Pine Villa Nursing Home
Care Home Service

4 Hawthorn Gardens
Loanhead
EH20 9EE

Telephone: 0131 440 3324

Type of inspection:
Unannounced

Completed on:
5 March 2020

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Service no:
CS2005112999
About the service

Pine Villa Nursing Home is registered to provide a care service to 19 older people.

The service is located in Loanhead, Midlothian. The property is a converted and extended house and the accommodation is provided on two floors. A stair lift gives access to the upper floor. There are 13 single bedrooms, one of which is en-suite, and three twin bedrooms. We support the use of double rooms for people in relationships who choose to live together. The home has a garden and limited off-road parking at the side and rear of the house.

The provider of the service is Mansfield Care Limited. The service’s aims and objectives are:
“At Pine Villa, our care services are designed around the health and well-being of our residents. We provide personalised nursing care, practical support and social activities aimed at helping residents to lead as full a life as possible.”

What people told us

We met all of the thirteen residents living in the home during our inspection and respected the privacy of those who did not wish to share their views with us. Residents told us that they liked living in this home and felt that staff looked after them well. They told us that the home was comfortable and the meals were lovely.

We received five pre-inspection questionnaires from residents seven months before the inspection took place. Overall all reported that they were happy with the care and support they received in the home.

Some of the comments made by residents during the inspection were as follows:

“I’m happy here, I like the staff and I had good fun baking today.”

“I’m keeping fine thank you, I have no concerns about living here and I’m quite comfortable.”

“I’m happy here I like the staff and the good home cooking.”

“I’m comfortable here, I like the peace and quiet.”

We spoke with five relatives/carers who spoke highly of the staff and overall quality of care provided.

Some of the comments made by relative/carers were as follows:

“The overall care is good and my relative likes the staff but improvements could be made to the environment especially the toilet near the sitting room.”

“Dad is well looked after, he says he is comfortable and he never complains to us about anything.”

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?  2 - Weak

How good is our staffing?  4 - Good

How good is our setting?  2 - Weak

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

During this inspection we assessed how well the service was performing to support people’s wellbeing. We have assessed that the service was reaching a good level overall in that “there were important strengths which have a positive impact on peoples experiences and outcomes. However, improvements are required to maximise wellbeing”.

During our inspection we saw and heard considerate, compassionate and respectful relationships between staff and residents. There was a lot of natural, warm and kind interactions which residents responded positively to. We could also see where residents were listened to in giving their views, for example choices of meals and activities provided.

Relatives/carers also reported being treated with kindness and felt that staff provided a good quality of care to their relative.

The outcomes of our (Short Observational Framework for Inspection - 2nd edition) SOF1 2 observation indicated that staff spoke with people in a way which used gentle encouragement, reassurance and a kindly approach. This may help residents to feel included, valued and respected. However, some aspects of care provision needed to be improved to maintain the dignity of the residents. For example as found at the last inspection, some clothes, including personal items had not been labelled for the individual owner.

We also saw that wider aspects of service provision did not promote a respectful attitude towards residents which we have reported under “How good is our setting?”

At the last inspection we made an area for improvement relating to setting activity goals for each resident. This had not been fully implemented and we have repeated this area of improvement.

At this inspection we saw that each resident had an activity preference profile and activities provided covered most of these preferences. There were evaluations of levels of resident participation and enjoyment of activities which can be included as part of care plan reviews. We also saw that residents enjoyed and participated in various activities on one day of our inspection. We noted that the activity coordinator was skilled at engaging
residents and supporting them to participate in activities. However, the activity coordinator is only available in the home three days each week.

The home had good links with GP practices and district nurses and any health care advice from these professionals and others involved in resident care were included in individual care plans. This meant that residents’ health needs were monitored and relatives felt reassured that staff would contact GP’s for advice when needed. However, there were no reference in the care plans of two residents as to how staff should manage their specific health care needs. This is needed to ensure that staff deliver care appropriately. The manager confirmed that this would be attended to without delay. Subsequently the manager confirmed care plans had been updated therefore we have not made this an area for improvement. Also see “How well is our care and support planned?”

There was consultation with residents about menus and the chef was aware of residents’ dietary needs and food preferences which he catered for. Residents spoke highly of the meals provided in the home and no one had any complaints about the quality or choice of meals available. Where residents needed assistance with eating and drinking staff assisted at a pace which suited the individual. This helped to make dining a social and enjoyable time.

