

Beech Hill House Care Home Service

Lour Road
Forfar
DD8 2BA

Telephone: 01307 462758

Type of inspection:

Unannounced

Completed on:

17 July 2019

Service provided by:

Angus Council

Service provider number:

SP2003000043

Service no:

CS2005090968

About the service

Beech Hill House care service is situated within the town of Forfar in Angus, and is close to local shops, amenities, and bus links.

At the time of our inspection, the ground floor was described as an eight bed 'high dependency unit' and the upper floor, also described as an eight bed 'high dependency respite unit'. The accommodation is situated over two levels with lounge and dining areas on both floors. There are 16 en-suite bedrooms; two of which are double rooms, and the service is registered to care for up to 18 older people.

The provider of this service is Angus Council.

This report was written following an unannounced inspection which took place over two days, on 15 and 16 July 2019. We gave feedback to the manager following the completion of the inspection on 17 July 2019.

What people told us

We sent out 15 Care Standard Questionnaires (CSQ) to residents, relatives and staff prior to our inspection, and 9 were returned. In addition we spoke with people from all these groups during our visit to this service; their views are represented here:

Residents:

'Generally very good care and support is given'

'I really like it here'

'Its very homely here, and everyone is friendly and helpful'

'The food is very nice, and there is always something else, if I don't like what is offered'

'I didn't want to come here at first, but I really enjoy living here now'

'I have a wee job, I fold all the linen and wash the dishes'.

Relatives:

'The provision of care and support is delivered at a high standard'

'I cannot thank the home enough for what it has done for my relative. The staff are great with her, and have got her eating properly again'

'It doesn't matter what time of day you go in, the staff are friendly to talk to, nothing is a problem for them'

'The first time my relative came in for respite, within 24 hours he was so much better, the staff did a great job'

'My relative is eating and drinking better, because he has confidence in the staff to help him'

'The staff are very friendly, we always get a cup of tea'

'The staff are very kind, I have been impressed with everything here and my relative likes coming'

'Its brilliant here, my relative didn't mix, or eat well before she came here. Since she came here, she is eating again and her hair is shining'

'I don't think my relative would still be here if she hadn't come here, I can go home and not worry anymore'.

Staff:

'Things are so much better now'

'I feel trusted to do my job, and have responsibilities of my own'

'We get regular supervision, and my appraisal is up to date'

'The manager is making a big difference here now, everyone is much happier'

'Its good here now'

'I can access training out with our mandatory training, I am doing course on dementia at the moment, and I can see the difference that it is making to my practice'

'We are moving in the right direction now, still things to improve, but we are improving and moral is much better'

'The manager is very good and she has lots of good ideas'.

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

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staffing?	3 - Adequate
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We assessed the service to be at a good level for this quality theme. This means that there were a number of strengths which, when taken together, clearly outweigh areas for improvements.

We received very good feedback from everyone that we spoke with; about the quality of the service and the outcomes that people were experiencing.

We observed that staff knew each resident well, and provided care and support at a relaxed pace, appropriate for each individual. We saw that staff interactions with residents were kind and patient, with appropriate use of humour, which created a friendly atmosphere at this service.

We saw that residents were encouraged to feedback about the service, and that the service had recently sought the views of residents via questionnaires and through resident meetings on a range of issues; including the décor, meals and meaningful activities.

We were pleased to see that plans to personalise residents bedroom doors were underway, and residents had chosen the colour and style of door that they wanted via transfers which were about to be fixed to the doors at the time of our inspection. We heard that residents had recently taken part in a staff interview, and had been able to contribute to the selection of a new member of staff. This meant that people were encouraged to be involved in improving the service they used, and were supported to take part in the recruitment of staff.

Since our last inspection, the service had created a self-service café for the use of residents and relatives, this was in a separate area from the care home, and offered space for families and friends to visit away from busy areas of the service. The service was also working towards creating a sensory garden, and improving access to the garden areas. This was being supported with the assistance of the 'Glenisla project', which was formed of a group of women completing community service, supporting people in the local community.

A shared office space was also being prepared, for the use of residents and staff in order to facilitate the use of technology. This was to support residents who wanted to keep in touch with relatives and friends using SKYPE, and to provide access to a computer. We look forward to seeing how these new projects are developed over the coming months. We found that people were getting more opportunities to access the garden, and to go out into the local town when possible.

