Thornlea Nursing Home
Care Home Service

21 Hawthorn Gardens
Loanhead
EH20 9EQ

Telephone: 0131 440 0904

Type of inspection:
Unannounced

Completed on:
30 May 2018

Service provided by:
Thornlea Nursing Homes Ltd

Service provider number:
SP2003002476

Service no:
CS2003010673
About the service we inspected

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

Thornlea Nursing Home is a family run care home service which provides 24 hour nursing care. The service is situated in Loanhead, on the main bus route into the city of Edinburgh.

The service is registered to provide care and accommodation for a maximum of 33 older people. At this inspection the home had full occupancy.

The accommodation is provided on two floors. There are 25 single rooms and four double rooms. There are two lounges and two dining rooms on the ground floor. Stairs and a stair lift give access to the upper floor. There are gardens to the rear and front of the home.

The service’s written statement of purpose states:

“We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights to the full”.

How we inspected the service

We wrote this report following an unannounced inspection. Two inspectors carried this out on Tuesday 29 May 2018 and Wednesday 30 May 2018. We gave feedback to the manager and the provider on Wednesday 30 May 2018.

During the inspection, we gathered evidence from various sources. We spoke with residents, one relative and a range of people working in the service. We observed how residents were cared for and the opportunities they were given to engage with staff for positive outcomes. We looked at personal plans, medication records, risk assessments, training records and food and fluid charts.

The service has a new manager. At the time of the inspection the new manager had been in post for two months only. We could see where areas of improvement had been prioritised and how the manager intended to amend and introduce new systems, structures and practices. These areas of improvements seemed very positive; however, at this inspection is was largely too soon to see the effect of these improvements given the short time that has elapsed since the start of the new manager’s post.

These changes will take time to be established and we recognise the time and effort that has already gone into making these changes so far. We look forward to seeing their future development.

The focus of this inspection was to gain assurance that the service was progressing with the action plan submitted following the last inspection. Specifically, we looked at how the service was progressing with the requirements and recommendations made at the last inspection.

During the inspection and at feedback we discussed with the manager and the provider the findings of this follow up inspection. These findings were accepted as an accurate and fair assessment of the service’s progress at this stage.
Taking the views of people using the service into account

During the whole inspection we spoke to 13 residents in detail. On arriving at the service at seven in the morning we saw that ten residents were up and dressed and sitting in the lounge. We could only see one resident with a drink. Some people were sitting in wheelchairs. We have discussed with the service about making people comfy and meeting their needs, especially if they choose to get up very early. Overall, people told us they were happy enough with the care and support they received.

We observed 14 people having their lunch. All residents in this group were given the individual attention that they needed, were given choice and residents told us they enjoyed their meal.

Some of the residents were not as able to express themselves due to living with a dementia. We used a short observational framework interaction (SOFI) tool for 25 minutes in the lounge. We found that the service could improve by engaging in a less task centred way with residents. We heard during the inspection that the new manager had set up new systems to promote individual time with residents. At the next inspection we will look at this again.

Taking carers' views into account

We always speak to as many carers as we can during our inspections. At this inspection we spoke to one carer who shared views on the service.

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

Previous requirements

Requirement 1

The provider must ensure that safety equipment is used in accordance with best practice. In order to comply they must:

1. keep a record of all people who are kept safe by means of restraint
2. have a specific care plan for each resident to whom this applies
3. the care plan indicates why it 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.

This is to comply with the Social Work Improvement Scotland (Requirements for Care Services)2011 (SSI 2011/210) Regulation 4 (1) 9c).

Timescale: An action plan indicating how the service is meeting this requirement is to be submitted to the Care Inspectorate within three weeks of receiving this report.
The service could make use of the following best practice resource:


This requirement was made on 9 November 2017.

**Action taken on previous requirement**

We could see that the new manager had prioritised progress on personal plans and recording, which we anticipate will lead to better and more consistent outcomes for residents. We discussed at the time of the inspection examples of restraint. It would be useful for the new manager to review the service’s understanding of restraint. It is important that the service’s decisions for restraint are documented clearly as this helps to ensure that residents are kept safe without being overly restricted.

1. We saw there was no record of residents kept safe by means of restraint. We have suggested that the service does this by way of a log of equipment in use linked to specific residents. We reinforced to the service the scope of safety equipment or behaviours that could be used as restraint. We have suggested that the service refresh its understanding of restraint and refer them to the best practice guidance attached to the original requirement. We will look at this again at the next inspection.

2. There were personal plans in place which detailed some ways that people were kept safe. However, not all personal plans recorded all means of potential restraint as this is an area for further development as described in point 1. We will look at this again at the next inspection.

