of the Standards. Areas for improvement had not been identified.

View of Service Users

Service users, on observation, appeared to be comfortable in their surroundings. The Officers noted good interaction between service users and staff.
Service users who were able to express their views gave positive comments.
They particularly felt that staff were good. Comments received included, " staff good to me", "staff first class", "staff great", and "staff do very well".
Only a few service users were able to state that they knew of their key worker, although all stated that they could approach any staff member.
All felt that they would be able to raise concerns if they had to.
Service users were able to relate some of the activities which had been provided in the Home. They felt that there was opportunity to be involved in activities but their wishes had been respected if they declined.

View of Carers

The overall comments received from representatives were that they felt satisfied with the service provided in the Home.
Comments included, "wouldn't change a thing", "happy, feel she is settled" and "looked after".
They stated that they were able to raise concerns. They were aware of the review of care of their relative and had commented that they had been invited to attend.

Regulations / Principles

Regulation 4: SSI 114 Regulation 4 (1) Welfare of Users

Strengths

Areas for Development

As part of the inspection process, the Officers elected to have lunch in one of the units. During this time, the Officers noted that the organisation and management of this mealtime was unsatisfactory.
Examples of the findings included:
Poor positioning of residents at the tables which did not allow them to eat their food without effort.
Lack of equipment, such as plateguards and adapted cutlery which did not allow them to eat their food with ease.
No assistance for many residents who required prompting or help.
Food becoming cold due to the time taken to serve.
The Assistant Manager stated that the Unit Manager was not on the unit on the day and that this would not be normal practice. Staff were given training on nutrition and this included the aspects of care which the Officers found to be lacking.
See requirement 1.

Regulation 4: SSI 114 Regulation 4 (2) Welfare of Users

Strengths

Areas for Development

National Care Standards

National Care Standard Number 1: Care Homes for Older People - Informing and Deciding

Strengths

The service had a comprehensive introductory pack available for prospective service users which was written in a clear understandable format.
The Manager stated that they were able to access the information in different languages if necessary.

Although much of the information was relevant to the BUPA group, it signposted individuals on how to access information pertinent to the home.
Details of Pentland Hills home was included in the pack, including the accommodation and number of places. Details of cost and arrangements that needed to be made if private funding ran out was sent to prospective clients at point of contact.

Areas for Development

None arising as a result of this inspection.

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

The service had a comprehensive range of policies in place. Staff were able to inform the Officers of how they would access these and stated that this was part of the induction programme. Staff handbooks, which were given on commencement of employment, gave details of some of the policies in place such as, whistleblowing, harassment and equal opportunities.

Records of accidents, incidents and complaints to the service were kept and audited on a 3 monthly basis.

Staff spoken with stated that the organisation gave opportunity for training. Comments included, "very supportive of training", "good training", "good induction" and "always training".

One senior staff member stated that a 'senior carer programme' had been introduced. The purpose of this was to reward staff through achievement. It was stated to have "generated great interest from the staff" and increased enthusiasm.

Individual staff records showed that there was uptake of training opportunities with staff assisted to gain SVQ qualifications. Mandatory training in fire and moving and handling was seen to be recorded in staff files.

Staff were seen to be able to implement 'best practice' and a range of up to date information was available.

The service carried out appropriate checks on individuals prior to taking up employment and cross referenced to professional bodies.

The Assistant Manager stated that 90% of staff had completed training on 'restraint'. This had been included in 'challenging behaviour' training. Staff spoken with were aware of issues of restraint and appropriate documentation was seen in personal plans.

Medication was seen to be managed by staff who were knowledeable and aware of 'best practice'. The Home was supported by a community pharmacist who carried out 3 monthly audits. This involved storage, administration and recording. A recent audit had been carried

out: however, the results of this had not been forwarded to the home at the time of inspection. The Manager stated that verbal feedback had suggested that there were no areas identified for improvement.

Financial records were seen to be organised and checked within the home.

Areas for Development

The home had a manual containing a comprehensive range of policies. This was dated as having been received in the year 2000. Within the manual there were copies of outdated 'complaints' procedures which may have been relevant prior to the existence of the Care Commission. The Officers did note that relevant complaints policies were displayed in each of the units.
Staff could give the Officers information on the policies which were being updated such as whistleblowing.
The Officers concluded that, as staff stated that they would access policies from the main office, the policy manual should guide staff on policies which were current and relevant.
See recommendation 1.

