

Benholm Nursing Home Care Home Service

76 Glamis Road
Forfar
DD8 1DS

Telephone: 01307 464281

Type of inspection:

Unannounced

Completed on:

24 January 2020

Service provided by:

Tamaris (RAM) Limited, a member of
the Four Seasons Health Care Group

Service provider number:

SP2007009152

Service no:

CS2003010713

About the service

Benholm Nursing Home is on the outskirts of Forfar. At the time of inspection there were 31 residents. The home is a converted traditional mansion house and retains many original features, including well established grounds. Only a small area of the garden is secured – a patio area for smokers accessed via the dining room. During the inspection we saw that people were supported to be outside in the rest of the grounds.

The building has two floors accessible by a lift. Bedrooms have en suite toilets and wash hand basins. Adapted bathing and showering facilities are available on each floor. The ground floor has a lounge and separate dining room as well as a conservatory and hairdressing salon. Upstairs the communal area comprises of a homely lounge/dining area.

This service has been registered since 1 April 2002.

What people told us

We did not receive back any completed Care Surveys prior to the inspection.

During the inspection an inspection volunteer* joined us and spent time talking to people living at Benholm Nursing Home as well as visiting family members. There were lots of positive comments about the staff working, the care, and the cleanliness at Benholm Nursing Home. Comments included:

- "It's okay."
- "They're good, it's a good place to be."
- "It's perfect."
- "I feel a lot better here."
- "They seem to be nice enough."
- "Girls are very good, they cannot do enough for you."
- "Girls are in and out all the time."
- "Always cleaning the home."
- "The home has a lot of potential. They are good people and really care for you."
- "I'm here and I'm staying."
- "The staff are very nice, very helpful."
- "Night staff always available."
- "There are always people here."
- "Very happy. Everyone is very caring."

- "My parents are loving it here. Always things for them to do. They're kept occupied. I think it's a great home."
- "You get to know the staff and get a laugh."
- "They know him well here. We're so much happier, you go home and know he's safe and happy."
- "He's much more involved and stimulated than he was at home. He helped put the Christmas tree up and he really likes the musical evenings."
- "Everything's fine. Very nice lot of girls, the staff. Lots of laughing and the rapport is good."
- "Was admitted with a bed sore but it's now healed. Staff are really good with mum."
- "You're well treated here."
- "No crabbiness observed."

Some people raised a few concerns and these were shared with the manager. Comments included:

- "Pressure mat not available even though he's had lots of falls."
- "Not out and about much."
- "Not enough to fill his day."
- "Buzzer isn't where I want it to be, they come fairly quickly when I shout out."

There was also some mixed feedback in relation to the food. Comments included:

- "Food is bearable."
- "Meals are pretty bland."
- "Food is wonderful, plenty of choice."
- "Food's excellent."
- "Food's not great, lots of chips, only two fish fingers - he's a big man."
- "Food is okay."
- "Food is hit or miss."
- "They like the food."
- "I'm quite happy. I like the food. I like some of the staff."
- "The food is good."
- "Food has improved a bit recently."

* An inspection volunteer is a member of the public who volunteers to work alongside the Care Inspectorate inspectors during the inspection process. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who uses or has used services. The inspection volunteer's role is to speak with people using the service (and potentially their family carers, friends, or representatives) being inspected and gather their views. In addition, where the inspection volunteer makes their own observations from their perspective as a recipient or a carer, these may also be recorded.

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?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staffing?	4 - Good
How good is our setting?	3 - Adequate
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?

3 - Adequate

In relation to "people experiencing compassion, dignity, and respect" and for "people getting the most out of life" the service is evaluated as good.

People should be treated with compassion, dignity, and respect and we observed lots of warm interactions between staff and residents. People were encouraged to participate in the activities on offer and staff supported them to maintain their sense of identity by reminding them of their life story and achievements. Staff were able to demonstrate their values, both during our observations as well as through individual interviews.

People should be able to 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. We were pleased to see that a number of people had the opportunity to go outside, for a walk or to supervise the volunteer gardener, well wrapped up from the cold. People living at Benholm Nursing Home were able to benefit from a range of organised group activities as well as individual, spontaneous activities facilitated by the wellbeing coordinator.

