

# Peacock Nursing Home Care Home Service

Garden Place  
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EH54 6RA

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**Type of inspection:**

Unannounced

**Completed on:**

23 January 2020

**Service provided by:**

Peacock Medicare Ltd.

**Service provider number:**

SP2003002457

**Service no:**

CS2003010659

## About the service

Peacock Nursing Home is owned and managed by Peacock Medicare Ltd. The care home is registered with the Care Inspectorate to provide care and accommodation for 80 older people. At the time of inspection, 76 people were using the service.

The home comprises of two houses, Peacock (House 1) and Primrose (House 2). Each of the houses has two floors, the upper floor can be accessed by either a lift or stairs. There are separate dining facilities on the ground floor of both houses.

All bedrooms have en-suite toilet and washing facilities. There are bathing and additional toilet facilities on both floors. The home is situated in a residential area and has its own parking and well-maintained gardens.

The aims and objectives of the service state:

"All residents are assured that they will be treated with dignity, and that their individual needs and wishes will be treated with respect. The purpose is to uphold dignity of all in our care. The spirit of this extends to staff, colleagues and visitors."

## What people told us

We took account of the care standards questionnaires which eight people who use the service and 11 relatives completed and returned to us before the inspection. During the inspection, we spoke with people who used the service and visitors who gave us their views of life in the service.

People were complimentary about all aspects of the service and were happy living at Peacock Nursing Home. Everyone said they were treated with dignity and respect and felt safe. People were very complimentary about staff and their kindness. Everyone was positive about staff skills and were confident that staff would meet their healthcare needs. Some described staff as "excellent".

People we spoke with said they enjoyed the food. They told us they enjoyed the structured activities, although some people, and relatives, were of the view that there could still be more to do.

Everyone was complimentary about how the service was managed and were confident that if they raised a concern it would be addressed. Relatives who spoke with us were also happy with the service. They told us they were made welcome and were kept well-informed about their loved ones' health.

We used the Short Observational Framework for Inspection (SOFI 2) tool to directly observe the experiences and outcomes of people who were unable to tell us their views. We saw staff give gentle and friendly support in a genuinely warm and caring way. People looked comfortable when they engaged with staff. Familiar staff faces were often greeted with smiles.

Some people made suggestions about how the service could improve and we discussed these with the provider. Suggestions included:

- there should be more staff
- not having to wait for assistance at "peak" times
- more stimulation, especially one-to-one interaction
- better care of clothing

- decoration/maintenance of building.

These areas are also addressed in the report.

## 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?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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 have assessed that the service was reaching a good level in response to the question How well do we support people's wellbeing? Strengths helped make sure that people had positive outcomes and experiences. However, improvements were needed to ensure people consistently experience positive outcomes.

People experienced warm, gentle and compassionate care and were assisted in a respectful way that protected their dignity. People looked well cared for, staff were responsive to their needs and were seen to be keen to make sure that people were comfortable and well. We saw that people's personal clothing was cared for in a respectful way and named for individual use.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. However, wider aspects of respectful care needed to improve. For example, people should expect their personal belongings to be for their individual use. Storage of personal toiletries in communal bathing areas raised the risk these would be used by others without the owner's consent. The manager will continue to work with staff to improve this aspect of support.

People should expect to be able to develop interests to get the most out of their life. The enthusiastic activity coordinator worked hard to make sure planned activities were tailored to people's preferences. We saw several well attended activities where people were stimulated and had fun. Care staff understood the importance of social engagement and made good efforts to spend time chatting with people outwith providing direct care. Although staff shared individual time with people who preferred not to join group activities, this could be improved to help people keep up past interests.

People should experience high quality care and support to meet their healthcare needs and for a sense of wellbeing. People living at the service could be confident that staff had developed positive links with a range of healthcare professionals who were contacted for guidance.

Everyone praised the food and snacks. People experienced pleasant, sociable mealtimes where assistance was given promptly and discretely. This meant that there was less risk of unnecessary weight loss. People should expect to experience good oral healthcare to benefit their nutrition and general health. However, we saw examples of oral hygiene equipment which was not well-maintained. Well-maintained oral hygiene equipment helps prevent decreased nutritional intake. The manager agreed to address this and we will monitor progress at the next inspection.

