

Tranent Care Home Care Home Service

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Telephone: 01875 616 560

Type of inspection:

Unannounced

Completed on:

3 March 2020

Service provided by:

HC-One Limited

Service provider number:

SP2011011682

Service no:

CS2011300790

About the service

Tranent Care Home is situated in a residential area of the town of Tranent, East Lothian. It is close to local transport links and amenities. The service is registered to provide care for up to 60 older people. The accommodation is purpose-built with 60 single bedrooms with ensuite toilet and wash hand basin facilities.

Bedrooms, communal lounge areas and dining rooms are available on each of the two floors which can be accessed by stairs or lifts. Baths, showers and additional toilets are available throughout the home.

There are separate kitchen, laundry and staff facilities in the home. The home has its own car park and there is a pleasant garden area around the home with seating areas.

The provider, HC-One Limited, state that its aim is:

"To have the kindest homes in the UK with the kindest and most professional staff."

What people told us

Before the inspection we received six responses to questionnaires (CSQ) that we sent from residents. Some residents had been supported to complete these by staff.

People told us they felt safe, got on well with the staff and that they were treated well.

Individuals answered some points stating:

- One was bored
- Two people did not feel that they were able to be independent and could not go out when they wished, and one was not confident that if they raised a concern that it would be addressed.

Five family members/representatives returned CSQ to us. Some commented that they did not feel that their family member was valued, treated with dignity and respect, received the care they needed or that there was enough staff to care for them.

We shared the comments with the manager and acknowledged that the questionnaires were returned to us some months earlier.

We saw that the manager was implementing improved standards into everyday practice and we looked to see if people would be more satisfied with the concerns raised previously about dignity and respect.

For example comments such as, "Values and principles are in place but they are not put into practice. Values should be driven by leadership, which I feel is very much lacking as there is no registered manager running the development."

We saw the majority of residents during the inspection and some of them gave us their views of life in the home. Overall, people told us that they were happy in the home and that staff supported them and gave assistance when they needed. One commented, "The girls are all very good".

Some people could not give us their views verbally but we saw that they were comfortable and at ease with staff. Staff knew people well and we saw some pleasant interactions where they wished to make sure that residents were cared for and heard.

Family members we met were satisfied that they were welcomed to the home and offered hospitality. One family praised the staff highly and acknowledged the difficult job they do. They felt that their family member was well looked after.

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?	not assessed
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 is reaching a good level overall in response to the question 'How well do we support people's wellbeing?'. We noted areas of strength which had a positive impact on peoples' experiences and outcomes. However, improvements are needed to make sure that these experiences and outcomes are consistent.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice. Staff knew people well and respected their preferences and wishes. There was warm and respectful engagement when staff assisted people.

Residents who could voice their views told us that staff helped them and gave comments that showed that they enjoyed staff company. Others looked comfortable in the presence of staff.

We discussed where some of the wider aspects of dignity and respect needed to improve. This was in respect of making sure that people were supported to care for their clothing and belongings and that bed making was important to make people feel cared for. These issues were addressed when we brought them to the attention of the manager.

Residents should expect to get the most out of their life and be able to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors.

We were pleased that activity coordinators had made improvement in gathering details of peoples' preference, past life and hobbies. This information was transferred into a structured plan of events and activity.

A variety of interactive books and activity were in place to stimulate and enhance peoples' experiences. For example a bird feeding area and a 'toolbox station'.

Records were seen for individuals with photographs showing things that they wanted to do. Unfortunately these were undated and we couldn't tell if the activity was current.

Care staff missed opportunities to engage with residents in a meaningful way outwith delivering direct care. For example, we saw that an entertainer came to the home and we saw that residents were enjoying this. Care staff did not join and help stimulate and support people during this time.

We are aware that work was being rolled out across the provider's other care homes which would help place more focus on activity in homes. We will continue to look at this aspect of care at future inspections.

