

Galashiels Nursing Home Care Home Service

Kirkbrae Galashiels TD1 1NJ

Telephone: 01896 752 414

Type of inspection:

Unannounced

Completed on:

23 January 2020

Service provided by:

Pryce & Co Ltd

Service no:

CS2003010293

Service provider number:

SP2003002284



About the service

Galashiels Nursing Home has been registered since 2002.

Galashiels Nursing Home is registered to provide care and support to a maximum of 37 older people. There were 33 residents living in the home at the time of this inspection.

The home is located in a residential area near to the centre of Galashiels and is close to local amenities. The home is set in private grounds with well tended gardens and its own parking.

The accommodation is provided over two floors within the original building, and in a small extension to the ground floor. A lift and stairs give access to the first floor. There are four double rooms with the remaining rooms providing single occupancy.

The bedrooms located in the extension have ensuite facilities with shared bathing and toilet facilities on both floors in the main building. The dining room is on the ground floor where there is also a large lounge/dining/conservatory area. The first floor has a small sitting area which has been refurbished to also provide hairdressing facilities.

Galashiels Nursing Home's mission statement is:

"Galashiels Nursing Home provides a safe and secure environment, and professional nursing care in homely, and comfortable surroundings. Individuality and independence are both assisted, and encouraged, with privacy and dignity being respected at all times. Residents in our care are encouraged to prolong vitality, with physical and mental activity."

What people told us

At the time of our inspection there were 33 residents in the service. During our visits we met most of them and spoke individually with 20 of them. When chatting with us about their day-to-day lives they told us that they were very satisfied with the service being provided. We also spoke with six relatives. They were all satisfied with the standard of care and support provided and commented positively on the manager. The residents and relatives we spoke with told us that they felt that they could speak to one of the senior staff, or the manager, whom they named, if they had any concerns. They told us that they felt confident that any issues raised would be addressed.

Comments received included:

"My mother is very well looked after"

"I couldn't wish for a better place"

"The food is good"

"I looked at a few homes but felt this had the best feel about it"

"The manager, X (names the manager) is very good"

"The staff are excellent, they have been very supportive"

"Staff	are	all	lovely	and	treat	me	well'

Some residents were less able to tell us what they thought about the service or the care they received. We spent time observing how these residents interacted with staff and how they spent their time. We saw lots of positive interactions between staff and residents which demonstrated they were respected and made to feel comfortable and included. These actions promoted residents' mental wellbeing.

We have referred further to residents' and relatives'/carers' feedback in the main body of 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?	not assessed
How good is our staffing?	not assessed
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 evaluated the support for people's wellbeing that Galashiels Nursing Home provided as good.

Residents experienced care and support with compassion as there were warm, nurturing and positive relationships between staff and residents.

[&]quot;The staff all make me feel very welcome"

[&]quot;They have time to talk to you"

[&]quot;My mother has a nice comfortable room"

[&]quot;Mt room is nice and clean, as is the whole place"

[&]quot;I am well informed about care plans, etc.".

Residents felt respected and listened to, with their wishes and preferences used to shape how they were supported.

Where residents' independence, choice or control were restricted the appropriate legal and support arrangements were in place with restrictions kept to a minimum.

The service recognised that purposeful and enjoyable activity benefited people's wellbeing. This included supporting residents to connect or remain connected with the local community.

Residents could choose where and how they spent their day and could participate in a range of activities every day. This included both indoor and outdoors activities.

Residents were supported to maintain and develop their interests. The support provided enabled residents to participate in a range of activities in a meaningful way.

Due to short notice sickness of staff on the first and second day of the inspection staff had less time than usual to support residents to take part in activities on these days.

Care and support was provided in an organised way. Good continuity of staff and shift handovers meant that staff were aware of residents' care and support needs. The staff also demonstrated that they were good at recognising changes and seeking additional healthcare support when needed.

Mealtimes were well organised. Residents told us that they enjoyed their meals. Snacks and drinks were made available outside mealtimes.

Residents' health benefitted from the good level of care and support that was provided. There was regular assessment of residents' care and support needs. This meant that people could be confident that they would receive the right support and that their care would be adapted as their needs and choices changed.

Medication administration records were generally well completed. Staff were to be reminded to date the opening of prescribed eye drops to help monitor their usage. We suggested that staff record the stock balance of medication carried forward from the previous cycle to help monitor the level of stock.

Improvements were to be made to the way topical medication administration was recorded (**see area for improvement 1**).

Areas for improvement

1. The service should review the recording of prescribed topical preparations on Medication Administration Records and the Topical Medication Administration Records (TMARs) to ensure that both reflect residents' current creams and there is sufficient guidance for staff to apply these correctly.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.27 which states:

"I experience high quality ".

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?

4 - Good

We have evaluated the quality indicator people benefit from high quality facilities as good.

