

Inspection report

Bennoch Lodge Care Home Service

31a Bennoch Road
Kirkcaldy KY2 5QY

Inspected by: Susan White
(Care Commission Officer)

Type of inspection: Announced

Inspection completed on: 22 May 2007

Service Number

CS2003010312

Service name

Bennochty Lodge

Service address

31a Bennochty Road
Kirkcaldy KY2 5QY

Provider Number

SP2003002125

Provider Name

Fife Nursing Homes Limited, a member of the Four
Seasons Health Care Group

Inspected By

Susan White
Care Commission Officer

Inspection Type

Announced

Inspection Completed

22 May 2007

Period since last inspection

2 months

Local Office Address

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Introduction

Bennoch Lodge is located in a residential area of Kirkcaldy close to most amenities. The property was purpose built as a Care Home with accommodation and resources on the ground floor and was registered with the Care Commission in April 2002. There are adequate parking areas, access is suitable for less able people and the garden grounds are easily accessible. All rooms are en-suite. The home offers 24 hour nursing care for a maximum of 17 older people.

The home has a written philosophy which reflects a commitment to the principles of dignity and independence and promotes individual choice.

Basis of Report

This report was written following an announced inspection from 9.30am to 3pm on Tuesday 22 May 2007 and Wednesday 23 May 2007 by Care Commission Officer, Susan White. Feedback was given at the end of the inspection process to the manager of the service. The service was inspected after a Regulatory Support Assessment (RSA) had been carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of the manager), and actions taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a high RSA; therefore a high intensity inspection was required as a result. The inspection was then based upon the relevant Inspection Focus Areas (IFAs) and associated National Care Standards for Support Services.

The service was also required to submit their Annual Return (AR) which helped the Care Commission to review the service using accurate and up to date information.

During the visit the Care Commission Officer spoke with:

the manager

two service users

three relatives

four members of care staff.

The Care commission Officer also looked at a range of policies, procedures and records including the following:

staff training records

service users personal plans

accident and incident recording.

During the inspection, the Care Commission Officer also observed staff practice which included how staff cared for and spoke with service users.

The Care Commission Officer took all of the above into account and reported on whether the service was meeting a range of relevant National Care Standards for Support Services associated with the Inspection Focus Areas for 2007/08. The main inspection focus for this support service was -

1. Protecting people, including Adult Protection, Child Protection and Staff training/Training plans. Aspects of all associated National Care Standards were taken into account during this inspection.

In relation to recommendations made in the last inspection report regarding evidencing which checks had been made for new employees.

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw.

A general examination of the premises was also carried out as part of the inspection process. The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw.

Action taken on requirements in last Inspection Report

Requirements were made at the last inspection regarding the use of records to support care for service users. Aspects were looked at during this inspection and are reported in the body of the report. Other aspects will form the core of the next inspection.

'Service users have a right to live in an environment that is clean, hygienic and free from offensive odours. Appropriate procedures for the control of infection must be in place. It is required that the manager ensures that contingency arrangements are in place and implemented to cover staff absences which impact on the service provision.' This requirement has been met at this inspection.

'It is required that equipment which is used in the provision of the service should be properly maintained and that repairs to equipment required for infection control are actioned without delay. The out of order washing machine must be repaired immediately.' This had been achieved. However, the equipment was again broken at the time of this inspection. Alternative arrangements had been made in the meantime and repairs were actively undertaken.

'The provider should ensure that where senior staff are granted planned leave, appropriate staffing is put in place.' New arrangements have been put in place.

Comments on Self-Evaluation

Not available for this inspection.

View of Service Users

Service users were happy with the care received and happy with the staff. 'I like it here'. 'Staff are very kind'.

View of Carers

Relatives spoken with said that they are satisfied with the care experienced by their relatives. The manager and staff are found to be approachable and do their best to care for the service users. Relatives' meetings have recently started, arranged by the manager, and all of the

relatives were aware of these meetings.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 4: Care Homes for Older People - Your Environment

Strengths

The building was purpose built and has single room en-suite accommodation for all 17 service users. The public spaces are wide enabling service users to move around easily in the house and it's grounds.

The building was clean and comfortable and all areas were in good decorative order.

The manager explained about proposed alterations to the building to allow better support services such as additional space for laundry services.

Areas for Development

At the time of inspection the manager noted problems within the laundry and difficulties in securing repairs for the equipment. Alternative arrangements had had to be made to ensure an adequate laundry service was available to the service users.

