

Inspection report

Pentland Hill Nursing Home Care Home Service

23/27 Gylemuir Road
Edinburgh EH11 2RG

Inspected by: Anne Dolan
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 3 July 2007

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

Anne Dolan
Care Commission Officer

Inspection Type

Unannounced

Inspection Completed

3 July 2007

Period since last inspection

5 months

Local Office Address

Stuart House
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Introduction

Pentland Hill is owned and Managed by BUPA and has been registered with the Care Commission since 1st April 2002 to provide residential accommodation, care and nursing support for up to 120 older people

Pentland Hill is situated within a residential area of South West Edinburgh near to local amenities and public transport links. The Home has garden grounds surrounding the perimeter and front of the building.

The accommodation is on two floors accessed by a lift and stairs and is divided into 4 units accommodating up to 30 people in each.

All rooms are for single use and all have ensuite facilities.

The units have a variety of communal lounge and dining areas.

Each of the units has their own aims and objectives displayed at the entrance to the 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".

The service employs a team of carers and nurses with varying degrees of skill, expertise and qualifications.

Basis of Report

This report was written following an unannounced inspection from 10:00am until 18:00pm on Tuesday 3rd July 2007 by Anne Dolan and Carol Moss, Care Commission Officers (the Officers). Feedback was given to the Clinical Services Manager (CSM) and a Manager from another BUPA Care Home at the end of the inspection.

This service was inspected after a Regulatory Support Assessment (RSA) was carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the Care Commission Officer which considers: complaint activity, changes in the provision of the service, natures of notifications made to the Care Commission by the service and actions taken upon Requirements. The Officer 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 score; therefore a high intensity inspection was required as a result. The inspection was then based upon associated National Care Standards for the particular service type any other Standards or regulation indicated by the RSA, follow up on requirements and recommendations from the previous inspection complaints and any other regulatory activity.

The service was also required to submit their Annual Return (AR) which helps the Care Commission to review the service using accurate and up to date information. The service had submitted a completed AR as requested by the Care Commission.

During the visit the Officer spoke with:

- The Clinical Services Manager
- one Unit Manager
- ten members of care staff and one student nurse
- eight residents

- two visitors

The Officer also looked at a range of policies and records including the following:

- Staff files
- Policy Manual
- Resident care files
- Residents personal plans

The Officer took all of the above into account and reported on whether the service was meeting a range of relevant National Care Standards for Care Homes for Older People. The main inspection focus for this Care Home service was:

- Standard 4: Your environment
- Standard 5: Management and staffing arrangements
- Standard 13: Eating well

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

There were two requirements identified from the previous inspection. These are discussed under the appropriate Standards in this report.

Comments on Self-Evaluation

Not applicable for this inspection.

View of Service Users

There were 119 residents being accommodated in the Home at the time of the inspection. The Officers spoke with eight residents. Conversations were brief due to either cognitive or physical impairment of the residents.

Residents who were able stated that they "were happy here" and that "staff were very nice" and "polite".

Residents also stated that the food was "very good".

Interactions between staff and residents were noted to be appropriate.

View of Carers

The Officers spoke with two visitors to one of the units of the Home. Both visitors gave positive views of the Home the staff and the care given to their relatives.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

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

Strengths

This standard was not fully inspected against at this time.

A requirement was made at the last inspection regarding wheelchairs and equipment used in the Home.

Management were to ensure that all wheelchairs were checked and fitted with appropriate footplates and these must be used at all times.

This requirement also stated that equipment needs were to be assessed in each unit and that equipment was available and suitable to meet the needs of residents.

This was noted to be partially implemented.

The Home had undertaken a wheelchair audit. Those wheelchairs identified as requiring repair had been taken out of use. Maintenance had been notified of repairs.

All wheelchairs had been issued with footplates. Staff had been instructed to use footplates at all times when a wheelchair was in use.

It was noted that all units of the Home had the use of at least one manual handling hoist. There was ongoing assessment of residents needs with regard to equipment.

Areas for Development

In one of the units of the Home as identified to the CSM it was noted that wheelchairs had been identified as requiring repair and had been taken out of use. However it was also noted that staff in this unit used these wheelchairs routinely. The Officers were informed that there were insufficient wheelchairs to transport residents until repairs were undertaken. (See Requirement 1 and Recommendation 1).

It was noted that in one of the units of the Home as identified to the Manager of that unit that the hoist was stored away from the resident area during the day. It was observed that staff had to retrieve the hoist from one end of the unit to the other on several occasions. This Unit Manager agreed to review this practice.

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

Strengths

This Standard was not fully inspected against at this time.

The Manager and Clinical Services Manager (CSM) were supernumerary

10 Staff files were audited and it was noted that these met current good practice and legislation.

All new staff undergo an induction and orientation period with a review once completed.

There was a record of qualifications and courses undertaken for all new staff.

Home Management had recently undertaken a needs assessment using the Isaac's and Neville tool for all residents in the Home.

A requirement was made at the last inspection that where manual handling training has been undertaken staff implement this at all times.

It was noted that further manual handling training had taken place. There were three additional manual handling trainers in the Home and there were plans to train further trainers. Trainers were aware of their role within each of the units. Staff were also aware of the trainers role in the implementation and maintenance of manual handling practice.