Residents benefited from a comfortable and homely environment, with plenty of natural light. The environment was clean and generally tidy. Bedrooms were personalised and the majority homely. A range of communal areas gave people a choice in where they spent their time. Directional signage helped people to find their way around the home.

The home is set in private grounds with well tended gardens which residents can access. There was evidence of ongoing redecoration and refurbishment to a good standard.

Staff were to be reminded to ensure orientation boards are kept up to date and to promptly report all repairs.

A previous area for improvement for the service to review its current systems for dealing with residents' laundry was not fully met and remains, (**see area for improvement 1**). This was to ensure that items of clothing could be identified and promptly returned to the correct resident after laundering. There was some improvement as larger items of clothing were seen clearly labelled which helped to ensure that these items could easily be identified. However there remained an issue with the identification of smaller items of clothing.

We suggested that the service should review how food is presented to those residents on the upper floor and/or for those that prefer to spend their mealtimes in their rooms. This is to ensure that it is as attractively presented as those receiving their meals in the main dining areas.

The expected routine maintenance checks and equipment checks were in place. There was improved organisation of these records so that the relevant information could be found more easily. To support the service in further developing its' maintenance records we directed them to the Health and Safety Executive's guidance "Health and Safety in Care Homes".

Staff were to record the temperatures in all areas used to store medication in to ensure that it is stored at an appropriate temperature.

Areas for improvement

1. The service should review its current systems for dealing with residents' laundry to ensure that items of clothing can be identified and promptly returned to the correct resident after laundering.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 5.17) which states:

"My environment is secure and safe".

How well is our care and support planned?

4 - Good

We have evaluated how assessment and care planning reflects people's' needs and wishes as good.

Residents benefit from care planning which informs on all aspects of care and support. Ongoing training and auditing supported improvement.

Care plans were promptly written following completion of comprehensive assessments of key risk areas which used recognised good practice tools. They were regularly reviewed, evaluated, updated and took account of best practice and residents' own individual preferences and wishes.

We saw that residents and, where appropriate, relatives/cares had been asked to attend six monthly reviews. This gave the opportunity to formally evaluate support arrangements. Feedback at these reviews was positive.

Developing the recording of the provision of activities in residents' support plans and six monthly reviews of care and support would help to further evidence how people are getting the most out of life.

Good record keeping and good continuity of staff meant staff were aware of residents' care and support needs. This meant that people could be confident that they would receive the right support and that care would be adapted as their needs and choices changed.

Through reviewing the content of support plans and daily records we could see that staff were good at communicating with health care professionals when they identify any changes to the health status of individuals. This meant that staff were proactive in helping to keep people as well as they can be.

The service held details of the appropriate legal representative who should be involved in decision making about the residents' care needs if the resident was unable to discuss this themselves.

People were involved about their current and future care through the use of anticipatory care plans.

Senior staff should regularly check that the appropriate daily charts are in place and promptly updated.

We suggested to further improve the completion of the revised admission checklists that this record is kept at the front of the folder when people are first admitted and staff reminded of the need to complete this through the service's handover system.

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 ensure that key aspects of risk are promptly recorded on admission and corresponding care plans developed where risks are identified.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS 1.14 and 1.15) which state:

"My future care and support needs are anticipated as part of my assessment".

"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 6 August 2018.

Action taken since then

There was sufficient improvement to indicate that this recommendation was now being met.

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We suggested to further improve the completion of the revised admission checklists that this record is kept at the front of the folder when people are first admitted and staff reminded of the need to complete this through the service's handover system.

Previous area for improvement 2

The service should review its current systems for dealing with residents' laundry to ensure that items of clothing can be identified and promptly returned to the correct resident after laundering.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 5.17) which states:

"My environment is secure and safe".

This area for improvement was made on 6 August 2018.

Action taken since then

There was some improvement in the service's laundry system. Larger items of clothing were seen clearly labelled which helped to ensure that these items could easily be identified and promptly returned to the correct resident after laundering. However there remained an issue with the identification of smaller items of clothing.

This recommendation was not fully met and therefore an area for improvement was made under "How good is our setting?" so that we can follow up on full compliance.

Previous area for improvement 3

It is recommended that where decisions about staff suitability have been made during the recruitment process that this information is clearly documented. This includes following up incomplete application forms. This will provide a clear audit trail and evidence decisions made.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 4.24) which state:

"I am confident that people who support and care for me have been appropriately and safely recruited".

See also: SSSC Codes of Practice for Social Service Workers and Employers 2016.

This area for improvement was made on 6 August 2018.

Action taken since then

Where decisions about staff suitability had been made during the recruitment process this information was clearly documented. This provided a clear audit trail and evidenced decisions made. This evidenced that this recommendation was now being 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	5 - Very 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 setting?	4 - Good
4.1 People experience high quality facilities	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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