People should be able to choose their own meals and snacks. We completed a SOFI (Short Observational Inspection) which evidenced that people were asked to make their meal choices the day before. This meant that people living with dementia or other cognitive issues, may have forgotten their choices, or changed their minds. Although there was an alternative choice available; this was not actively offered during this observation. We also found that people were being brought to the table over half an hour before the meal was served. We discussed how the mealtime experience could be improved for residents with the manager during feedback to the service.

How good is our leadership?

4 - Good

We assessed the service to be at a good level for this quality theme. This means that there were a number of strengths which, when taken together, clearly outweigh areas for improvements.

We received very good feedback from staff and relatives about the management of this service. People told us that 'things are definitely improving', and 'the manager has lots of good ideas'.

We found that the manager had progressed areas that required improvement since our last inspection, and that staff and relatives were seeing improvements in the service.

Regular audits of all areas of the service had been implemented, by the manager and senior staff. We saw that these audits had identified areas for improvement, which were being progressed at the time of our visit. This meant that audits were effective and were ensuring that progress was being made to improve outcomes for people living at this service. The manager had an up to date development plan in place which detailed the areas of the service that required improvement and how the service intended to ensure that these areas were progressed.

Senior staff, in partnership with the manager had a clear vision of the direction of travel and were making the changes that had been identified through service audits, and feedback from residents. This meant that the manager and senior staff were working well together, with a shared plan about improvements to the service.

We found that consultation with relatives and residents was improving, and that people were encouraged to feedback, and offer suggestions for improving the service. Consultation had taken place about the quality of the service, including: personalisation to some areas of the home, meal choices, and better access to the garden areas. As a result of this work, changes had already taken place, or were in progress. This meant that we had confidence that managers were acting on information received from residents and relatives, and were incorporating these into the service development plan, in order to bring about positive changes to this service.

How good is our staff team?

3 - Adequate

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We found that staff were receiving regular supervision, and an annual appraisal. The manager and senior staff had introduced a yearly planner to ensure that these tasks were completed, and we found that all staff that we spoke with were clear about their role in these processes.

We found that core staff training was up to date, and some staff were undertaking additional Dementia training. The staff group as a whole were working through the Scottish Social Service Council (SSSC) Promoting Excellence, informed and skilled levels in understanding dementia at the time of our inspection. When we spoke with staff about the training they had undertaken; they were able to explain how their understanding of dementia had improved. This meant that staff had a better understanding about how dementia affected individuals, and how to improve their interactions when supporting people living with dementia.

The service had recently regained their full compliment of staff, after changing the support arrangements for another service. However, due to high levels of sickness within the service at the time of our inspection, staffing levels were not at the levels that the service had stated it wanted to achieve at a previous inspection.

Plans to introduce an additional member of staff during busy times to support activities had not been possible most of the time, due to the essential cover of core shifts. We found that there were significant periods when no staff were visible in the communal areas, as staff supported residents in their rooms to carry out care and support. This meant there were missed opportunities for meaningful interactions and also activities. The service was in the process of employing a 'modern apprentice' to support staff, and whose role would be to support activities and projects. We look forward to seeing how this is developed over the coming months. **(See requirement 1)**

Requirements

1. The provider must ensure that there are sufficient staff to meet the physical and social support needs of people using the service.

A dependency rating tool must be devised and implemented to inform on-going staffing levels within the unit to ensure that they respond to the changing care and support needs of the service.

This must also ensure that there are sufficient staff in place to support the safe care and support requirements of residents, and also that there are sufficient staff to support people to access outside space, activities and interests when they want to.

By 12 October 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My needs are met by the right number of people' (HSCS 3.15) and 'I can choose to have and active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

It is also necessary to comply with Regulation 15(a) – Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

How good is our setting?

4 – Good

We assessed the service to be at a good level for this quality theme. This means that there were a number of strengths which, when taken together, clearly outweigh areas for improvements.

People should expect to be able to enjoy a mix of private and communal areas, including accessible outdoor space, and that the environment has been designed or adapted for high quality care and support.

We found that the service was bright and airy and that there was enough space to move around the service, both indoors and outdoors.

The service had created some themes areas within the service, and an activities station was available on both floors; equipped with games, puzzles and books for people to enjoy. We saw that personalisation of key areas, such as bedroom doors was underway during this inspection, and residents had chosen the style and colour of their own bedroom doors via full size transfers. This meant it was easier for people to locate their own rooms, and orientate themselves within the environment.