There were safe practices in place for the management of medicines. However, there were some gaps in the recording of topical creams and lotions. We also noted that the date of opening was not always noted on topical preparations which is important where preparations have a limited time for their use. See area for improvement 2.

Overall, whilst we identified areas for improvement needed to support peoples wellbeing residents and relatives had no concerns or complaints about the quality of the service.

Areas for improvement

1. The provider should ensure that each resident has sufficient opportunity to participate in meaningful activity. This could be demonstrated by agreeing weekly and monthly recreational goals with residents.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.25 which states: ‘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.’

2. The provider should ensure that all medication management follows best practice guidance including recording the date of opening on topical creams and lotions.

This is to ensure care and support is consistent with the Health and Social Care Standard 1.45 which states: ‘Any treatments or interventions that I experience is safe and effective.’

How good is our leadership? 2 - Weak

During this inspection we assessed how well the service was performing to ensure quality assurance and improvement was well led. We have assessed that the service was operating at a weak level as “there were some strengths identified but these were outweighed by significant weaknesses” and “without improvement as a matter of priority the welfare or safety of people may be compromised.”

Residents’ should expect that their experiences are continually evaluated so that, as far as possible, they are
provided with the right care and support. Therefore, it was good that the relatives reported that the new manager was making positive changes in the service including better communication and relationships with families. During the inspection a relative also told us that they thought care provision in the home was good but improvements could be made to the environment.

Quality audit systems were not being used effectively, however as the manager was new we felt that with support these systems would be able to inform the development of improvement plans.

However, some concerns identified at the inspection compromised dignified and respectful care and had the potential to place people at risk of harm. We have made this an area for Improvement. See Areas for Improvement 1. Also see “How good is our setting?”

We were advised that the home did not safe-keep residents’ finances and all financial transactions were completed between the provider head office and relatives/carers. However, we found three envelopes containing money in the medication cupboard. The manager confirmed that this would be attended to promptly, therefore we have not made this an area for improvement.

The manager had an overview of many aspects of the service including accidents and incidents and we discussed how these could be further improved to include if any changes had been considered to risk assessments and/or the care plan as a result of these events.

Overall, whilst we have identified that quality assurance needed to be improved we also acknowledge that the manager had only been in post approximately three months and has had little time to implement many changes.

Areas for improvement

1. The quality assurance systems need to be robust and effective to identify and address any areas where improvement is needed including but not restricted to cleanliness of the environment, equipment, maintenance and safe practices in infection control.

This is to ensure care and support is consistent with the Health and Social Care Standards which state that as a service user I experience a high quality environment.

5.16 - ‘The premises have been adapted, equipped and furnished to meet my needs and wishes.’
5.21 - ‘I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices’
5.22 - ‘I experience an environment that is well looked after with clean tidy and well maintained premises furnishings and equipment.’

How good is our staff team? 4 - Good

During this inspection we assessed how well the service was performing to ensure quality staff had been recruited well and staff had the right knowledge competence and development to care for and support people.

We have assessed that the service is reaching a good level in response to the question “How well is our care and support planned?”. We identified important strengths with some areas for improvement.

We examined two recruitment files at this inspection. In the file completed by the current manager all the relevant information was included. However, we did advise that it would be best practice to have more than one
person undertaking any recruitment interviews. See “Safer recruitment through better recruitment.” (SSSC/Care Inspectorate 2016) You can access this document here.  https://hub.careinspectorate.com/media/1608/safer-recruitment-through-better-recruitment.pdf

In the recruitment file completed by a previous manager there was significant information missing. We understand that this was for a promoted post for which an application and interview were not part of the providers’ recruitment policy. However, this information was provided after the conclusion of the inspection.

Residents, relatives/carers and staff felt that staffing in the home was adequate to meet residents care needs and spoke highly of the work of the staff.

The staffing provided in the home was informed by the outcomes of resident dependency assessments which evidenced that there were adequate care staff on duty to care for and support residents. However, we had concerns about staff multitasking as due to sickness absence there was a lack of dedicated laundry and housekeeping staff in the home.