People should experience high quality care and support to meet their healthcare needs and for a sense of well-being. People's needs were supported through good links, referrals to and involvement of health and social care professionals. This meant that there were no instances of malnutrition or pressure ulcers. Specialist equipment and diets with fluid monitoring were in place to promote health.

We saw and heard of examples where people's health had improved as a result of the care and support given by the service.

Risk assessments were completed and evaluated monthly for a variety of aspects of care including skin care, nutrition, oral health and falls.

The manager was aware that action needed to be taken to reduce the incidences of falls and work was underway to prevent falls.

Personal hygiene records were kept but there were times when full care could not be delivered each day but we saw that staff tried to address this. Care files for some individuals showed that there were difficulties for staff in managing care due to stress or distressed behaviours.

Support and advice had been given in this area of care from professionals and clearly written for staff to follow. However the information was not always seen and therefore not easily accessible to staff.

Additionally, information shared with us about how individuals care needs were met was not seen. This was to avoid social isolation and a guide should be in place to support staff. We have made an area for improvement under the question, 'How well is our care and support planned?'

Medication was seen to be well-managed. However in the cases of topical creams there was no system to support staff demonstrate that these were applied. The manager acknowledged this and we will look at this at the next inspection.

How good is our leadership?

4 - Good

We have assessed that the service is reaching a good level overall in response to the question 'How well do we support people's wellbeing?'. We noted areas of strength which had a positive impact on peoples' experiences

and outcomes. However, improvements are needed to make sure that these experiences and outcomes are consistent.

The manager had, in a short space of time, began to address issues in the service and was aware of the direction she wished to take to improve the outcomes for people. It was really positive that the manager was a visual presence and 'hands on' in the home and led by example.

A development plan for the service was implemented and good progress was being made. She felt that joint working with residents, families, staff and other professionals was key to improving the service.

Staff we spoke with told us that they thought that improvements were made and that they enjoyed working in the service.

Notifications of significant events were sent to us as necessary and we were kept updated.

Auditing took place and this had led to improvements or planned development work. For example in the management of falls which was now a focus area to consider how falls could be reduced and preventative measures that could be put in place.

We thought that improvement would be better if there was consideration of how audits can capture issues that we identified at inspection. For example in the use of an overview of legal powers and expiry dates. Staff registration details could be improved to see if they have conditions on their registrations. This may help the service to plan and provide appropriate training in order for staff to meet their conditions of registration. We will look at this at future inspections.

How good is our staff team?

not assessed

We have assessed that the service was operating at an adequate level in response to the question How good is our staff team? 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.

Residents should expect that their needs are met by the right number of people working in the service. We were pleased that the service used a recognised tool to assess the dependency needs of residents. This took account of the care and support needed in aspects of care. This was completed on a monthly basis. On reviewing the assessments we did not see that these captured the needs of some people. However, staff did not think that they were short-staffed with the exception of when there is last-minute sickness absence. It was positive that staff were organised and well led particularly at mealtimes as this meant that people received support and assistance with dietary intake.

We acknowledge that there was some staffing hours available to take account of the environment but additional hours need to be considered to capture the work carried out by staff outwith delivering direct care.

Without sufficient staff assessed as needed to complete all aspects of work, residents may not receive quality support to meet their well-being needs. This may also lead to missing out on meaningful interaction and stimulation which is necessary for a sense of well-being.

We could not be confident that the staff hours available are enough to meet people's care needs. The assessment tool should be dynamic and change as resident needs change and information should take account of all duties that staff are to perform.

We made an area for improvement at the last inspection and this will be carried forward.
See area for improvement 1.

Areas for improvement

1. The provider should ensure that there are sufficient numbers of staff working in the service at all times. In order to achieve this they must:
 - a) ensure that dependency assessments of residents are completed 4 weekly or where there are changes in their care needs.
 - b) staff numbers are calculated based on the assessments of needs.
 - c) there is consideration of additional duties of staff and the layout of the building.

