

Moncreiffe Nursing Home Care Home Service

Main Street
Bridge of Earn
Perth
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Telephone: 01738 812931

Type of inspection:

Unannounced

Completed on:

25 June 2020

Service provided by:

Bryden Foods (Perth) Limited

Service provider number:

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Service no:

CS2003009763

About the service

Moncreiffe Nursing Home is situated in the Perthshire village of Bridge of Earn. It offers a care home service for up to 34 older people with both low and high dependence and is also able to offer palliative care as required.

The home is a mix of traditional and purpose-built rooms over two storeys with a passenger lift for access. There are 32 single rooms and one double room. All have en-suite facilities with the exception of one single room. The home has pleasant gardens and a courtyard which are accessible for wheelchairs.

It is stated by the service that: "Moncreiffe Nursing Home aims to provide its residents with a secure, relaxed and homely environment in which their care, wellbeing and comfort are of prime importance".

This was a focused inspection to evaluate how well people were being supported during the COVID-19 pandemic. We evaluated the service based on key areas that are vital to the support and wellbeing of people experiencing care during the pandemic.

This inspection was carried out by inspectors and advisers from the Care Inspectorate and Healthcare Improvement Scotland.

What people told us

We spoke with seven people, including three who preferred to stay in their rooms. They told us that staff were attentive, kind and responded quickly to requests for support when necessary. Staff recognised the level of independence they wanted to maintain. Encouragement was offered to maintain social contact with others in the home and to participate in activities that interested to them. One person described a sense of boredom as the planned activities were not to their liking. Others we spoke with told us they enjoyed their food, being outside when the weather was good and told us that staff were considerate.

We noted from our observations that staff were respectful towards people, with a kind approach. It was clear that good relationships had been made. People spoke highly of the staff, stating that they were "wonderful", responded quickly to requests for assistance and that "nothing was too much trouble".

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 good is our care and support during the COVID-19 pandemic?	3 - Adequate
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Further details on the particular areas inspected are provided at the end of this report.

How good is our care and support during the COVID-19 pandemic?

3 - Adequate

7.1 People's health and wellbeing are supported and safeguarded during the COVID-19 pandemic.

We visited Moncreiffe Nursing Home over two days. Intelligence received resulted in the Care Inspectorate identifying that the service required an assurance visit.

This inspection was supported by an Inspector from Health Improvement Scotland who focused on infection control practices. There were no suspected or confirmed cases of COVID-19 at the time of our visit and the home has not had an outbreak.

Moncreiffe Nursing Home's Care Inspectorate report dated 7 October 2019 included two areas for required improvement. These were not formally reviewed during this Inspection but continue to be a focus of contact with the service.

We assessed the service to be performing at an adequate level in relation to wellbeing.

People had been supported to stay connected with their families during this challenging time. For some that involved regular phone calls and use of video chat apps. Others described speaking with families through closed windows. Weekly updates were emailed to all relatives and these provided a good overview of the home's current situation. This meant that families continued to feel involved and informed about their relatives lives.

Families had been enabled to visit with their relatives at the end of their lives. Staff were aware of the measures required to ensure that this was planned and as safe as possible. This meant that visiting arrangements were risk assessed and centred around individuals' circumstances.

We observed that staff were available, spent time with people and offered reassurance. Meals were enjoyed and suited people's preferences. Outdoor space was used but overall staff did not adapt to meet people's needs and interests. We signposted the service to the Care Inspectorate resources 'Care About Physical Activity' (CAPA) and 'Enriched Model of Psychological Needs' so that they could better support people living with dementia.

Management told us that they continued to access the required medications and professional supports during the pandemic. Staff described how older people could present with the virus and what actions they would take. This meant that the service could refer people promptly so that they could get the right response to changes in their health.

The service had not developed Summary Support Plans (COVID-19 plans) or Anticipatory Care Plans (ACPs) as guided. Support plans were basic and did not consistently inform staff practice or reflect changes in people's health and wellbeing. This meant that the service may not respond to people's changing needs and that external staff could not support people in a safe and person led manner. We found inconsistencies in the way that people's health was monitored and evaluated. (See requirement 1.)

7.2 Infection control practices support a safe environment for both people experiencing care and staff.

We assessed the service to be performing at an adequate level in relation to infection control. This meant that people were at potential risk of spread of infection.

Plans were in place for routine Covid-19 testing for the staff team and a process in place for people receiving care. This was being supported by the Community Health team so that testing was responsive and not overly demanding on the care staff's time.

