Victoria Lodge
Care Home Service

71 High Street
Coldstream
TD12 4AH

Telephone: 01890 882112

Type of inspection:
Unannounced

Completed on:
9 November 2018

Service provided by:
Berwick Care Homes Ltd

Service provider number:
SP2010011073

Service no:
CS2010270860
About the service

This service registered since 2011.

This care home service is situated in the town of Coldstream, in the Scottish Borders. The property is a converted and extended hotel over two floors, situated within accessible gardens. Accommodation is provided on the ground and first floor in single bedrooms with 10 having en suite facilities. A stair lift and stairs give access to the upper floor. On the ground floor there are two lounges and a dining room.

Victoria Lodge is situated on the main street in Coldstream beside shops and cafes, which allow residents and families easy access to local facilities.

The aims and objectives of the service included:

“to create a secure, happy and relaxed atmosphere in which dignity, comfort and wellbeing are the most important considerations”.

What people told us

We spoke with four residents, four relatives and eight staff.

We received four completed questionnaires back from relatives all of whom were very positive about the care and support that was provided at Victoria Lodge.

We used the Short Observational Framework for Inspection (SOFI 2), during lunchtime, to directly observe the experience and outcomes for people who were unable to tell us their views. It helps us capture the experiences of people using the service who may not be able to express their views.

We saw that residents appeared comfortable around staff when there was contact and observed good humoured, kind and compassionate interactions between staff and residents. We found the staff were patient, offered choices and took time to ensure people had the meal they had chosen or offered alternatives. The atmosphere was calm and organised.

During the inspection we spoke with three relatives and two visiting professionals their comments included;

“I find the service to be excellent, staff very helpful and if there are any issues they are always dealt with appropriately”

“I come to Victoria Lodge on a regular basis to support a resident with diabetes, staff always helpful and communicate well”

“No complaints, mum very settled”

“Excellent, my mum came initially for respite but ended up staying as she enjoyed the company so much”

“Really Happy”

“Nice to be welcomed”
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.

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<tr>
<th>How well do we support people’s wellbeing?</th>
<th>3 - Adequate</th>
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<tbody>
<tr>
<td>How good is our leadership?</td>
<td>not assessed</td>
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<tr>
<td>How good is our staffing?</td>
<td>not assessed</td>
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<tr>
<td>How good is our setting?</td>
<td>not assessed</td>
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<tr>
<td>How well is our care and support planned?</td>
<td>4 - Good</td>
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Further details on the particular areas inspected are provided at the end of this report.

How well do we support people’s wellbeing? 3 - Adequate

We evaluated how well people’s wellbeing was supported and concluded that there were a number of strengths. However there were important improvements needed.

We observed residents being listened to and offered choice. The use of restrictive behaviour in regards to having external doors locked and the use of bed rails was assessed and evident in each person’s care plan.

Of those requiring help to make decisions we observed appropriate documentation of power of attorney and guardianship to support this appropriately.

We can see that staff members who work at Victoria Lodge are dedicated to their job and the residents they support as we observed positive interactions between staff and residents. Victoria Lodge has no specific staff member assigned to activities and the staff team are responsible for ensuring that activities occur on a daily basis. This can go astray at times as other priorities in the home can easily override the ability to support residents with meaningful activities. This is particularly evident for residents who wish to access the community and engage with local groups or clubs.

To demonstrate the principles of the Health and Social Care Standards residents should be enabled to get the most out of life with options and opportunities to expand links with the community and this is an area where the home is recommended to expand upon.

(Area for improvement 1)

During our inspection we were unable to see evidence that supported a lot of inclusion in regards to residents meetings and discussions with residents that could develop and change the way the home was run. This ensures
residents feel valued as their views and input is central to developing the service which is person centred and individual to each resident’s needs.
(Requirement 2)

When we spoke with residents they said they felt safe and reassured that the staff were able to support them. The relatives that we spoke with also supported this.

We observed good assessment information which detailed specific information in regards to how peoples health can effect their day to day life.

We saw good multidisciplinary working and spoke with the district nurse who visited on a daily basis and was very complimentary in how they engaged with the service. We also saw documentation which let us see good multidisciplinary working with the mental health for older adults service. Two residents had a diagnosis of Lewy body dementia.

Residents had a good variety in their menu and different diets were catered for, one resident was vegetarian and this was supported easily. No residents had a pureed diet at the time of inspection but there was the capacity to meet this need if required.

There was access to regular drinks and homebaking was prepared daily and offered at afternoon tea and supper.

Residents are encouraged to eat in the main dining room but some opted to either eat in their rooms or in the sitting room and this was catered for with no issues.