Although people experienced healthy skin, some needed creams and ointments applied to maintain this. We could not be assured that this was happening as there was inconsistent information and records to support care delivery. (See area for improvement 1)

We saw people experiencing pain who were given good, prompt comfort and care. However, people at risk of experiencing pain should expect pain assessments and as required medication protocols to contain up-to-date information. This was not always the case. We acknowledged the service was in the process of updating information. We will repeat the area of improvement made at the last inspection. (See area for improvement 2)

People should expect any equipment they use, including mattresses, to be well-maintained. This is important in ensuring their wellbeing and comfort. This is discussed under How good is our setting? where an area for improvement is made.

Staff knew people's care needs well and we saw examples where this knowledge was used to access healthcare advice. Nonetheless, information gaps in care plan records would not support staff to always deliver consistent care. This is discussed under How well is our care and support planned? where an area for improvement is made.

## Areas for improvement

1. In order to ensure good outcomes for people experiencing care, the provider should clearly evidence that people who require applications of creams and lotions are receiving this in accordance with the prescriber's instructions.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

2. In order to ensure good outcomes for people experiencing care, the provider should ensure that pain assessments and as required medication protocols are up- to-date and are easily accessible for all staff including agency staff.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

## How good is our leadership?

### 4 - Good

We have assessed that the service was reaching a good level in response to the question How good is our leadership? Strengths helped make sure that people had positive outcomes and experiences. However, improvements are needed to ensure people consistently experience positive outcomes.

People benefited from experiencing a service which was well-led and managed. The manager was a visible role model and well-known to everyone. Everyone was complimentary about how well the service was managed. The management team and staff had a shared vision of achieving the best outcomes for people.

People should expect that their experiences be continually evaluated so that they receive the right care and support. To achieve this, the service used a system of audits to measure the quality of key aspects of the service for example, accidents. There was evidence that the findings from audits were being used to influence how the service developed. However, because action plans were not always developed, it was difficult to know if or how improvement was achieved. It would help demonstrate that improvement has been made if an action plan was put in place and signed off when issues had been addressed. (See area for improvement 1)

The content of the five staff questionnaires returned to us showed that all respondents did not know if all policies in use in the service were implemented. The manager agreed to continue to work with staff to raise their awareness of this area. We will monitor progress at future inspections.

## Areas for improvement

1. To ensure good outcomes for people experiencing care, the provider should progress with the development of audits within the service and demonstrate from these how an overall development plan will aim to improve and progress with the overall service delivery.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes." (HSCS 4.19)

## How good is our staff team?

### 4 - Good

We assessed that the service was reaching a good level overall in response to the question How good is our staff team? Strengths helped make sure that people had positive outcomes and experiences. However, improvements are needed to ensure people consistently experience positive outcomes.

We saw staff were safely recruited. They worked well together and were positive about working at the service and the training available. They helped each other and were flexible in responding to people's changing care needs. Staff were clear about their roles and were deployed effectively.

The service had worked hard to make the changes necessary to meet the requirement, made at the last inspection, about ensuring enough staff were on duty to meet people's needs. Systems had been developed to assess people's care needs and calculate that enough staff were on duty. The care dependency assessment tool was updated at least monthly but also every time someone's care needs changed. As a result, we saw staffing levels fluctuated as care needs changed. The manager could confidently show that enough staff hours were available to meet people's care needs and that additional hours were available for other staff duties outwith direct care. As a result, we saw that staff had time to spend chatting with people and to complete other duties. Although some questionnaires returned to us before the inspection raised concerns around staff availability, we did not see any delay in staff responding to people's care needs during the inspection.

The manager had adapted the dependency assessment tool to suit the service and agreed to continue to review its suitability to ensure it accurately reflected people's care needs.

To support staff to provide good care and work well as a team, it is important they have formal opportunities to discuss and reflect on their work practice and identify training needs. All staff were not routinely provided with this opportunity. (See area for improvement 1)

## Areas for improvement

1. In order to ensure good outcomes for people experiencing care, the provider should ensure that all staff have formal opportunities to discuss and reflect on their work practice and identify training.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

## How good is our setting?

### 4 - Good

We have assessed that the service was reaching a good level in response to the question How good is our setting? Strengths helped make sure that people had positive outcomes and experiences. However, improvements are needed to ensure people consistently experience positive outcomes.