We were pleased to see that consideration had been given to the lounge environments, in order to encourage people to interact with books and objects related to interests of individuals. We saw that some residents were able to take advantage of this and enjoyed picking items up to look at and engage with.

For "people's health benefits from their care and support" the service is evaluated as adequate. People's health should benefit from their care and support. We found that the service did not have sufficient individual guidance in place for staff to follow when administering a number of 'as required' medications. We discussed this at feedback and were reassured this would be rectified.

We could see that people had access to a range of visiting health professionals. However, we discovered a circumstance where a person did not access a review of their medication timeously by their GP. We raised our concerns and, as a result, this was rectified during the course of the inspection. The lack of appropriate input at the right time could have resulted in poor health outcomes for the person concerned. A requirement has been made **(see requirement 1)**.

We observed that mealtimes had a relaxed pace, people's independence was encouraged, and help was given gently as needed. We were pleased to hear about the potato patch that people had helped tend and were able to enjoy the produce of, as well as the plans to grow herbs too next year.

Combining the three elements together, results in an overall evaluation of adequate. Adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Performance which is evaluated as adequate may be tolerable in particular circumstances and the provider has had a period of major transition. However, continued performance at an adequate level is not acceptable. Improvement must be made by building strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

Requirements

1.

In order to ensure that a person's health benefits from their care and support and they can get the medication that they need, the service must implement a medication management system which ensures that staff refer to the appropriate health professional timeously when an individual's needs or circumstances change, by 1 May 2020.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I benefit from different organisations working together and sharing information about me promptly, where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(2) - A provider of a care home service must make such arrangements as are necessary for the provision to service users of adequate services from any health care professional.

How good is our leadership?

3 - Adequate

In relation to this question the service is evaluated as adequate.

People should benefit from a culture of continuous improvement, having robust and transparent quality assurance processes. The service carried out a number of regular audits as part of their quality assurance processes, however it was not always clear how the information gathered was used to inform improvements or

developments in the service. For example, a falls audit was completed each month but there was no overall analysis of location or time of falls. This was a missed opportunity to reduce falls, for example, by assessing if the environment had an influence on falls or if consideration needed to be made to staff deployment.

It's important that quality assurance processes capture the information needed. The service should review their medication audit process to ensure that it supports effective medication management.

The service did gather people's views about the service and we saw that changes were made in response to feedback via the 'You Said, We Did' noticeboard. There was not an overall development plan for the service which would ensure that information gathered from audits and feedback from residents, relatives, and staff were used to plan improvements to the service. We have therefore restated the area for improvement made at the last inspection **(see area for improvement 1)**.

Adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Areas for improvement

1.

The service should ensure that a robust programme of quality assurance and that a development plan is produced in partnership with staff, residents, and relatives to ensure that people have opportunities to have their say and ensure that improvements are everyone's responsibility.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6); "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7); and "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 staff team?

4 - Good

We evaluated the service as good.

People's care and support should be consistent and stable because people work well together. During the course of the inspection there was a calm and relaxed atmosphere and we observed staff communicating and working well together as a team.

People living in Benholm Nursing Home benefited from a stable staff team. They were supported and cared for by people they knew so experienced consistency and continuity. This was also valued by families.

People should have confidence in the people who support them because they are trained, competent and skilled, are able to reflect on their practice, and follow their professional and organisational codes. Staff told us that they felt supported by senior staff. However, we found that formal supervision was task-orientated and focused on areas for improvement. There was a lack of reflective practice discussion recorded, professional development, and good staff practice did not appear to be acknowledged. We have restated a previous area for improvement **(see area for improvement 1)**.

An evaluation of good applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes that are as positive as possible.

Areas for improvement

1.

The service should ensure that staff are supported and have access to effective supervision. This is in order to support effective practice and ensuring learning and development are achieved and maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I experience high quality care and support because people have the necessary information and resources" (HSCS 4.27); and "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?

3 - Adequate

We evaluated the service as performing at an adequate level in relation to "the setting promotes people's independence".

We could see that people had personalised rooms and the service was clean and being maintained. Communal areas had a homely decor with lots of items available for people to interact with. We were informed that an assessment of the environment had been completed, however there was no development plan in place to support any identified improvements.

