

Belgrave Lodge Nursing Home Care Home Service

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Edinburgh
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Telephone: 0131 334 9400

Type of inspection:
Unannounced

Completed on:
26 August 2020

Service provided by:
Dixon Sangster Partnership

Service provider number:
SP2003002440

Service no:
CS2003010613

About the service

Belgrave Lodge registered with the Care Inspectorate on 1 April 2011 as a care home for 33 older people. Nurses and care staff support and care for people living in the home. The home is in a quiet residential area of Corstorphine, Edinburgh with shops and other community services nearby. The home is close to main bus routes to and from the city centre. Accommodation is provided over three floors. The upper floors are reached by stairs or a lift. To access the sitting rooms and dining room people have to go to the ground floor as, apart from bathrooms, no other communal areas are on the first and second floor. There is one bedroom on the ground floor. The bedrooms have en-suite facilities. The home is set in grounds with a small car park at the side and an enclosed garden with seating at the rear of the home. The service is provided by Dixon Sangster Partnership ("the provider").

The services aims and objectives include: "...our goal is to help our residents achieve the best quality of life possible. We understand that one solution does not fit every situation so we take the time to listen and learn about each resident's needs and preferences." More information about the service is available on the Care Inspectorate website: www.careinspectorate.com and the provider's website: www.belgravelodge.com

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 from the Care Inspectorate.

What people told us

We spoke informally with six residents. Each expressed satisfaction with the care they received. People who could not share their views directly were seen to be comfortable with staff, often approaching them for support and reassurance.

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?	2 - Weak
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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?

2 - Weak

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

Our focus in this inspection was to establish if people's health and well being benefited from their care and support in relation to COVID-19. We also wanted to ensure that people experienced high quality care and support that was right for them. We evaluated this area of support as adequate. There were some strengths, but these just outweighed weaknesses.

People we spoke to acknowledged that their lives had changed since the start of the pandemic, and they missed their family and friends, but they were comfortable and well looked after within the home. People were encouraged to maintain contact with their relatives and friends using video calling and phone calls, which had helped people to feel less isolated.

Activities had continued within the home, including quizzes, crafts, watching movies and board games. People could choose to attend these if they wished, however these appeared to be repetitive and those who did not attend group activities in the communal areas were not encouraged to be involved in activities within their rooms. Some activities had been arranged within the garden of the home including a fun beach day. Garden visits had taken place, and these had been managed creatively.

Social distancing was difficult within some areas of the home, however within communal areas this had not been managed well. The manager agreed to improve the layout of communal areas and how these were used.

People's healthcare needs had been maintained during the pandemic with evidence that non-covid related issues had been dealt with promptly. Pain assessments had been completed, which ensured that people were supported with pain relief where required. We examined a sample of medication records, which showed that medication was being administered as prescribed. Discontinued medication had not been removed from medication administration records, which could cause confusion. The manager agreed to amend this. The home had continued to have positive relationships with health professionals, and this had benefited people's health.

We observed medication being administered during mealtimes within the communal dining room, which had detracted from the dining experience for people.

Care plans, including anticipatory care plans were in place, however people did not have any covid related support needs or wishes identified within these. This lack of relevant information on how the person should be supported during a covid outbreak could result in negative outcomes for the person.

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

Our focus in this inspection area was to establish if infection prevention and control practices supported a safe environment for both people experiencing care and staff. We found some strengths in this area, but these were outweighed or compromised by significant weaknesses.

People should experience an environment which is well looked after with a clean, tidy and well-maintained

premises, furnishings and equipment.

Overall, we found the environment to be visibly clean, however the service had no clear cleaning schedules in place and domestic staff were unaware of current guidelines for cleaning and the safe use of cleaning products. It is essential that enhanced cleaning is immediately introduced to mitigate against the risk of COVID-19 as well as other health risks transferred via contact transmission. This should be informed by enhanced, auditable cleaning schedules and include an increase in the frequency of cleaning communal surfaces to help reduce the risk of cross contamination.