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

How good is our setting?

4 - Good

We have assessed that the service is reaching a good level overall in response to the question 'How good is our setting?'. We noted areas of strength which had a positive impact on peoples' experiences and outcomes. However, improvements are needed to make sure that these experiences and outcomes are consistent.

Tranent Care Home has wide uncluttered corridors with contrasting handrails and signage which help people move around freely. Bedrooms are personal and people are able to spend private time there. There are a various items of equipment which can assist people remain as independent as possible, such as raised toilet seats and rails. There was also sufficient specialist equipment available for people who needed assistance to move and transfer including hoists and slings. These were maintained in accordance with the manufacturer's guidance.

Other aids to assist with mobility and safety, for example wheelchairs and bedrails were also maintained and checked routinely.

The newly upgraded pleasant café room with facilities to make drinks was well used by residents and families. We were told that there were plans to continue to improve the setting including the ability for residents to access further outdoor areas independently.

Whilst some of our findings did not affect the independence of residents, we shared these with the manager. Areas where there was improvement needed, for example in the replacement of lampshades, was swiftly addressed by the manager during inspection.

We discussed some areas of cleaning and practice that needed to be improved, for example dating of the opening of food items and the management of laundry. The manager confirmed that she was planning to improve these.

We will look at these issues at future inspections.

How well is our care and support planned?

3 - Adequate

We have assessed that the service was operating at an adequate level in response to the question 'How well 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.

Residents should expect that their care plans are right for them because it sets out how their needs will be met, as well as their wishes and choices.

The manager was aware that care planning was an area for development which was needed in the service.

There was some good, clear information in records, for example in the contacts and legal status of residents.

It was positive that risks were identified through the use of appropriate tools. These were updated monthly, for example in the risk of under-nutrition, falls and skin damage and helped staff to plan the care of residents.

It is important that evaluations of care consider how the care planned has been effective. Evaluations needed to be expanded and detailed to show this has been done.

The service worked closely with other professionals and they had assessed and provided information for staff to guide them in how to assist residents with stress and distress.

This key information was not transferred into care plans. We could therefore not be assured that staff were aware of the guidance and be able to deliver care in a consistent way. We made an area for improvement at the last inspection and this is carried forward. See area for improvement 1.

Areas for improvement

1. 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. These must include:

- a) accurate assessment information about the residents' support needs.
- b) updates of care plans following care reviews or any changes in the needs of the resident.
- c) more information about how to support residents when experiencing stress and distress.
- d) information to show that evaluation of the care and support provided is meaningful to make sure that the care provided fully meets residents' needs.

This is to ensure care and support is consistent with the Health and Social Care 1.15 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".

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 at all times residents have sufficient daily fluid intake to meet their health care needs. In order to achieve this, the provider must:

- i) ensure that fluid balance charts are completed correctly and accurately
- ii) ensure that there is documented evidence with care planning on action taken when residents are not achieving their targeted daily fluid requirements.
- iii) ensure that staff have a clear understanding about effective hydration for residents, and can demonstrate this through monitoring practice.

To be completed by 12 July 2019.

This is in order to comply with Health and Social Care Standards 1.39. I can drink fresh water at all times. Regulation 4 (1) (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 12 July 2019.

Action taken on previous requirement

Staff were seen to understand the importance of hydration and frequently offered and encouraged people with fluid intake. Juice, teas and coffees were part of the array of drinks on offer.

Some people needed assistance and this was given.

Where fluid monitoring was necessary, records were maintained and showed frequent drinks were offered throughout the day. Targets were set based on the individual's requirements and records were totalled and evaluated to guide staff in practice if there was a shortfall in intake.

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 improve the structure in daily life of residents to afford them stimulation and interaction. This should take account of needs, preferences and wishes of the individual.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.6 which states "I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential" and 1.19 which states "My care and support meets my needs and is right for me".

This area for improvement was made on 18 October 2019.