Staff appeared knowledgeable about the residents they supported and were given induction training when they first started which was signed off by the manager or senior.

However we noted that staff training was not current and up to date. A previous recommendation from the last inspection highlighted the need for staff to complete practical moving and handling and we could see that this was still not completed. To enable staff to support residents they need to be trained and competent in all areas of care and be updated and reviewed at regular intervals. This ensures that residents are supported by a staff team that is knowledgeable and adaptable to support residents changing needs.

(Requirement 1)

We noted that there have been difficulties with staffing since the last inspection. Some quality assurance in regards to audit and financial checks had been let to fall behind due to other commitments of the care home. We suggest that the care home develop more robust procedures to ensure this does not happen again despite the shortages and this will be followed up on the next inspection. This will ensure that residents care and support is not compromised and prevent any disjoined care and support that could impact on people’s health outcomes.

Requirements
1. To ensure residents that the staff team that supports them is trained and competent with the relevant and most up to date practice the service should develop more robust procedures to ensure that staff training is current and monitored to ensure this is completed. The service must put in place an effective management plan to make certain that all staff is up to date with their training by 4 February 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 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).
Areas for improvement

1. To make sure people maintain their best level of physical, mental, social and emotional wellbeing the provider must ensure residents have regular access to meaningful activities either in a group activity or in particular individualised activity.

To achieve this outcome the provider is recommended to:

- Seek how they can develop a post that could have dedicated time to research and implement different activities that are specific to the individuals that live at Victoria Lodge.
- Further develop their links with the community and how this can be implemented for specific individuals.
- Ensure that all records relating to activities including one to one time and records of levels of participation are accurately completed for all residents, and are signed and dated by staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state:
I am empowered and enabled to be as independent and as in control of my life as I want and can be. (HSCS2.2)
I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. (HSCS 1.25)
I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.22)

2. To ensure residents are involved in the decisions about what activities they would like to do and how they could contribute to any changes in the home the service should develop ways in which they can include people and their families which could include;

- Monthly residents/relatives meetings
- Thought trees
- Activities that could be pictorial or interactive

This is to ensure care and support is consistent with the Health and Social Care Standards:
I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership. (HSCS 4.7).
I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve. (HSCS 4.8)

How good is our leadership?

This key question was not assessed.

How good is our staff team?

This key question was not assessed.
How good is our setting?

This key question was not assessed.

How well is our care and support planned? 4 - Good

Residents benefited from good care plans that were informative and had specific information about each resident.

We observed care plans that were regularly reviewed and updated involving relevant professionals. Information included resident’s preferences and wishes and included a section that highlighted residents specific health needs and how this can impact on their wellbeing. This information enabled staff to support residents that was adaptable and specific to each person’s needs.

We were unable to see current information on anticipatory care within the care plans and we discussed this with the manager. Recent changes to paperwork have held back the development of this. We have suggested that the care home continue with this and they have commenced work using the summary section of the Health Improvement Scotland guidance on anticipatory care as a template. This will ensure that resident’s views and wishes are followed should resident’s health deteriorate and how their care needs can be supported even when a person loses capacity. This will be followed up on the next inspection.

Documentation that evidenced involvement from residents and relatives was limited in regards to the gathering of information that was found in the care plans. This is most important for those that were not able to verbalise their views. We suggest that the service look at “Understanding personal outcomes” from the Scottish Social Services Council to enable people they support lead and review their care plans in a meaningful way.

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

Requirements

Requirement 1

The provider must make proper provision for the health, welfare and safety of service users. In order to do so, the provider must:-

1) Review and amend the adult support and protection policy and procedure to reach the standard expected by Scottish Borders Council;
2) The revised document to be disseminated to all staff working in the care home and fully discussed at a specific ASP meeting.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.
Timescale for implementation: within 16 weeks from receipt of this report.

This requirement was made on 15 February 2018.

Action taken on previous requirement
The new policy was observed and we could see that this was completed in March 2018. We observed some documentation to identify that staff have signed and read the updated policy and opportunity given to staff to discuss further at a team meeting.

Met - outwith timescales

Requirement 2

1. To make sure people maintain their best level of physical, mental, social and emotional wellbeing the provider must ensure residents have regular access to meaningful activities in a group setting and have opportunities for individual one to one time.

To achieve this outcome the provider must:-
1) Develop a social and physical activity care plan with each individual resident;
2) Review the current procedures in place to ensure there is “protected” time for group activities;
3) Develop and provide a programme of a range of activities which reflects the interests and preferences indicated by residents;
4) Ensure that all records relating to activities including one to one time and records of levels of participation are accurately completed for all residents, and are signed and dated by staff;
5) Evaluate the frequency and effectiveness of activities to demonstrate that residents’ social needs are met and evidence that this information contributes to care planning and reviews.