3. When people were kept safe, which could be a form of restraint, we could not see a clear explanation for this. Nor could we see explanation of when restraint was used and in what circumstances, how long this was used and what alternatives had been used or considered. We discussed this with the service at the time that we need the service to expand on its reasons and circumstances around use of restraint. Also, that there needs to be an explanation for each circumstance or each piece of equipment used. We also advised that it would be beneficial to discuss with the resident the benefits and risks of using a particular piece of equipment and record this discussion. Furthermore, the service needs to record that consent has been given for equipment used - equipment that could be considered a restraint. During the inspection we could see that some residents were using wheelchairs with lap straps for longer than was necessary. We discussed seating arrangements with the manager and suggested that seating needs are routinely reviewed. We have attached further guidance which is attached to the bottom of this section.

This requirement is not met and will be repeated.

Best practice resource about seating can be accessed here:


**Not met**

**Requirement 2**

The provider must ensure that all people with distressed reactions on account of their illness have their needs met in a person centred way and in line with best practice.
In order to achieve this they must:

1. Identify all residents who experience distressed reactions
2. Provide a person centred plan to meet these needs. This may include one to one support or other interventions as required
3. If the person has medication to manage this behaviour, the service details the duration of the medicine’s use, its effect and what other pharmacological interventions have been tried
4. Refer back to the prescriber regularly in line with best practice, with regard to the effects of psychoactive medications
5. Refer to Edinburgh and Midlothian Psychological Assessment Team (EMPAT) for additional support if residents’ distress continues.

This is to comply with the Social Work Improvement Scotland (Requirements for Care Services)2011 (SSI 2011/210) Regulation 4.

Timescale: An action plan indicating how the service is meeting this requirement is to be submitted to the Care Inspectorate within three weeks of receiving this report.

The service could make use of the following best practice resource:

https://www.rcpsych.ac.uk/pdf/Antipsychotic Bannerjee Report.pdf

This requirement was made on 9 November 2017.

Action taken on previous requirement

This requirement is a work in progress and we discussed with the service at the inspection and gave further advice. As discussed previously, it will take time for the new manager to get to know all of the residents.

Many residents at Thornlea are living with dementia. Not all people experience distress but some residents do experience this. Stress and distress can be a way for people living with dementia to communicate their well being. Therefore, in order to maximise outcomes for residents, it is important that this aspect of residents’ care is understood, met and documented.

1. We could see that not all residents who experienced distressed reactions had this identified in their care plans. This is something which we look forward to seeing at the next inspection.
2. It was detailed that people may need one to one support but it was not detailed when and how this would take place. Some consideration had been given to how staff should help residents who may be stressed but this needs to be expanded to give more specific individual detail. This would be different for different residents and may link back to their interests, hobbies and life experiences. Also, the service needs to incorporate into practice and personal plans the advice given already by psychological services for specific residents.
3. The manager had plans to expand the medical information available and to include this in the personal plans. Also, there were plans to review the medicine as part of the statutory six month reviews. The service has already made a start at improving the way it records the activities and one to one time with residents. This will help the service to meet this aspect of this requirement. We saw good examples of written guidance for staff about administering medication as required. We did also give advice on how records could be expanded to ensure that maximum effect is experienced by residents being administered pain medication.
4. We did see examples where there was not information recorded on the effect of psychoactive medications on the medication recording sheets. Also, it would be beneficial if the effects of regular and non regular psychoactive medication are regularly collated in one place. We discussed with the manager about the expansion and possible use of some areas of the personal plan for maximum effect.

5. Detailed advice had previously been given by the specialist service EMPAT. We highlighted this to the service and asked that they take advantage of this resource to help staff meet residents’ needs in this area.

Again, it will take time for all improvements to be bedded in and we look forward to seeing changes at the next inspection.

This requirement is not met and will be repeated.

Not met

Requirement 3

The provider must ensure that all care records are accurate and detailed in order to assure good outcomes for people. This must include:

1. detailed recording of food and fluids for people at risk of malnutrition
2. organised recording in order to manage wound care
3. accurate risk assessments
4. repositioning charts to be completed timeously
5. agreement on care plans areas of how these are to be completed
6. review documentation to be developed and people’s needs to be reviewed every six months

This is to comply with the Social Work Improvement Scotland (Requirements for Care Services)2011 (SSI 2011/210) Regulation 5.

Timescale: An action plan indicating how the service is meeting this requirement is to be submitted to the Care Inspectorate within three weeks of receiving this report.

The service could make use of the following professional code of practice:


This requirement was made on 9 November 2017.

Action taken on previous requirement

As detailed previously the new manager has started post very recently. He has made changes to the personal plans already and has many more actions planned which will impact positively on achieving good outcomes for residents. The full impact of these improvements could not be seen at this inspection due to the manager’s new appointment, however, we look forward to the next inspection.