We recognised the challenges of working in an old building and discussed the importance of undertaking the King's Fund environmental audit* and having an action plan to support the service to implement changes to maximise the independence of people living with dementia. An area for improvement is restated (**see area for improvement 1**).

Benholm Nursing Home has extensive, mature gardens, however only a small patio area accessed via the dining room is secure and is used as a smoking area. This meant that people could not access the garden independently as the grounds are open to a busy main road. We were pleased to see that people were supported to be outside during the inspection. We also heard about the service's vegetable patch that had produced potatoes this year and that all residents had planted pots with bulbs for the spring.

Adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Performance which is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established or in the midst of a major transition. However, continued performance at an adequate level is not acceptable. Improvement must be made by building strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

* The King's Fund environmental assessment tool has been designed to be practical and easy to use. It focuses on those aspects of the physical environment known to impact on people with dementia. It assesses both the

physical environment (such as floor coverings and use of paint colours) and the way that the environment encourages people to behave and interact.

Areas for improvement

1.

The management team should consider using the King's Fund environmental audit to help identify and plan improvements to the environment to better meet the outcomes of people who have a diagnosis of dementia.

This is to ensure that 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); "If I live in a care home, I can use a private garden" (HSCS 5.23); and "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.1).

How well is our care and support planned?

3 - Adequate

We evaluated the service as performing at a good level in relation to "how well is our care and support planned?".

People should expect that their personal plan is right for them as it sets out how their needs will be met as well as their wishes and choices. We found that people had comprehensive care plans with regular assessments and evaluations undertaken in relation to physical and healthcare needs. In most cases these evaluations were followed up appropriately, however some plans were difficult to follow due to the quantity of information. This meant there was an increased risk that important information or instruction could be missed. For example, in relation to personal care, we found inconsistencies in recording of baths and showers. This meant we could not be confident that people had received the care that had been planned. It is important that plans are clearly laid out and easily understood and care is documented appropriately. We have restated the previous area for improvement in relation to this **(see area for improvement 1)**.

People should be fully involved in developing and reviewing their personal plan which is always available to them. Reviews were being undertaken, however more could be done to develop an outcomes-focus and to ensure that the person using the service had the opportunity to contribute to their view.

It was good to see that residents had a 'My life, my choice' book in their rooms which detailed their life story. The wellbeing coordinator had completed the books with residents and their families. It was clear that a great deal of thought and care had gone into creating each book. The books recognised the person as unique, celebrating their experiences and what mattered to them.

In relation to social and activity plans, we discussed how these could be further improved to take them from a list of likes, dislikes, and interests and translated into a plan of support to enable the person to do what matters to them. We have restated the previous area for improvement in relation to this **(see area for improvement 2)**.

An evaluation of good applies to performance where there is a number of important strengths which taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure people consistently have experiences and outcomes which are as positive as possible.

Areas for improvement

1.

a) Staff should regularly access personal plans to help them be informed about individual support needs.

b) Senior staff should monitor and evaluate plans and documentation about each person using the service, to determine that their needs are being supported in the way that had been agreed in their plan of care. Where significant information has been identified an assessment should be made to determine if any further actions are required.

c) Personal plans should be accurate and up to date, providing guidance for staff on how individuals are to be supported to have their needs 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 "My care and support is consistent and stable because people work together well" (HSCS 3.19).

2.

It is recommended that the service further develops the assessment and support planning process to clearly detail people's preferred activities and interests, and the support they need to take part in these.

This is to ensure that 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); and "My needs are met by the right amount of people" (HSCS 3.15).

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

Requirements

Requirement 1

The provider must ensure that there is robust accounting and recording of all financial transactions for individuals living at the service:

- All transactions must be recorded timeously and records kept up to date.
- The service must ensure that there is a system of regular and effective audit for all financial transactions.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "If I need help in managing my money and personal affairs, I am able to have as much control as possible and my interests are safeguarded" (HSCS 2.5).

It is also necessary to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011, (SSI 2011/210) Regulation 4(1)(a) - A regulation regarding the health, welfare, and safety of service users; Regulation 15(b)(i) - A regulation regarding staffing; and Regulation 19(h)(i)(ii) - A regulation regarding records registered care services must keep.

Timescale: with immediate effect, as discussed at the feedback of our inspection on 13 September 2018.

This requirement was made on 30 November 2018.