The service had a policy on visitors to the home. Information given to prospective service users stated that children were welcome to visit. However, there were no details which outlined the responsibility of the visitor in relation to children.
See recommendation 2.

Each of the units within the home had fire logs. The Officers were unable to evidence from the written records that appropriate checks had been carried out. Staff records did show that staff had training which was up to date in respect of fire.
On discussion with the Manager, she clarified that the process for carrying out fire safety checks and assured the Officers that they had been done. She recognised that the logs for each unit did not reflect this.
See requirement 2.

Computerised records of cross-referencing to professional bodies was discussed with the Manager. She had begun the process of being able to access the Nursing and Midwifery Council database.
The Officer noted the current system of ensuring current registration. Checks were made monthly from the home staff database and staff were requested to show a current Personal Identity Number if the previous one was about to expire.
One staff member's registration was seen to have elapsed, according to the records.The Manager was aware of the implications of this. The staff member worked on an ad hoc basis and the Manager knew that she could not practice without a current registration. She agreed to check staff details.
See requirement 3.

National Care Standard Number 6: Care Homes for Older People - Support Arrangements

Strengths

Personal plans viewed showed that all of the aspects in this Standard had been considered and/or included by the home.
Named nurses and Key workers were clear.
Representatives were seen to be involved in reviews of care where appropriate. Carers stated that they had been invited or had the opportunity to be involved as a copy of the personal plan would be sent for them to read, sign or amend.
Risk assessments were in place and records of restraint seen.
Care plans were reviewed monthly or more frequently as necessary.

Areas for Development

None arising from this inspection.

National Care Standard Number 7: Care Homes for Older People - Moving In

Strengths

Service users were allocated both a named nurse and a key worker. This was details in personal plans.
Conversation with the service users, in particular a resident who had recently arrived, showed that they had been supported through the process of 'moving in' and felt able to discuss whether this was the right move.

Areas for Development

None arising as a result of this inspection.

National Care Standard Number 18: Care Homes for Older People - Staying in Touch

Strengths

Personal plans set out communication needs of individuals and any equipment that was needed.
Staff were seen to communicate positively with service users at the inspection.
During the inspection, staff described the steps that they had taken to support a service user prepare for admission to hospital.
Service users stated that they were able to discuss issues with any of the staff.

Areas for Development

None arising as a result of this inspection.

Enforcement

There has been no enforcement action taken by the Care Commission since the last inspection.

Other Information

None arising as a result of this inspection.

Requirements

1. The service must ensure that there is management of mealtimes.
In order to achieve this the Manager must:
Ensure that there is appropriate direction given to staff in serving and assisting with meals at all times.
Ensure that staff are competent in implementing the nutritional training provided by the home.
This is to comply with:
SSI/114 Regulation 4(1)(a) and (b), Welfare of Users - a requirement to ensure the proper provision for the health and welfare of service users.
SSI/114 Regulation 13 (a) Staffing - a requirement to ensure that staff are competent in the care service.
Timescale: Within one (1) month from receipt of this report.

2. The Manager must ensure that the fire logs are completed for each unit.
In order to achieve this the Manager must:
Review the system in place for maintaining fire safety records.
This is to comply with:
SSI/114 Regulation 19(3)(c) - a requirement relating to record keeping.
Timescale: Within one (1) week of receipt of this report.

3. The Manager must ensure that all trained staff are currently registered with the Nursing and Midwifery Council.
This is to comply with:
SSI/114 Regulation 13 (a) - a requirement to ensure that staff are suitably qualified.
Timescale: Within 24 hours of receipt of this report.

Recommendations

1.The contents of the manual should reflect the current policies used and the policies should reflect that they have been updated within the last 3 years.
National Care Standards, Care Homes for Older People, Standard 5.1 - Management and Staffing Arrangements.

2. The service should make clear in the policy the responsibility of visitors in relation to visiting children. This should be made available to all visitors to the home.
National Care Standards, Care Homes for Older People, Standard 5.1 - Management and Staffing Arrangements.

Janet Smith
Care Commission Officer