We noted that the cleanliness of the home including individual's rooms to be of a good standard. However, we found that the service was not following Health Protection Guidance in relation to frequency of cleaning and the cleaning products to be used. Additionally, cleaning schedules were only recording monthly tasks. We discussed this on the first day of our visit and it was pleasing to see on our second visit, daily schedules had been put in place which would also monitor the daily tasks undertaken, the frequency of these and how tasks could be delegated throughout the day to the wider staff team. Training expectations in this area are discussed in the staffing section of this report.

We noted that hand gel dispensers were appropriately placed throughout the home and additional suggestions we made were in place on our second day. We did not see however, that handwashing or gels were being promoted before meals. Instead staff were using 'baby' wipes for people's hands which would not offer the same degree of protection. Reference is made to World Health Organisations (WHO) 5 Moments of Hand Hygiene. Not all staff had their own supply of hand gel. The manager told us this will be provided. This meant that people were at potential risk from the spread of infection.

Staff wore face masks in all areas. These would be removed at break times and a new face mask applied. There were also face masks available at the entrance to the care home. There were Personal Protective Equipment (PPE) stations in each zone which were stocked with aprons, gloves and disposal bags. These processes lower the risk of any infection transmission.

We saw lots of equipment around the home which should be for individual use such as hoist slings, wheelchairs and walking aids. We were told that these were not used as people had their own equipment. By Day 2 these had been removed and stored appropriately. The service was advised to ensure that individual's equipment and belongings were marked to identify them. This included soft cushions so that laundering could be increased. We also asked that the service ensure that checks and cleaning of mattresses were also in place. These processes lower the risk of any infection transmission.

We saw on the second day of our visit the service had responded to feedback and made changes to the layout of communal areas; however, it was disappointing to find that care staff did not change their practice. Physical distancing was not supported or promoted by the care staff. This meant that residents and staff were at potential risk from the spread of infection. (See requirement 2.)

We have referenced observations of staff practice and audits of infection control under the staffing section of this report.

7.3 Staffing arrangements are responsive to the changing needs of people experiencing care.

We assessed the service to be performing at an adequate level in relation to staffing.

In our discussions with staff, we were advised that information, guidance and Scottish Government updates were provided to them by the management team on a regular basis to ensure that current best practice and knowledge was being undertaken and demonstrated in the care provided to people. We observed however, that there was a mix of guidance being adhered to with improvements identified in some areas. Physical distancing and PPE are referenced under the infection control section of this report.

Staff complimented the manager and support they received and advised that any queries or concerns were addressed quickly. The team told us verbal communication was good. This meant that permanent staff felt well informed and valued.

Daily handover meetings were undertaken within the home, however, it was not easy to see what information was shared at the meetings as these were not routinely stored. A system was in place for referring on to health professionals, again, some of the information was not routinely recorded and could be improved to ensure there is a clear process of staff responsibility. This meant that changes in people's health could potentially be missed.

It was acknowledged that there were currently no structured opportunities in place to discuss learning and reflection from training or staff development. No formal observations of staff practice were being undertaken that would identify any areas for improvement and therefore enhance the ongoing care for people. (See requirement 3.)

Staff were able to provide examples of the varying symptoms of COVID-19 with confidence and provide examples of their response to these care needs. Records indicated that staff had undertaken some areas of general mandatory training throughout the year. We spoke with one health professional who told us that some of the staff team were more knowledgeable than others when caring for people with dementia, and did advise that education and training programmes were currently on hold due to the current pandemic. We will continue to monitor ongoing progress in this area.

We did not see specific training relating to current infection control relating to COVID-19 or what variety of training was undertaken for staff with different job roles, for example housekeeping staff and kitchen staff. This is important as all staff have different responsibilities within the home and should therefore have the up to date knowledge to support their role. This meant that people were at potential risk from the spread of infection. (See requirement 4.)

The staff team and individuals we spoke with felt there was enough staff on duty to meet the needs of people. However, the monthly overviews of people's needs did not evidence that psychological, social, or environmental needs were considered. It is important that a wide range of wellbeing needs are reviewed regularly as this guides the staffing levels required in the service and that the levels of staffing on duty can meet these assessed needs. This supports improved outcomes for people resident and staff. (See Area for Improvement 1.)

Requirements

1. By 23 July 2020, the provider must ensure that as part of the services COVID-19 contingency planning each person has a summary of needs and anticipatory care plan available. This must reference all required legal documents including restraint risk assessments and consents. This is to protect the health and wellbeing of people experiencing care if workers unfamiliar with the service are needed to cover for any potential absences. Reference is made to <https://ihub.scot/acp-covid-19>.

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

1:14: 'My future care and support needs are anticipated as part of my assessment'.

1:15: 'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices'.

This is to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Service Regulations, Scottish Statutory Instruments 2011. No 210:

4 (1) (a)

A provider must make proper provision for the health, welfare and safety of service users; and

2) a provider of a care home must make such arrangements as are necessary for the provision to service users of adequate services from any health care professional.