Resident records reviewed showed a manual handling risk assessment had been undertaken and equipment required was outlined.

A recommendation made at the last inspection regarding the availability of inspection reports was noted to be implemented. There was a copy of the last inspection report displayed within each of the four units.

Areas for Development

Senior Management had previously agreed to submit to the Care Commission a staffing schedule for the Home. It was noted this had not happened. The Officers were informed that the Clinical Services Manager had submitted proposals for the Home to BUPA Head Office. The Officers spoke with the Regional Manager who agreed to follow this up.

It was acknowledged that manual handling risk assessments had been undertaken and equipment identified for each individual where needed. However it was noted that some of the records reviewed were not explicit. In some records a particular hoist had not been identified or actual staff numbers to assist the resident was not made clear.

This was discussed with the Clinical Services Manager who advised that this had been identified and the manual handling trainers were reviewing this. It was advised that this will be reviewed at the next inspection.

Audits, training and action plans reviewed by the Officers showed the Clinical Services Manager (CSM) was the responsible person to undertake these. There was evidence to show the CSM had undertaken these. However this appeared to be in addition to the normal workload and training within the remit for the CSM. The Officers were advised by the Regional Manager that there was a support mechanism in place for the CSM however this

was unclear on the day of the inspection. It was agreed at the feedback session that this would be reviewed by Home Management and at the next inspection.

National Care Standard Number 13: Care Homes for Older People - Eating well

Strengths

This Standard was not fully inspected against at this time.

A requirement was made at the last inspection and also through other regulatory activity regarding the management of mealtimes. Home Management were required to ensure there was sufficient numbers of staff to meet the needs of residents and ensure mealtimes were managed efficiently, also that serving and completing of meals were timely. This was noted to be partially implemented.

The Officers observed lunchtime in all four units of the Home. In two of the units as identified to the CSM it was noted that lunchtime was unhurried, and meals were eaten in a calm relaxing atmosphere.

The Home had introduced a red and white mat system in three of the four units whereby those residents who required full assistance with eating or where a resident required prompting or some assistance with eating could be identified by staff. Staff stated that this system was working well and this had been a positive introduction. The Officers were informed that there was an ongoing review of this system.

In the fourth unit of the Home the system in place for monitoring mealtimes was a key worker system. Staff in this unit were allocated residents and responsible for food intake. Staff in this unit stated that this system best met the needs of the residents who stayed there.

Home Management had identified mealtimes as 'protected time'. Notices were displayed to confirm this. Staff stated this had also been a positive introduction as there were more staff within the dining rooms to assist residents who required help at mealtimes. It was also noted that the activities co-ordinators were delegated to assist in two of the units at mealtimes where assistance for residents had been assessed as greatest.

The CSM had undergone training in the Nutrition Champion. There were plans to train additional Nutrition Champions for the Home.

The MUST (Malnutrition Undernutrition Screening Tool) system was in place throughout the Home. Records reviewed confirmed this. Care plans were developed for those assessed as 'at risk' from undernutrition.

A policy for serving and delivery of meals was being developed for the Home.

There were food and fluid diaries in place.

Areas for Development

In one of the units as identified to the CSM lunchtime was chaotic and noisy. This was discussed with the Unit Manager at the time of the inspection who stated lunchtime was always noisy. The Officers noted all residents in the unit were 'confined' in the dining room throughout the meal. The Officers were informed this was to ensure residents 'did not

wander'.

It was also noted in this unit that a GP visited one of the residents who had their meal interrupted. (See Requirement 2)

It was acknowledged that food and fluid diaries were in use throughout the Home. However it was noted that these were not always completed thus giving an inaccurate record of a resident's actual intake. (See Recommendation 2)

Enforcement

There has been no enforcement action since the last inspection.

Other Information

It was noted that the main reception area within the main building had a registration certificate displayed as per legislation. However it was also noted that none of the individual units within the Home had a registration certificate displayed. This was discussed at the feedback session and it was agreed that the Home would rectify this.

Requirements

1. The provider must ensure that repairs to equipment are attended to timeously. In order to achieve this, the Home must ensure that all grades of staff are made aware of the equipment in need of repair and of the Home's policy regarding non-usage and storage of same.

SSI/2002/114/Regulation 4(1)(a) Welfare of users

Timescale for implementation: Within 4 weeks of this report being published.

2. The Provider must review mealtime practice in one of the units of the Home as identified to the CSM. This is to ensure that current good practice and the Home's policies are followed.

SSI/2002/114/Regulation 4(1)(a) 4(1)(b) 4(1)(c) Welfare of users.

Timescale for implementation: Within 4 weeks of publication of this report.

Recommendations

1. Home Management need to ensure that equipment deemed as requiring repair is taken out of use and that staff are advised accordingly and adhere to guidance given by Management.

National Care Standards Care Home for Older People Standard 4.2.

2. Home Management need to review the current practice for completion of food and fluid diaries to ensure that these are completed timeously.

National Care Standards Care Homes for Older People Standard 13.6

Anne Dolan

Care Commission Officer