People benefited from living in a calm and friendly environment where everyone was made welcome. People were encouraged to use communal areas, move freely around the building or have privacy, if desired. Bedrooms were personalised and reflected people's individual tastes. People benefited from strong links with the local community and schools which allowed them to meet new people and keep in touch. There were good supplies of personal protective items, such as gloves and aprons. This helped keep people safe and reduced the risk of infection. Arrangements were in place for the maintenance of equipment used to help people maintain their independence. All this contributed to making this a comfortable and safe environment for people to live in.

Since the last inspection, the provider had continued to upgrade the facilities including new doors and replacement floor covering. We were told that upgrading work would continue, for example in the replacement/repair of the lift. More dementia friendly signage was used which helped make it easier for people to navigate the building, although the management team had identified this could still be better. We will monitor progress at the next inspection.

People should expect to live in an environment free from offensive odours. We noted isolated odours and mattresses that needed to be replaced, to ensure people's wellbeing and comfort. We were pleased that immediate action was taken to rectify this. (See area for improvement 1)

Developing an inventory of all equipment in use at the service would help give a better overview of equipment available for people to use. This is also an additional check to make sure that all items maintained by external contractors have been presented and are fit for use. (See area for improvement 1)

### Areas for improvement

1. To ensure that people experience an environment that is well looked after, the provider should:

- a) devise and implement a system to ensure all equipment including mattresses are clean and well-maintained
- b) ensure all toiletries are for individual use and stored accordingly
- c) ensure the lift is fit for purpose
- d) develop an inventory of all equipment in use at the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that:

"The premises have been adapted, equipped and furnished to meet my needs and wishes." (HSCS 5.16)

"I experience an environment that is well looked after with clean tidy and well maintained premises, furnishings and equipment." (HSCS 5.22)

### How well is our care and support planned?

### 3 - Adequate

We assessed that the service was operating at an adequate level in response to the question How good is our care and support planned? Whilst there were areas of strength which had a positive impact, the likelihood of achieving positive experiences for people was reduced because key areas of performance needed to improve.

Healthcare assessment tools were used to assess people's care needs, for example, identifying the risk of falls. Information about people's legal status helped protect them if they were unable to make decisions about their healthcare.

However, people should expect their care plans to reflect all aspects of their wishes and care needs and give clear direction to staff about how to deliver their care. This is important because it helps staff give consistent and safe care in the way people want. From care plans we sampled, we could not be confident that plans always supported this.

We saw plans which did not reflect all aspects of people's care needs. There was conflicting information and plans were not always updated when care needs changed. Although care plans were regularly reviewed, this was not effective in identifying information discrepancies. Gaps in the recording of health and wellbeing information made it difficult to track how good healthcare was achieved. Whilst risk assessments and consents were in place when equipment which could be considered restrictive was used, the recordings needed to be refined to demonstrate people were protected. Because of the gaps in information, there was an increased risk of people receiving inconsistent care or important healthcare needs not being attended to. We will repeat the area for improvement made at the last inspection. (See area for improvement 1)

A new care plan format had been introduced and still needed to be developed. We took account of this at the inspection.

## Areas for improvement

1. To ensure good outcomes for people experiencing care, the provider should ensure that people's personal plans are right for them and set out how all their needs will be met, as well as wishes and choices. Particular focus should be on:

- a) ensuring accurate and consistent information about people's support needs
- b) ensuring the evaluation of the care and support provided is meaningful to make sure that the care provided fully meets people's needs
- c) fully implementing the audit systems used to monitor care plan content to make sure that they meet the provider's own expected standards.

This is to ensure care and support is consistent with the Health and Social Care Standards 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)

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

## Requirements

### Requirement 1

The provider must demonstrate that the level of staffing is adequate to provide the assessed level of support to service users at all times, in particular in the evenings. The views of residents and staff should also be considered.

This is in order to comply with: SSI 2011/210 regulation 15(a) Staffing - 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.

Timescale: To be commenced on receipt of this report and for four weekly assessments and staffing to be evidenced by 15 February 2019.

**This requirement was made on 31 January 2019.**

### Action taken on previous requirement

The provider had met this requirement.

**Met - within 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 provider should clearly evidenced that residents who require applications of creams and lotions are receiving this in accordance with prescriber's instructions.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which states that "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice."