The manager advised that care staff will often pick up the housekeeping role on their days off and we saw that on those occasions staff were wearing the domestic uniform and protective equipment such as gloves and aprons. However, during this inspection we saw care staff undertaking laundry duties without use of gloves and aprons then returning to their role of carer. This practice needs to be supported by policies and procedures to guide staff in the reduction of the spread of infection. Whilst we were told these policies were in place they were not used in staff practice.

“Also see how good is our setting”

Staff training records showed that for some staff, some time limited training was out of date. It was positive that this was being dealt with through staff supervision.

Systems were in place to show that staff were appropriately registered with regulatory bodies such as the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC). These were up to date and assisted the service to keep people safe and promote a professional staff team.

How good is our setting? 2 - Weak

During this inspection we assessed how well the service was performing to ensure people benefit from high quality facilities. We have assessed that the service was operating at a weak level as “there were some strengths identified but these were outweighed by significant weaknesses” and “without improvement as a matter of priority the welfare or safety of people may be compromised.”

The sitting/dining room was used by most residents during the day and this was where activities also took place. There was another newly redecorated sitting room where residents could sit or meet with visitors. There were both single and shared bedrooms some of which had recently been redecorated and refurbished. Residents were able to walk freely on the ground floor while assistance was needed to use the chairlift to upstairs and for residents to access the outdoors.

At the last inspection we noted that there were new signs on the bathroom and toilet doors in larger print. These were not in use at this inspection and we were advised that signage being fitted was to be more in keeping with the style of the home.
Bedrooms had been made more personal with residents’ own belongings including photographs, personal mementos and soft furnishings. Having these items at hand may also give residents a sense of comfort and reassurance. There were still some shared rooms in use and while we support residents’ rights to choose to share there were no written agreements from each party confirming they wished to share with each other. This was also discussed at the last inspection and should now be addressed. We have included this in a requirement about making improvements to the environment. See requirement 1.

However, we also saw that any quality assurance audits relating to the environment were not effective. We saw poor infection control practices, dirty equipment, furnishings and broken installations throughout the home and repairs which had not been attended to promptly. An inspection by an officer from the local authority Environmental Health team limited food preparation in the kitchen to a minimum until a temporary hot water supply was installed. This was a result of the boiler being broken since January 2020 and a new boiler was still to be installed. Arrangements for the installation of the new boiler was confirmed to us the day after the inspection concluded.

We asked that the area manager undertook a complete environmental audit to identify repairs and replacements of equipment, maintenance and cleaning needed in the home. An environmental action plan was provided following inspection but it was disappointing to see that this did not fully address all of the remedial work and repairs we identified as necessary.

There was no inventory of equipment in the service to confirm that safety checks in accordance with Lifting Operations and Lifting Equipment Regulations 1998. (LOLER)

The most recent inspection noted “all slings present” three slings checked. We saw four slings and one of these was not labelled for individual resident use. The manager confirmed that she will prepare an inventory of equipment, take the sling which was not checked, out of use and will assess residents for their own personal sling. Therefore, we did not make this an area for improvement but will follow-up at future inspections.

We asked about residents having access to the garden as there were stairs to the front of the property and wheelchair access was around from the rear of the property to the ground floor access. We were advised that residents did have access to the garden as staff facilitated this. However, we asked that consideration was given to improving the access to the outside space to ensure this is freely accessible for residents and will follow-up at the next inspection.

Whilst we noted that appropriate key pad locks were in situ for storage rooms such as the medication room and domestic supplies cupboard there was also key pad access to reach the manager’s office. This does not promote an “open door” policy and the manager being easily accessible to resident and relatives/carers. Consideration should be given to the office arrangements and or the need for key pad entry.

Overall, the poor environment, lack of appropriate attention to cleanliness, inadequate infection control and slow attention to repairs and maintenance has the potential to put residents, staff and visitors to the service at risk of harm. We have made requirement about this. See requirement 1.

Requirements

1. The provider must ensure that the environment is safe and service users are protected and that the accommodation and facilities are fit for use.
Timescale: To commence at the time of the inspection and be completed by 31 May 2020.