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

Strengths

The service has a comprehensive range of policies and procedures available. All of the relevant issues are addressed by the available policies.

One of the Inspection Focus Areas for this inspection was the Protecting People. The service has in place robust policies and procedures which reflected best practice and included reference to the Adults with Incapacity Act and the Child Protection (Scotland) Act.

Bennoch Lodge has a copy of 'Fife Multi-agency Vulnerable Adult Protection Procedures'.

Staff training has been progressed. Nine care staff are currently involved in achieving SVQ2. This has raised their awareness of restraint issues. Staff demonstrated an awareness of the Mental Welfare Commission's 'Rights, Risks and Limits to Freedom' and has enabled staff to question any observed practice which does not meet best practice.

Areas for Development

Staff training records did not include any recent training in the protection of people. In discussion with staff, and with reference to the company procedure, staff did not demonstrate an awareness of the company procedure. This must be addressed through training. A Requirement (1) is made.

Since the last inspection, the manager has undertaken an audit of staff knowledge in some key areas. At the time of inspection this audit was still to be acted upon. This will be reviewed at the next inspection. A recommendation (1) is made.

Training in food hygiene was available only for kitchen staff. Training in food hygiene should be available to all staff involved in food handling. At Bennoch Lodge, this should include all care staff. A Requirement (2) is made.

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

Strengths

All service users have an individual support plan available. At the time of this inspection, a new format for care plan information had just been introduced.

Four support plans were reviewed. Some of the information had been recently transferred from previous documents. Where intensive, active support was required, records were detailed and informative.

Areas for Development

While all of the information noted in the standard was in place in each support plan, it was not clear from the available records how the documentation supports the care delivered on a daily basis. Requirements were made in the last inspection which will be carried forward to the next inspection.

.It was agreed with the manager that support plans would be the focus of the next inspection.

National Care Standard Number 11: Care Homes for Older People -Expressing Your Views

Strengths

Service users and their relatives said that they felt that they could discuss any concerns with the manager or other staff. Where concerns were raised, they were said to have been addressed promptly.

Service users and their representatives were given an opportunity to record their choices of preferred activities for outings over the summer. The manager has commenced group meetings for residents' relatives. Minuted of these meetings had been shared with all relatives.

Areas for Development

National Care Standard Number 19: Care Homes for Older People - Support and Care

in Dying and Death

Strengths

As stated in the basis of this report, palliative care was an inspection focus area for this inspection. The following areas were explored and validated as part of the inspection process.

The Manager had developed plans to further improve the service users palliative care management. Following review of staff training records it was noted that the senior nurse and one of the care staff had attended palliative care training in the previous year.

The support and care which the home can provide at the end of a service user's life and after their death was discussed with a relative and with care staff. Comments included 'I have been fully involved in the care and am happy with the care from the staff at Bennoch Lodge. It could not have been better.'

On reviewing the personal plans it was noted that service users and/or their representatives can record their wishes as part of the personal plan if they wish to do so. Staff were aware that this can be a difficult and sensitive subject to discuss.

Staff demonstrated a sensitive approach to caring for a service user at the end of their life and after their death. They were aware of the need to respect the service users' wishes and felt it was important to offer comfort and support for the service users' friends and family. The home used guidance provided by the Scottish Partnership for Palliative Care.

Areas for Development

Enforcement

There is no enforcement action from this report.

Other Information

The Care Commission Officer observed good interaction between staff, service users and their relatives.

Requirements

1. The care service will ensure access to appropriate training in adult abuse issues and use of the associated policy and procedures to all staff with access to service users.

This is in order to comply with SSI 2002/114 Regulation 13 (c) - a requirement to ensure that persons employed in the provision of the care service receive - (i) training appropriate to the work they are to perform.

Timescale for implementation: within 3 months of publication date of this report.

2. The care service must ensure access to training for food handling for all care staff.

This is to comply with SSI 2002/114 Regulation 13 (c) - a requirement to ensure that persons employed in the provision of the care service receive - (i) training appropriate to the work they are to perform.

Timescale for implementation: within 3 months of publication date of this report

Recommendations

1. The recent audit of staff knowledge should be followed through to a strategy to address the gaps in knowledge identified through the audit. Progress with this strategy will be reviewed at the next inspection.

NCS Care Homes for Older People: Standard 5.1 Management and Staffing Arrangements.

Susan White

Care Commission Officer