This is in order to comply with the Social Care and Social Work Improvement Scotland (Requirements for Care services) 2011 (SSI 2011/210) Regulation 4(1) (a) Welfare of users - a provider must make proper provision for the health, welfare and safety of service users.

Timescale for implementation: within four weeks from receipt of this report.

This requirement was made on 15 February 2018.

Action taken on previous requirement
Part one of the above requirement has been met.
Part two has only been partially met and we do not feel reassured that this is still robustly supported on a daily basis.
Part three has only been partially met as although we could see evidence of some activities there continues to be the more individualistic elements missing.
Part 4 We observed documentation to reflect some activities were being completed but there was gaps.
Part 5 the social care plan was being evaluated monthly but did not give a clear insight to what that person liked and how they were going to encourage some individuals to participate in activities that they might like.
As only elements of this requirement has been met this will be repeated under an area for improvement to acknowledge the work that has already been completed.

Not met
Areas for improvement

Previous area for improvement 1

To ensure staff know residents' individual preferences and choices when providing care and support, the provider should further develop care planning in the following ways:

1) Develop end of life care plans with individual residents and their families through sensitive and compassionate discussions;
2) Record the time the resident likes to rise and the time they like to go to bed;
3) Develop a care plan in relation to oral hygiene - to include support needed by carers and what tasks the resident chooses to undertake independently;
4) Detail how specific health conditions affect the individual and subsequently how care and support should be provided;
5) Develop skin care plans for residents who are prescribed topical skin applications. The information should include:
   a. What cream, ointment, emollient, barrier cream or spray (name and strength)
   b. Which part of the body (body map would be useful)
   c. How much (fingertip measurements are recommended for steroid application)
   d. By which method - how the product is being applied
   e. How often (emollients are usually recommended to be applied twice daily).
6) Develop care plans for prescribed "as required" medication. These to include written protocols to help staff decide when to use prescribed "as required" medicine. Protocols to include:
   a. A description of signs and symptoms that may indicate the need for the prescribed "as required" medicine.
   b. The range of interventions to be considered or used before the use of the medicine.
   c. Guidance on how and where to record the effect of the medication.
   d. How often the medication and its effects should be reviewed.


Also see: Care Inspectorate's Guidance about medication personal plans, review, monitoring and record keeping in residential care services.

This area for improvement was made on 15 February 2018.

Action taken since then
1. End of life care plans continue to be developed with residents and their families to help ensure their wishes about treatments, support and interventions are met as fully as possible.
2. The time residents like to rise or go to bed was added to care plans.
3. Oral hygiene care plans have been developed and are now in each residents' individual care plan.
4. Residents who had specific health conditions had completed individual care plans written to ensure they receive the correct care and support on a daily basis.
5. Skin care plans & body maps have been developed and are in each residents individual care plans.
6. “As required” medication protocols were in place but needed some updating of which the service completed prior to the end of the inspection.

This recommendation has been met however there is elements that still need further work and are highlighted in the body of the report.

Previous area for improvement 2

To ensure residents are effectively directed to and supported and encouraged to use an independent and confidential advocacy service when needed, the provider should ensure all staff have good knowledge of independent advocacy services.

National Care Standards, Care homes for older people - Standard 11(4) : Expressing your views.

This area for improvement was made on 15 February 2018.

Action taken since then
One resident had input from an advocacy worker and be observed information to validate this. We also observed some documentation to reflect some discussions on advocacy.

This recommendation is MET

Previous area for improvement 3

To ensure the safety of people who experience care and the safety of care staff, the provider should ensure all staff undertake practical initial moving and handling training and practical refresher moving and handling training as well as written theory training.
Training records should be up to date at all times and a record should be kept of the date each training topic was last undertaken by individual staff.

National Care Standards, Care homes for older people - Standard 5: Management and staffing arrangements.

This area for improvement was made on 15 February 2018.

Action taken since then
This has not been completed and will be repeated under a requirement which includes all training that is not current and updated.

This recommendation is Not Met.

Complaints

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

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<tr>
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<tr>
<td>1.1 People experience compassion, dignity and respect</td>
<td>4 - Good</td>
</tr>
<tr>
<td>1.2 People get the most out of life</td>
<td>4 - Good</td>
</tr>
<tr>
<td>1.3 People’s health benefits from their care and support</td>
<td>3 - Adequate</td>
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</tbody>
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<th>How well is our care and support planned?</th>
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<tbody>
<tr>
<td>5.1 Assessment and care planning reflects people’s planning needs and wishes</td>
<td>4 - Good</td>
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