We found that the service provided different areas for people enjoy, including a newly created café which was separately located from the main areas. In addition there were two lounge areas on both floors, for people to enjoy a quieter area to sit with friends or relatives, listen to music or watch a different TV programme. The service had completed an environmental assessment, and was looking to extend this to other staff and relatives to complete. This was in order to consult more fully to ensure that the environment met the needs of people living at the service.

The service was in the process of improving the outdoor space, and was creating a sensory garden at the time of our inspection. However, we found that residents could not access this area independently. This was because there was no direct access from the service to the garden, and there was no secure area within the outside

space for residents to enjoy independently. This meant that residents required the assistance of staff, relatives or friends, in order to enjoy the garden areas. During our inspection we saw that residents were frequently being supported to the garden areas, either with staff or their visitors. The manager discussed fund raising plans with us, with the aim of creating a secure area in the gardens in the near future; we were reassured that this would be a priority for the service over the coming months.

How well is our care and support planned?

4 - Good

We assessed the service to be at a good level for this quality theme. This means that there were a number of strengths which, when taken together, clearly outweigh areas for improvements.

We found that support plans reflected the care and support requirements of people clearly, and that these plans were both audited and reviewed regularly. We saw good evidence of peripatetic support, from other professionals such as GP's, District Nurses and Optician's, and that people were accessing their outpatient appointments when necessary. This meant that people's health was being monitored and appropriate referrals were being made when necessary.

The service was in the process of introducing new support plans, which were based around the new health and social care standards, and had involved consultation with residents and families. These plans were personalised to each individual, with improved detail about personal preferences, and how people wanted their care and support carried out. We found although there was some information about hobbies and interests, this could be improved. For example, we saw some instances, where it was recorded that someone liked music, but the detail of this had not been explained. This meant that carers would not necessarily know favourite artists, or types of preferred music for each individual.

Where people required legal representation, through Power of Attorney's or guardianship, we found that support plans, held the correct documentation to evidence this. We found that of the plans sampled; people were receiving regular reviews with their representatives, and families and that these were signed by the relevant individuals. This meant that people and their representatives had been involved in their reviews and had opportunities to comment on the care and support provided.

We found that the administration of medication was generally good, however, the service was using two different systems for the administration of topical medication. This increased the risk of errors of administration and recording and was confusing. The service was aware of this issue, and we asked the service to make improvements in this area.

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

Requirements

Requirement 1

The provider to devise, implement and fully embed robust quality assurance arrangements that evidence improving outcomes for service users by 30 October 2018.

This is in order to comply with:

The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 3 – Principles & Regulation 4(1)(a) Welfare of Users.

To ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance' (HSCS 4.19).

This requirement was made on 13 August 2018.

Action taken on previous requirement

We were pleased to see that regular audits of the service had been implemented. The manager had a clear improvement plan in place which was identifying areas that required further improvement or development. Senior staff in partnership with the manager had a clear vision of the direction of travel and were making the changes that had been identified.

We found that consultation with relatives and residents was improving, and that consultation had taken place about the quality of the service, as well as the provision of meals. As a result of this work, changes were being made to meal provision, and other changes were planned.

This requirement is met.

Met – outwith timescales

Requirement 2

The provider must ensure that staff are suitably qualified and receive appropriate training to ensure they can deliver service users' care in a safe, respectful and supportive manner. By 30 October 2018 in order to comply the provider must:

- (a) Demonstrate that all staff receive appropriate training to carry out the work they are to perform.
- (b) Carry out a training analysis of the service based on the support needs of people using the service, and the staff working at the service. This is in order to ensure that staff have the appropriate level of knowledge and skills commensurate with their roles and responsibilities.
- (c) Ensure that all staff receive dementia training, to an appropriate level, in order to support people living with dementia, in a 'high dependency' service.
- (d) Implement a written action plan to meet the training needs identified.
- (e) Ensure that there is an effective system in place to monitor that staff are implementing the care service's policies and procedures and to identify where further training and support is necessary.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that '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).

It is also necessary to comply with Regulation 4(1)(a) - Welfare of Users and Regulation 15(b) - Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

It is also necessary to comply with Regulation 19(2)(a) - Records, of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114).

This requirement was made on 13 August 2018.

