

Springfield Bank Nursing Home Care Home Service

36/38 Cockpen Crescent
Bonnyrigg
EH19 3PN

Telephone: 0131 660 5060

Type of inspection:
Unannounced

Completed on:
11 February 2021

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300760

About the service

Springfield Bank Nursing Home provides care and accommodation for up to 70 older people. The provider is HC-One Limited. At the time of inspection, 37 people were residing in the home.

The home is situated on the outskirts of Bonnyrigg in Midlothian. Accommodation is within two units named Dalhousie and Pentland. All of the care home is on a ground floor, around a fully enclosed courtyard garden. Each unit has its own dining and lounge areas. Some of the sitting rooms have patio doors to the garden.

All bedrooms have en-suite toilet and hand basin facilities. Bathing facilities and additional toilets are available throughout the home.

An extract from the philosophy of care states, that the aim of the provider is to be "the provider of the kindest homes in the UK with the kindest and most professional staff, where each and every one matters and each and every one can make a difference. We will strive to provide all our residents with the highest standards of individualised care. We will do this within a warm, friendly, homely and supportive environment, where quality of life is paramount and where residents' rights, habits, values and cultural background are safeguarded and respected".

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.

What people told us

We met eight people experiencing care during our inspection and spoke with five. However due to frailty and or communication difficulties not everyone could share their views with us. A number of people residing in Dalhousie unit were also self-isolating in their rooms and we therefore did not spend time with them.

Two people we spoke with told us they were very happy living in the home and that the staff spent time with them "having a chat". One person told us that she "felt great at the moment". All the people we met, when asked, said the staff were very good. We saw people engaged with staff in one to one craft activities. People living in the home were relaxed in staff company, felt confident in making any requests, which were promptly responded to. It was clear that the more established staff knew the peoples' likes and dislikes well and were sharing their knowledge with newer staff.

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?	4 - Good
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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?

4 - Good

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

There was kind and compassionate interactions between staff and residents. Staff regularly interacted with people who were self-isolating in their rooms. Staff were responsive to people's changing health needs.

Arrangements were in place to update families about their relative's care. People were also supported to maintain contact with family and friends using technology. Essential visits were supported in line with guidance.

Staff kept relatives updated about residents' wellbeing and also contributed to care planning reviews. Personal plans were in the process of being updated. The ones which were completed were well written, outcome based and reflected people's rights, choices and wishes as well as their changing needs during the COVID-19 pandemic. There was well documented support for stress and distress, anticipatory care planning and end of life plans. The plans were accessible for staff and other health professionals, helping to ensure people received appropriate care and support.

Staff were familiar with COVID-19 procedures, reflecting on current national guidance and best practice. Staff were updated on changes to practice and staff we spoke with confirmed this.

People had regular access to drinks and snacks and were supported if needed to enjoy these. There were enough staff to provide individual prompting and support to people during meal times. This was especially important as several people were isolating in their rooms in Dalhousie unit.

Although it should be noted that at the time of inspection there were only 37 people residing in the home, we saw care that reflected peoples' choices and that was compassionate and caring.

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

The home had good supplies of personal protective equipment (PPE) and staff knew how to access it. The PPE was situated at key points throughout the care home making it readily available at point of use. PPE includes the wearing of masks by staff and visitors in all parts of the home. We saw staff and visitors (maintenance/professionals) wearing masks.

The home was clean, tidy, free from clutter and promoted social distancing well. There were enhanced cleaning schedules and all staff received training in infection prevention and control. Staff used PPE appropriately. Staffing levels were sufficient to meet people's health and wellbeing needs.

Staff were performing hand hygiene appropriately to help prevent cross infections.

There was a good supply of cleaning equipment, products and solutions which met the guidance set by the Scottish Government during the pandemic. Domestic staff understood the products they needed to use for effective infection prevention and control. The laundry staff were well organised, with a clean and tidy laundry area.

Waste including clinical waste was managed appropriately in the home.

Government guidelines and processes were followed and there was regular testing for staff.

Staff were able to recognise and respond to any changing health needs of people. They were familiar with

signs and symptoms of COVID-19, including following reporting procedures and contacting Health Protection Teams. This helped to prevent the spread of infection.

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

Staff had undertaken infection prevention and control training and assessment of competency was completed. Newly appointed staff had completed this or were in the process of doing so. Established staff modelled good practice to newer ones.

Staff felt supported and no one had any concerns about staffing levels, access to PPE, equipment, or cleaning materials.

Staff were kept up to date with current guidance through daily briefings. Recording of the briefings and reintroduction of team meetings would help remind staff and make sure their practice keeps people safe.

A dependency tool was used to ensure that staffing reflected the needs of people living in the home.

Recruitment of permanent staff was ongoing to fill the current vacancies. There were protocols and risk assessments for the use of temporary staff. This included information about other services where staff had worked and testing arrangements to prevent the possible transmission of COVID-19.

The provider had a contingency plan in place which included staffing, and a business continuity plan with an associated action plan in the event of a COVID 19 outbreak.

There were quality assurance processes in place. The last audit had been completed in October 2020. This identified several areas for improvement in the home. We found that actions were being addressed where improvements had been identified. This is an ongoing process that's would be followed up at the next audit in April 2021.

In summary , at inspection, we saw a staff team who worked well together and who came across as having a genuine caring attitude to the people living in the home.

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

Requirements

Requirement 1

The provider must demonstrate that the service has systems in place, to ensure that the needs of the individual resident are regularly assessed, monitored and adequately met. In order to do this you must:

- Ensure that planned support is fully implemented when people have specific health needs including, in communication, pain, falls, moving and handling, nutrition and skin care.
- Ensure that managers monitor and audit of health needs robustly.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

National Health and Care Standards:

1:19 My care and support meets my needs and is right for me.

1.24 Any treatment or intervention that I experience is safe and effective.

Timescale: To be completed by 1 April 2020.

This requirement was made on 26 November 2019.

Action taken on previous requirement

This requirement was not reviewed fully as this was a COVID-19 focused inspection. We did see progress in the completion of personal planning, however the point of inspection not all of these had been fully updated. This requirement is carried forward.

Not assessed at this inspection

Requirement 2

Medication must be managed, in a manner that protects the health and well-being of service users. In order to achieve this you must:

- Ensure that all medication is administered, as per the instructions of the person authorised to prescribe or discontinue a medicine.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: Welfare of users 4. - (1) A provider must - (a) make proper provision for the health, welfare and safety of residents.

National Health and Social Care Standards:

1.24 Any treatment or intervention that I experience is safe and effective.

Timescale: This should be complied with by 1 April 2019.

This requirement was made on 26 November 2019.

Action taken on previous requirement

A full audit had been undertaken by the deputy manager of medication. This included any actions, completion dates for these and follow up. Marr sheets sampled met best practice and medications were appropriately administered.

Met - outwith timescales

Complaints

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

Detailed evaluations

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.1 People's health and well being are supported and safeguarded during the COVID-19 pandemic	4 - Good
7.2 Infection control practices support a safe environment for people experiencing care and staff	4 - Good
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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