Action taken on previous requirement

The service has a new administrator in place who has implemented all the provider's procedures in relation to financial transactions. When reviewed, records were up to date and the system appeared to be robust.

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

It is recommended that the service further develops the assessment and support planning process to clearly detail people's preferred activities and interests, and the support they need to take part in these.

This is to ensure that 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); and "My needs are met by the right amount of people" (HSCS 3.15).

This area for improvement was made on 13 September 2018.

Action taken since then

The new activities coordinator has worked hard getting to know and understand people's preferences in relation to activities and has implemented some initiatives to involve all residents, including the wishing tree and gardening. The service has also been involved in the Care About Physical Activity (CAPA) programme and has been keen to support people to move more. Some residents walk to the local sheltered housing complex to do an exercise class.

Of particular note were the 'My Life, My Choice' life story books in each person's room. A lot of time had been spent with residents and their families to complete them. These were active documents that were added to as special events happened in the home.

The service needs to continue to develop social and activity plans to support all staff in ensuring that people are enabled to participate in activities and interests that matter to them.

While progress has been made, we have restated this area for improvement.

Previous area for improvement 2

The service should ensure that a robust programme of quality assurance, and that a development plan is produced in partnership with staff, residents, and relatives to ensure that people have opportunities to have their say and ensure that improvements are everyone's responsibility.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I can be meaningfully involved in how the organisations that support and care for me work and develop" (HSCS 4.6); "I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership" (HSCS 4.7); and "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).

This area for improvement was made on 13 September 2018.

Action taken since then

A wide range of audits are in place as part of quality assurance in accordance with Four Seasons 'Tracka' system. It was not always clear what was done in order to improve or develop the service as a result of the data collection. The service did not have a development plan in place.

The area for improvement is therefore restated.

Previous area for improvement 3

The service should develop a method of evaluating the effectiveness of training and performance for staff. This should include reflective accounts of learning outcomes and how practice has changed as a result.

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).

This area for improvement was made on 13 September 2018.

Action taken since then

Competency assessments are in place in relation to a variety of skill areas for care staff and nurses. This helps to ensure that training is translated into practice. We could also see that staff had completed reflective accounts of learning.

Previous area for improvement 4

The service should ensure that staff are supported and have access to effective supervision. This is in order to support effective practice and ensuring learning and development are achieved and maintained.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that "I experience high quality care and support because people have the necessary information and

resources" (HSCS 4.27); and "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 September 2018.

Action taken since then

We could see that supervision was taking place, however it would appear to be somewhat task-orientated and generic rather than personalised to individuals' needs and practice.. There was little evidence of reflective practice discussion or ensuring learning and development is achieved and maintained.

This area for improvement has been restated.

Previous area for improvement 5

The management team should consider using the King's Fund environmental audit to help identify how the service can further develop the environment to better meet the outcomes of people who have a diagnosis of dementia.

This is to ensure that 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); "If I live in a care home, I can use a private garden" (HSCS 5.23); and "I can use an appropriate mix of private and communal areas, including accessible outdoor space, because the premises have been designed or adapted for high quality care and support" (HSCS 5.1).

This area for improvement was made on 13 September 2018.

Action taken since then

Although the manager had advised that a King's Fund audit had been undertaken there was no evidence of any sort of development plan or action plan as a result of the audit.

This area for improvement has been restated.

Previous area for improvement 6

a) Staff should regularly access personal plans to help them be informed about individual support needs.

b) Senior staff should monitor and evaluate plans and documentation about each person using the service, to determine that their needs are being supported in the way that had been agreed in their plan of care. Where significant information has been identified an assessment should be made to determine if any further actions are required.

c) Personal plans should be accurate and up to date, providing guidance for staff on how individuals are to be supported to have their needs 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 "My care and support is consistent and stable because people work together well" (HSCS 3.19).

This area for improvement was made on 13 September 2018.

Action taken since then

Staff told us that they access personal plans on an ongoing basis. We could see that plans were evaluated monthly, however we found an instance where a resident's needs had changed and, although the care plan evaluation identified that a medical consultation should be sought, this had not been undertaken. This omission could have resulted in poor outcomes for the person concerned.

This area for improvement is restated.

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?	3 - Adequate
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	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
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?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

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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