Cleaning products used must align to current practice guidance. We could not be confident of this because no assessments had been carried out to ensure this was met. We further found that some cleaning products had been decanted into spray bottles and some were wrongly labelled. Cleaning materials were not being securely stored. These aspects increased the risk of harm to both residents and staff.

It is important that clinical waste including PPE is disposed of correctly following practice guidance. Clinical waste bins were only available in the sluice on each floor. We found PPE was being disposed of in general waste bins. This was not safe practice. The service needs to ensure that there are adequate clinical waste bins in place throughout the home.

We found that the service had no quality assurance processes in relation to the use of personal protective equipment (PPE). We found inconsistency in the use of face masks and observed two staff wearing non-surgical masks and some staff touching masks without carrying out hand hygiene. We found staff wore two pairs of gloves at a time, we asked the management team to review this and to follow practice guidance. We were concerned that residents and staff were at increased risk due to the lack of oversight, quality assurance and robust measures in place for managing infection prevention and control. (see Requirement 1)

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

People should have confidence in staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. We found the performance of the service in relation to staffing to be weak.

During our visit we saw that staff were available in numbers sufficient to meet people's needs. We observed some kind and respectful interactions between staff and residents. Residents commented positively about the staff team.

Staff we spoke with demonstrated an understanding of social distancing guidance, however, this was not always practised. This included when residents were being supported to queue up to use the dining room and living/dining areas where seats were positioned too close together to support social distancing. We discussed how this could be managed better by the removal of some chairs and the re-positioning of tables. It would also be important to ensure that staff monitor living areas to ensure residents are seated at safe distances.

Staff training could not be evidenced specific to the current COVID-19 situation and not all staff had up-to-date infection prevention and control training. Staff knowledge of safe infection prevention and control practices was inconsistent. The service needed to develop a planned approach to ensuring staff had the skills and knowledge to support residents' safely.

We heard that communication at times could be better, staff felt changes to guidance related to COVID-19

were not always explained. The management team were asked to make improvements in this area to ensure all staff were fully equipped with the knowledge and information they require to undertake their roles safely and effectively

The service did use agency staff; we saw some email contacts with agencies which discussed exclusivity of agency staff working at Belgrave. However, we would expect services to have contingency plans for staff shortages with risk assessments or protocols for the use of agency or other staff from outwith the home. This is to ensure that all senior staff are aware of how to source agency staff safely to reduce risks and minimise any possible transmission of COVID-19. (see Requirement 2)

Requirements

1. By 9 September 2020 you must ensure that people experience a safe and well looked after environment. In particular the service must ensure that effective arrangements are in place to prevent and control the spread of infection; and robust quality assurance systems are in place and implemented to ensure the environment is safe and well looked after, and any concerns are promptly identified with effective action taken to make the necessary improvements.

This must include:

- a) clear and auditable enhanced cleaning schedules
- b) audits of infection prevention and control measures
- c) ensure the safe use of appropriate cleaning materials.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My environment is safe and secure' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.' (HSCS 5.22).

This is also in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 4 (1) (a) and (d).

2. By 9 September 2020 the provider must implement and ensure quality management and assurance systems are in place that improve the continuous management of infection prevention and control.

This must include, but not be limited to:

- a) ensure staff are trained in infection control and COVID 19 practices and follow practice guidance
- b) develop a system to ensure that staff competencies are regularly assessed to determine that infection prevention and control measures are being implemented in line with current best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards 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); and: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19).

This is also in order to comply with Regulation 4(1) (a) and (d) welfare of service users Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 Areas for improvement

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

Requirements

Requirement 1

To ensure that people are supported to have their physical health needs met, by the 1 November 2019, the provider must review the basic health needs of all those living within the care service and ensure that there is an adequate plan in place to meet and implement appropriate care to meet those needs.

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

"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)

and in order to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011.

This requirement was made on 25 October 2019.

Action taken on previous requirement

Focused COVID-10 inspection. This area was not assessed at this inspection.