Action taken since then

There was a structure in peoples daily life and this meant that people were orientated to the time of day. Where they wished people could have a long lie or rest in their rooms. There was sufficient evidence to assess this as met.

Previous area for improvement 2

The provider should improve the care delivered in respect of residents' personal hygiene needs and take into account oral care.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 1.19 which states 'My care and support meets my needs and is right for me'.

This area for improvement was made on 18 October 2019.

Action taken since then

People were groomed and well presented in their personal appearance. Where people became stressed with personal hygiene care, steps were taken to support them. We found that oral care items were well stored and found that peoples teeth and mouth were cared for. There was sufficient evidence to assess this as met.

Previous area for improvement 3

The provider should improve the management of topical prescribed medication in the home.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.24 which state 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 18 October 2019.

Action taken since then

People had moisturising creams available and there was not concerns with poor skin conditions. Creams applied were not always prescribed but freely available. Non prescription creams were not evidenced as having been applied and there needs to be consideration of where recording of such care is made. The manager planned to review this. There was sufficient evidence to assess this as met.

Previous area for improvement 4

The provider should improve the care of residents' clothing and belongings to ensure that residents' dignity and respect is maintained.

This is to ensure care and support is consistent with the Health and Social Care Standard principles of dignity and respect which state: " I am respected and treated with dignity as an individual".

This area for improvement was made on 18 October 2019.

Action taken since then

Generally clothing was marked for the named person. The storage of items could have improved in some areas. Two garments that were not fit for use was shown to the manager who rectified this promptly. There is a system in place for removing items that are no longer used and the manager planned to reinforce this with staff. There was sufficient evidence to assess this as met.

Previous area for improvement 5

The provider should ensure that there are sufficient numbers of staff working in the service at all times. In order to achieve this they must:

- a) ensure that dependency assessments of residents are completed 4 weekly or where there are changes in their care needs.
- b) staff numbers are calculated based on the assessments of needs.
- c) there is consideration of additional duties of staff and the layout of the building.

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

This area for improvement was made on 18 October 2019.

Action taken since then

This area for improvement is carried forward and details can be seen under the question 'How good is our staff team?'

Previous area for improvement 6

The provider should make sure that all areas of the home are free from malodours and that there is sufficient cleaning taking place to provide a comfortable and homely environment.

This is to ensure that care and support is consistent with Health and Social Care Standard 5.21 which states "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" and 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 18 October 2019.

Action taken since then

There was no malodours in the service and a programme of cleaning was taking place. There was sufficient improvement to assess this as met.

Previous area for improvement 7

The provider should complete an inventory of all equipment used in the service. This would help make sure that all necessary equipment is made available for LOLER checks to ensure they continue to be safe for use.

This is to ensure that care and support is consistent with Health and Social Care Standard 5.21 which states "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" and 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 18 October 2019.

Action taken since then

Information was seen to show that all checks had taken place.
There was sufficient improvement to assess this as met.

Previous area for improvement 8

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. These must include:

- a) accurate assessment information about the residents' support needs.
- b) updates of care plans following care reviews or any changes in the needs of the resident.
- c) more information about how to support residents when experiencing stress and distress.
- d) information to show that evaluation of the care and support provided is meaningful to make sure that the care provided fully meets residents' needs.

This is to ensure care and support is consistent with the Health and Social Care 1.15 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 18 October 2019.

Action taken since then

This area for improvement is carried forward and details can be seen under the question 'How well is our care and support planned?'

Previous area for improvement 9

The provider should ensure that staff have a clear understanding about maintaining confidentiality in accordance with their codes of conduct.

This is to ensure care and support is consistent with the Health and Social Care 4.1 : My human rights are central to the organisations that support and care for me.

This area for improvement was made on 12 December 2019.

Action taken since then

The manager had reminded staff of the provider policy and all staff had signed and read that they understood confidentiality. There was sufficient evidence to assess this as met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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?	not assessed
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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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