We have detailed below specific information about each numbered point.
1. It was good to see that food and fluid intake was being recorded in a dedicated way for specific residents who were particularly vulnerable to unplanned weight loss. We heard that nutrition champions had been appointed who were overseeing the new way of recording this information. We discussed with the manager at the time that the recording showed us that there were periods of time when some residents were not being recorded as having had snacks, drinks or supper. We saw that although this had happened repeatedly, the risk to people’s well being did not appear to have been highlighted and no consideration had been given if care needed to change. Also, we discussed that where residents had previously been at risk of weight loss and they enjoyed home made smoothies to increase calorie consumption and maintain weight, that this is recorded daily as being consumed or declined.

2. We saw that wounds were recorded. We discussed with the manager how these could be improved to be clearer and therefore promote best outcomes for residents.

3. We saw risk assessments for the use of some equipment but these need to be expanded to detail the specific risk, like a risk of falls from bed or a risk of skin breakdown. We discussed how the use of such equipment like bedrails and the risk of falls may need some more in-depth risk assessment considerations. We advised on best practice resources in this area. We have inserted a further best practice link at the bottom of this section. We did acknowledge that the manager had already identified that some clinical risk assessment tools had been completed incorrectly. We also saw examples of this and passed our findings to the manager at the time.

4. We saw that repositioning charts were not always completed timeously and that personal plans sometimes recorded conflicting information. It is important to improve in this area to make sure that residents who are at risk of developing pressure sores are given all opportunities to promote best outcomes in skin health.

5. We saw that there had been a concerted effort by the manager to streamline the information in the personal plan and how this was divided up. This process has just started and will take time to make full impact.

6. The review document has still to be developed. At the inspection, we highlighted that reviewing the personal plan every six months is a statutory responsibility which we will look at again at the next inspection.

This requirement is not met and will be repeated.

Further best practice links are as follows:


Not met

Requirement 4

The provider must develop appropriate auditing systems and management overview of quality assurance processes and ensure best outcomes for people. This must include:-

1. reinstate and develop the previous overview of people at risk of malnutrition
2. audit all aspects of service delivery including care plans and risk assessments
3. ensure accidents and incidents are audited and analysed monthly.

This is to comply with the Social Work Improvement Scotland (Requirements for Care Services) 2011 (SSI 2011/210) Regulation 5.
Timescale: An action plan indicating how the service is meeting this requirement is to be submitted to the Care Inspectorate within three weeks of receiving this report.

This requirement was made on 9 November 2017.

Action taken on previous requirement
We could see that in the short time the new manager had been appointed that there were some aspects of this requirement that had been acted upon and we have detailed them below:

1. We could see that this had been reinstated and had been improved upon with actions added. This aspect of the requirement has been met.
2. There had been a schedule considered for the audit of all aspects of service delivery but due to the brevity of the new manager’s employment this had not started as yet.
3. Again, we could see there were plans to audit the accidents and incidents monthly but this had not occurred as yet. We did discuss with the manager two incidents which needed further exploration.

Not met

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

Previous recommendations

Recommendation 1
It is recommended that the service develops a central log of the legal powers in operation for people and keeps copies of the necessary documents.

This takes account of National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.

This recommendation was made on 9 November 2017.

Action taken on previous recommendation
This recommendation has been met.

We could see this was in place. We discussed with the manager at the time how this could be improved further to maximise outcomes for residents.

Recommendation 2
It is recommended that the service develops its knowledge in the following areas: dementia and adult support and protection.
The service can make use of the following best practice resources:


http://www.nes.scot.nhs.uk/media/1559931/enhanced_resource_fullv2.pdf

This recommendation was made on 9 November 2017.

Action taken on previous recommendation
This recommendation is not met and will be repeated.

We saw that most of the care staff had now completed a training about dementia; however, we could not see that nursing staff had completed this. We discussed this with the manager at the time and discussed the benefits of nurses completing this recommended resource. The recommended resource ‘Promoting Excellence skilled level’ is the expected standard for dementia training in Scotland for all direct care staff as promoted by the Scottish Government.

We have asked that at the next inspection the service tells us in detail how their resource compares to the Scottish National resource as detailed above.

We saw that some care staff had been trained in stress and distress experienced by some residents living with dementia. Again we would expect this information to be collated for us for our next inspection and for all direct care staff to have completed this training.

We heard that all staff had now completed their adult support and protection training. We look forward to this information being collated with names and dates for our next inspection. We look forward to seeing at the next inspection confirmation that this training has been fully bedded in.

Recommendation 3

It is recommended that the service develops its supervision policy and practice so that staff receive regular, formal support.

The service can make use of the following best practice resource:

http://www.stepintoleadership.info/supervision.html

This recommendation was made on 9 November 2017.

Action taken on previous recommendation
This recommendation is not met and will be repeated.

We discussed with the manager at time of the inspection and he spoke about the plans to put these arrangements in place soon.

We look forward to seeing this improvement at the next inspection.
Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.
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بر اثر آمادگی برای انتشارات در فرم‌ها و دیگر زبان‌های دیگری نیز متاح است.

हेडर: इस प्रकाशन की अन्य शैली और भारतीय भाषाओं में प्राप्त होती है।

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