Not assessed at this inspection

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

To make sure people get the most out of life and their health is promoted, asking them about lifestyle preferences and aspirations and supporting them to achieve these is important. This could include, but not be limited to;

- i. Exploring with people what their wishes and aspirations are, include relevant assessments, but might also include different ways for people to express their aspirations, like a wish tree;
- ii. Making the most of the enclosed garden area and making it easily accessible to everyone by improving access to the garden;

- iii. Helping people do things that matter to them, for example access regular additional support over and above that provided by the home to enable people to get out more. Advocacy or a befriender may help ensure access is appropriately planned and financed; and
- iv. Using the skills of the staff to help improve people's experiences, such as facilitating more engagement between the chef and people experiencing care to help develop menu plans, review meal times, the activities coordinator could hold focus groups around different topics and nurses and carers could use a range of health and social care assessments to promote risk enablement.

This is in keeping with the Health and Social Care Standard's principle of wellbeing which states:

- * I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- * I am encouraged and helped to achieve my full potential.
- * I am supported to make informed choices, even if this means I might be taking personal risks.

And the standards which say:

I am confident that people are encouraged to be innovative in the way they support and care for me. (HSCS 4.25)

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)

I experience care and support free from isolation because the location and type of premises enable me to be an active member of the local community if this is appropriate. (HSCS 5.9)

This area for improvement was made on 31 October 2019.

Action taken since then

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

Previous area for improvement 2

To make sure people experiencing care, their relatives and the staff can help improve care and support there should be a culture where their ideas, suggestions and complaints are encouraged. This could include, but not be limited to;

- i. Making sure people appreciate that leaders have a commitment to wanting to hear what could be improved and actively encourage suggestions from everyone;
- ii. Holding regular meetings for different stakeholders;
- iii. Providing timely minutes of meetings with actions, timescales and responsibilities detailed. Actions should be evaluated at subsequent meetings;
- iv. Encouraging feedback using a variety of ways from people experiencing care, their relatives and staff on aspects of the care home, this should include questions about choice for showering/bathing/meal times. How to seek feedback might include having a box for suggestions and complaints within the home, undertaking focus groups or sending out questionnaires;
- v. Undertaking self-evaluation using the Quality Framework for Care Homes for Older People and Health and Social Care Standards, sharing findings with people and staff and developing an improvement plan with them.

The Health and Social Care Standards states:

My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions. (HSCS 2.11)

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 31 October 2019.

Action taken since then

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

Previous area for improvement 3

To reassure people that staff caring for them have enough time to care for them; numbers of staff and needs and wishes of people should be regularly reviewed. This could include, but not be limited to;

- i. Develop an effective process for assessing how many staff hours are needed at peak times;
- ii. Aiming to have more staff trained at the enhanced level of the Promoting Excellence Framework for Dementia;
- iii. Reviewing morning and evening staffing levels and considering other ways to improve staffing levels by exploring roles, call systems for people when downstairs and use of SMART technology to alert staff; and
- iv. Evaluating the adjustments in staffing levels which should include seeking feedback from people experiencing care about how well staff are caring and supporting them.

This is in keeping with the Health and Social Care Standards, standards which say:

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)

My needs are met by the right number of people. (HSCS 3.15)

People have time to support and care for me and to speak with me. (HSCS 3.16)

I am confident that people respond promptly, including when I ask for help.
(HSCS 3.17)

I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty. (HSCS 3.18)

This area for improvement was made on 31 October 2019.

Action taken since then

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

Previous area for improvement 4

To make sure people's assessment and planned care reflects things that are important to them they should be involved and central to planning their care and support. People should feel like the plans belong to them and influence who else can access the plan. They should be kept with the person unless they do not wish this. Improvements in the plan should include, but not be limited to:

- i. helping people to maintain hobbies;
- ii. promoting people's independence;
- iii. recognising strengths and how to support people to maintain abilities or gain new skills/confidence; and
- iv. addressing what is important to the person within the plan.

The Health and Social Care Standards states:

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)

My future care and support needs are anticipated as part of my assessment.
(HSCS 1.14)

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)

This area for improvement was made on 31 October 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?	2 - Weak
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	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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