In order to achieve this, the provider must:

a) Implement cleaning regimes including "deep" clean of all areas of the care service and equipment used in the provision of care and identify staff members responsible for each aspect of cleaning.
b) Ensure that there is a system to monitor the effectiveness of the cleaning carried out.
c) Review all items used in care delivery and replace/repair those that are not fit for use.
d) Ensure staff follow best practice in infection control measures.
e) Ensure any maintenance and repair requests are attended to promptly.
f) Ensure people have privacy, dignity and a bedroom of their own by only using double rooms when two people specifically request this or are in a pre-existing relationship before moving into the home and want to share a room.

This is to comply with The Social Care and Social Work Improvement (Requirements for Care Services). Regulations 2011 SSI 2011/210 Regulation 10 (1) (2) a,b,d fitness of premises. Regulations 2011 SSI 2011/210 Regulation 4 (1) (a) - a requirement about health and wellbeing.

To ensure care and support is consistent with the Health and Social Care Standards which states:

5.21 - "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment."
5.26 - "As an adult in a care home I have my own bedroom that meets my needs but can share with my partner, relative or close friend."

How well is our care and support planned? 4 - Good

We have assessed that the service is reaching a good level in response to the question "How well is our care and support planned?" We identified important strengths with some areas for improvement.

Whilst the same care plan format was used there was good information in the care plans we looked at which helped us gain a sense of the individual’s identity. The clinical health needs of residents were assessed by trained nurses who were aware of residents’ needs and abilities. Personal preferences in care delivery was included in the care plan which is important to ensure that the care plan is right for the individual.

It was positive that the manager was auditing care plans and was supporting senior carers to contribute to care planning with the intention that they could take on a more active role in this area of care. However, in some instances the actions required as a result of the audit had not always been fully completed.

Information in care plans also indicated appropriate consultation with healthcare professionals. However, further improvement was needed to show how individual care needs were being supported.
Also see “How well do we support people’s wellbeing”

It was also positive that a health care professional considered that the effective implementation of a stress and distress care plan was of benefit to a resident.

Whilst there were consents in the care plans for example use of photographs there were no consents or clarity that residents wanted to share rooms.
Also see “How good is our setting” where we have made a requirement which includes this.
Evaluations and reviews of care plans needed to include the rationale used to determine if care plans needed updating. Personal preferences in care delivery was included in the care plan which is important to ensure that the care plan is right for the individual.

The manager had an overview of residents’ legal status to ensure residents’ legal rights were protected and the appropriate people could be contacted on behalf of each resident. This also helped to ensure that the views of residents or their representatives were sought and taken into account in care provision. However, one certificate needed to be updated which the manager confirmed she would follow-up. Therefore we have not made this an area for improvement.

Overall, we concluded that whilst aspects of care planning could be improved, staff knowledge of residents and involvement of health care professionals assisted staff to be responsive to residents care needs.

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 ensure that each resident has sufficient opportunity to participate in meaningful activity. This could be demonstrated by setting weekly and monthly recreational goals for residents.

This is to ensure care and support is consistent with the Health and Social Care Standards which states: ‘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)

This area for improvement was made on 7 December 2017.

Action taken since then

We saw that there was an activity preference profile for each resident and activities were provided to meet most preferences. However, there was no activity goals set for residents. This area of improvement was not fully met and we have repeated this area of improvement.

See “How well do we support people’s wellbeing?”

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?
- **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?
- **2.2** Quality assurance and improvement is led well: **2 - Weak**

### How good is our staff team?
- **3.1** Staff have been recruited well: **4 - Good**
- **3.2** Staff have the right knowledge, competence and development to care for and support people: **4 - Good**
- **3.3** Staffing levels and mix meet people’s needs, with staff working well together: **4 - Good**

### How good is our setting?
- **4.1** People experience high quality facilities: **2 - Weak**
- **4.2** The setting promotes and enables people’s independence: **2 - Weak**

### How well is our care and support planned?
- **5.1** Assessment and care planning reflects people’s planning needs and wishes: **4 - Good**
This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren’t good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànain eile ma nìthear iarrtas.

अनुरोधस्पेने के ऐ एकान्ताहल अना फॉर्माट एंड अन्याना भाषाएँ पाओया यायः

پیر اسلامت پر خواست کریں پہلے، شکوں اور دوڑنگا یا کسی کسی باقیہ نہ。

记述其为信息请求 disruptive 如何 且 索引 其他

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.