2. With immediate effect, the service must ensure that people experiencing care are able to keep a safe distance from each other to reduce the possibility of any COVID-19 infection being spread. This must include, but is not limited to, setting up the seating in communal areas, including the dining room and lounge area, in a manner that supports people to keep a safe distance from each other.

This should be done in accordance with all appropriate Public Health guidance and Health Protection Scotland guidance Version 1.52 dated 15 June 2020 entitled 'COVID-19 Information and Guidance for Care Home Settings'.

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

4:11: 'I experience high quality care and support based on relevant evidence, guidance and best practice'.

This is to comply with Regulation 4(1)(a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

3. By 23 July 2020, the provider must ensure that the service has quality assurance systems in place to ensure that the home is providing a safe and effective service to people during the COVID-19 pandemic.

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

4:19: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes'.

In order to achieve this, the provider should undertake the following:

- review and develop monitoring systems across the home with particular emphasis in the areas of observations of staff practice and infection control audits;
- structured opportunities/supervision for staff and manager to reflect on their training provision and practice; and
- implement an overall development plan based on outcomes of audits in order to drive up standards and improve service quality.

This is to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Service Regulations, Scottish Statutory Instruments 2011. No 210.

4. By 23 July 2020 people being cared for should feel confident that staff are trained, competent and skilled, particularly in infection control, prevention and procedures. In order to achieve this the provider must ensure that all staff employed in the care service receive training appropriate to the duties they are to perform.

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

3:14: 'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes'.

This is to comply with Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Service Regulations, Scottish Statutory Instruments 2011. No 210.

Areas for improvement

1. The service should evidence more effectively that the staffing levels are at sufficient levels to ensure the needs of people are met.

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

3:15: 'My needs are met by the right number of people'.

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 are well led and effective quality assurance processes in place that support a culture of continuous improvement and have a strong focus on personal outcomes for people living in the service by 31 December 2019.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'I benefit from a culture of continuous improvement with the organisation having robust and transparent quality assurance processes (HSCS 4.19) and Regulation 4 (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 3 December 2019.

Action taken on previous requirement

Focused COVID-19 inspection. This area was not fully assessed at this inspection.

Not met

Requirement 2

To ensure the workforce, including senior staff and managers, are equipped with the required skills and knowledge to undertake their various roles, the provider must, by 31 January 2020:

- a) provide all staff with supervision and appraisal and agree with each personal development plan in line with the organisation's policy and procedure and the nature of the role they are undertaking;
- b) ensure a robust induction process is being completed with newly recruited members of staff;
- c) audit the current learning needs of the whole staff team and devise a robust and achievable training plan focused on the skills and knowledge required to be effective in each role and as a team; and
- d) identify where specific resident or condition learning is required (i.e. dementia) to ensure each person is being supported and cared for by staff from teams who are equipped with the necessary knowledge and skills to do so.

This is to ensure that the skills, abilities and competence of all staff employed within the service is consistent with the Health and Social Care Standards which state: '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) and to comply with Regulation 4 (a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 3 December 2019.

Action taken on previous requirement

Focused COVID-19 inspection. This area was not fully assessed at this inspection.

Not met

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 improve their practice of informing the Care Inspectorate of any notifiable events as detailed in 'Records that all registered services (excluding childminding) must keep and guidance on notification reporting.'

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

This area for improvement was made on 3 December 2019.

Action taken since then

Focused COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 2

The provider should ensure that medication prescribed 'as required' or from original containers is managed taking the best interest of the person into account. Guidance should be further developed for staff to ensure that there is a consistent approach to the management and administration of these types of medication.

This is ensure that care and support is consistent with the Health and Social Care Standards which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

This area for improvement was made on 3 December 2019.

Action taken since then

Focused COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 3

The provider should ensure that personal emergency evacuation plans (PEEPs) are clear about the level of assistance required for each person living in the home in the event of an emergency. These plans should be easily accessible to all staff.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state: 'My care and support is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 3 December 2019.

Action taken since then

Focused COVID-19 inspection. This area was not assessed at this inspection.

Previous area for improvement 4

The provider should ensure that people who live in Moncreiffe receive responsive care and support and that their care and support needs are reviewed at least six monthly.

This is to comply with the Health and Social Care Standards which state: 'I am fully involved in assessing my emotional, psychological social and physical needs at an early stage, regularly and when my needs change' (HSCS 1.12).

This area for improvement was made on 3 December 2019.

Action taken since then

Focused COVID-19 inspection. This area was not assessed at this inspection.

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	3 - Adequate
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	3 - Adequate
7.2 Infection control practices support a safe environment for people experiencing care and staff	3 - Adequate
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	3 - Adequate

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