Action taken on previous requirement

We found that the training planner was still being developed at this inspection and we discussed ways in which to simplify this to ensure that managers and administrators were able to read and understand what the training requirements were required for each member of staff. Although this area still required further work, this was well underway at the time of our inspection.

All the staff had either completed, or were undergoing updates in relation to dementia training, and some staff were also attending additional dementia training courses to extend and improve their knowledge base. There was a plan to ensure that all senior staff would complete the SSSC Promoting Excellence dementia training, which would then be rolled out to all care staff.

All staff sampled had the necessary training to carry out their roles and updates were being planned for those courses that required it.

All moving and handling training for staff had been updated.

This requirement is met.

Met - outwith timescales

Requirement 3

The provider must ensure that there are sufficient staff to meet the physical and social support needs of people using the service.

A dependency rating tool must be devised and implemented to inform on-going staffing levels within the unit to ensure that they respond to the changing care and support needs of the service.

This must also ensure that there are sufficient staff in place to support the safe care and support requirements of residents, and also that there are sufficient staff to support people to access outside space, activities and interests when they want to.

By 12 October 2019.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My needs are met by the right number of people' (HSCS 3.15) and 'I can choose to have and active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

It is also necessary to comply with Regulation 15(a) – Staffing, of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 13 August 2018.

Action taken on previous requirement

The service had recently regained their full compliment of staff, after changing the support arrangements for another service, which had impacted on staff from Beech Hill House. However, due to high levels of sickness within the service at the time of our inspection, staffing levels were not at the levels that the service had stated it wanted to achieve at the previous inspection. Plans to introduce an additional member of staff during busy times to support activities had not been possible most of the time due to the essential cover of core shifts. We found that there were significant periods when no staff were visible in the day areas, as staff supported residents in their rooms to carry out care and support. This meant there were missed opportunities for meaningful interactions and also activities. The service were in the process of employing a 'modern apprentice' to support staff, and whose role would be to support activities and projects.

Not met

Requirement 4

The provider must make sure that personal support plans are reviewed with each resident and their carers or representative if appropriate, at least once in each six month period to ensure that the care and support provided continues to meet the needs of each individual by 2 December 2018.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17) and 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12).

It is also necessary to comply with Regulation 5 – Support Plans of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 13 August 2018.

Action taken on previous requirement

Of the plans sampled during this inspection, we found that regular reviews had been held. In addition each resident had a yearly planner with reviews planned and recorded in the diary to ensure that these meetings were arranged with families and appropriate professional staff.

Met – outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

The service should develop a system of regular, formal supervision. This is to ensure that each staff member has access to support and guidance, and achieves the expected standards of practice. This also ensures that staff and managers have opportunities to discuss learning and development requirements.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that, '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).

This area for improvement was made on 13 August 2019.

Action taken since then

We sampled three staffing records during the course of this inspection and spoke with several staff who confirmed that they were now receiving regular supervisions and appraisals.

We found that this area of improvement was now met.

Previous area for improvement 2

The service should review staffing levels to ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that '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), 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

This area for improvement was made on 13 August 2019.

Action taken since then

This area of improvement has been re-stated within a previous requirement, and will be removed as it will be dealt with within that requirement.

Previous area for improvement 3

A review of the environment is completed and a planned approach is taken to enhancing key areas of the home to ensure those people living with dementia or cognitive impairments are supported through appropriate signage, aids and visual prompts to help maintain a level of independence and orientation.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 13 August 2018.

Action taken since then

There were significant improvements to the environment at the time of our inspection with further work planned, or underway. A café has been created for the use of residents and relatives whenever they wish. Corridors in the main areas have started to be themed with pictures and other decorations. The Glenisla project was starting at the time of our inspection which aimed to create a sensory garden with residents. Further work is planned for the future to make a secure garden area for residents to access.

We found that this area of improvement was now met.

Previous area for improvement 4

The service should ensure that individual support plans set out people's choices, and how they wish their support needs to be met.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met as well as my wishes and choices' (HSCS 1.15) and '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).

This area for improvement was made on 13 August 2018.

Action taken since then

The support plans were being updated and improved at the time of our inspection. We saw a sample number of the improved support plans which demonstrated clear improvements in the way that personal choices and involvement were documented. There is a clear plan for all the support plans to be re-written in this way under the current planned work plan.

We found that this area of improvement was now 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

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good

1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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