**This area for improvement was made on 31 January 2019.**

#### Action taken since then

The provider had not fully implemented this area for improvement. This is repeated under How well do we support people's wellbeing?

#### Previous area for improvement 2

The provider should ensure that records showing blood monitoring results for those residents with diabetes should also include any actions taken should readings be outwith the recommended range.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which states that "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice."

**This area for improvement was made on 31 January 2019.**

#### Action taken since then

The provider had implemented this area for improvement.

#### Previous area for improvement 3

The provider should ensure that pain assessments and as required medication protocols are up to date and are easily accessible for all staff including agency staff.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which states that "Any treatment or intervention that I experience is safe and effective" and 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice."

**This area for improvement was made on 31 January 2019.**

#### Action taken since then

The provider had not fully implemented this area for improvement. This is repeated under How well do we support people's wellbeing?

## Previous area for improvement 4

The provider should progress with the development of audits within the service and demonstrate from these how an overall development plan will aim to improve and progress with the overall service delivery.

This is to ensure care and support is consistent with the Health and Social Care Standard 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice" and Standard 4.19 which states "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes."

**This area for improvement was made on 31 January 2019.**

### Action taken since then

The provider had not fully implemented this area for improvement. This is repeated under How good is our leadership?

## Previous area for improvement 5

The provider should ensure that staff undertake refresher training with regard to continence management. Staff should evidence the importance of using prescribed products for residents.

This is to ensure care and support is consistent with the Health and Social Care Standard 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice" and 3.14 which states that "I have confidence in people because they are trained, competent and skilled."

**This area for improvement was made on 31 January 2019.**

### Action taken since then

The provider had implemented this area for improvement.

## Previous area for improvement 6

The provider should progress without further delay, the ongoing upgrades of carpets, décor and replacement doors as identified in the action plan.

This is to ensure care and support is consistent with the Health and Social Care Standard 5.22 which states "I experience an environment that is well looked after with clean tidy and well maintained premises, furnishings and equipment."

**This area for improvement was made on 31 January 2019.**

### Action taken since then

The provider had implemented this area for improvement.

## Previous area for improvement 7

The provider should progress with ensuring the environment is dementia friendly. This should include clear signage, menus in dining rooms and contrasting bathroom colours.

This is to ensure care and support is consistent with the Health and Social Care Standard 5.22 which states "I experience an environment that is well looked after with clean tidy and well maintained premises, furnishings and equipment."

**This area for improvement was made on 31 January 2019.**

#### Action taken since then

The provider had implemented this area for improvement

#### Previous area for improvement 8

The provider should ensure that care reviews are carried out on a six monthly basis and that the residents' care and support needs have been discussed with the appropriate representative.

This is to ensure that care and support is consistent with Health and Social Care Standard 2.17 that states 'I am fully involved in developing and reviewing my personal plan, which is always available to me'.

**This area for improvement was made on 31 January 2019.**

#### Action taken since then

The provider had implemented this area for improvement

#### Previous area for improvement 9

The provider should ensure that residents' personal plans are right for them and set out how all their needs will be met, as well as wishes and choices. Particular focus should be on:

- a) Ensuring accurate and consistent information about residents' support needs.
- b) Ensuring the evaluation of the care and support provided is meaningful to make sure that the care provided fully meets residents' needs.
- c) Fully implementing the audit systems used to monitor care plan content to make sure that they meet the provider's own expected standards.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.1.5 which states "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."

**This area for improvement was made on 31 January 2019.**

#### Action taken since then

The provider had not fully implemented this area for improvement. This is discussed under How well is our care and support planned?

#### Previous area for improvement 10

This area for improvement was made following a complaint investigation.

Staff must ensure that they are aware of the needs and routines of residents they support in all areas they are required to work.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.19 which states that "My care and support meets my needs and is right for me" and 1.23 "My needs as agreed in my personal plan, are fully met, and my wishes and choices are respected."

**This area for improvement was made on 22 March 2019.**

## Action taken since then

The provider had implemented this area for improvement.

## Complaints

Please see the following section of this report - What the service has done to meet any areas for improvement we made at or since the last inspection.

You can also see details of complaints about the service which have been upheld on our website.

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## 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?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
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?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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