

Blackfaulds House Nursing Home Ltd Care Home Service

Westfield Road
Avonbridge
Falkirk
FK1 2JZ

Telephone: 01324 861 406

Type of inspection:
Unannounced

Completed on:
17 March 2021

Service provided by:
Blackfaulds House Nursing Home Ltd

Service provider number:
SP2003002442

Service no:
CS2003010615

About the service

Blackfaulds House Nursing Home is registered to provide care to 25 Older people. The provider is Blackfaulds House Nursing Home Ltd.

Blackfaulds House is situated on a bus route between Bathgate and Falkirk within proximity to Westfield, Avonbridge and Armadale in West Lothian. The service is a former farmhouse and is set in pleasant, landscaped gardens to the front and side of the building. The building has been extended to provide the present accommodation which is all on one level. Parking facilities are available.

Bedrooms are for single occupancy, but some have the capacity to provide shared accommodation for couples. Some bedrooms have en-suites, some with bathing facilities. There are communal toilets and two assisted bathroom/shower rooms available for residents. There are kitchen facilities and a staff room in the building. Laundry amenities are in a building in the grounds. There are two sitting rooms and a dining room for residents' use.

The service aims and objectives include: "To provide a quality of life which enables residents to retain their independence, identity and sense of value; provide physical and emotional support to residents, family/friends while involving relatives and friends in day-to-day affairs of the residents."

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 and Healthcare Improvement Scotland.

What people told us

We spoke to ten of the 21 people experiencing care during our inspection. However, due to frailty and/or communication difficulties, not everyone could share their views with us. One person we spoke with told us:

"It's friendly here" and "the food's good."

All the people we spoke with said the staff were "great" and that they were friendly. They also told us:

"The food's good."

We saw people engaged in group activities. People in the home were relaxed in staff company and that the staff team were knowledgeable about the people they support.

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 wellbeing are supported and safeguarded during the COVID-19 pandemic.

There were kind and compassionate interactions between staff and people. Staff regularly interacted with people who were being supported in their rooms. We spoke with relatives who were visiting, and they told us that they "felt reassured when they went home. The carers know them so well."

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. Visits were supported in line with guidance.

Personal plans were up to date 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. However, we discussed with the manager the development of mini care plans. This was in case they need more staff that were unfamiliar of the people they support, should they experience an outbreak of COVID-19, 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.

People had regular access to drinks and snacks and were supported if needed to enjoy these. Staff provided individual prompting and support to people during mealtimes.

Communal areas were adapted to support people to maintain social distancing. The main sitting room was light and bright. There were two other areas that were smaller which provided a quieter area for those that could become more distressed in a larger group.

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

There was sufficient personal protective equipment (PPE) available and stored appropriately throughout the home. Staff had been trained in COVID-19 procedures and infection prevention and control (IPC).

The home was clean, tidy, free from clutter and staff arranged furniture and promoted social distancing well. There were enhanced cleaning schedules and all staff had received training in infection prevention and control. Staff used PPE appropriately.

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.

Staff and the people they support were performing hand hygiene appropriately. This helped to prevent cross infections.

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. Established staff modelled good practice to newer ones.

Staff were kept up to date with current guidance through regular briefings. These were recorded to help remind staff and make sure their practice kept people safe.

Staffing was responsive to the needs of the people they support. Appropriate dependency assessments were completed on a regular basis to ensure this was the case.

Staffing was consistent and the use of agency staff was limited. However, there were protocols and risk assessments in place, should these be needed. The provider had a contingency plan in place which included staffing, with an associated action plan in the event of a COVID-19 outbreak.

There were quality assurance processes in place. These identified several areas for improvement in the home. We found that actions were being addressed in a timely manner where improvements had been identified. This is an ongoing process that would be followed up at the next inspection.

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

Requirements

Requirement 1

By 30 October 2018, the provider must ensure that the premises are suitable for achieving the aims and objectives of the care service. In particular:

- a) ensure equipment such as wheelchairs, shower chairs, easy chairs, pressure relieving cushions and bedrail bumpers are clean and fit for purpose;
- b) provide the Care Inspectorate with a refurbishment plan detailing how the following will be achieved and timescales, sufficient bathing and showering facilities, secure garden area, upgraded laundry facilities; and
- c) ensure sufficient managerial oversight of the quality of the premises and equipment.

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

'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); and

'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16).

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)(b) and 10(a).

This requirement was made on 17 August 2018.

Action taken on previous requirement

The provider had ensured that premises were suitable to achieve the aims and objectives of the home. Equipment was clean and fit for purpose. The refurbishment plan was ongoing with clear guidelines of what still needed to be completed with timescales to identify when this would be completed. There was good oversight of this, both from the manger and the operational management.

Met - outwith timescales

Requirement 2

By 30 October 2018, the provider must ensure that persons employed in the provision of care have the skills necessary for the work they are to perform in the service. They must:

- a) devise a staff training programme;
- b) deliver training timeously;
- c) assess the competency of all staff in respect of their knowledge and skills to provide residents' needs;

- d) where staff do not have the skills required for the work they perform, plan and implement appropriate training; and
- e) develop and implement a system to assess and improve the effectiveness of any training received in practice within the service.

This is to ensure 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 and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

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 9(2)(b) and 15(b).

This requirement was made on 17 August 2018.

Action taken on previous requirement

Staff had the appropriate training to ensure they met the needs of the people they support. There was a clear training plan that was being delivered in a timeously manner. Documentation identified that staff were being observed in their practice and any issues were easily identified and supported as and when needed. For staff who were unable to perform at a specific level, support and supervision was put in place to ensure they remained a valued part of the team.

Met - outwith 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 review how meals are served at the service to ensure residents enjoy unhurried snacks and meals in a relaxed atmosphere.

- a) Snacks and drinks are available out with set mealtimes and residents are supported to access these.
- b) Visual meal choices are offered at mealtimes to residents who need this support.
- c) Staff are appropriately deployed and skilled to support residents at mealtimes.

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

'I can choose suitably presented and healthy meals and snacks, including fresh fruit and vegetables, and participate in menu planning.' (HSCS 1.33); and

'I can enjoy unhurried snacks and meals in as relaxed an atmosphere as possible.' (HSCS 1.35).

This area for improvement was made on 17 April 2019.

Action taken since then

Meal service had been reviewed and a new regime had been implemented. There were two sittings for both lunch and evening meals. This enabled the staff team to support the people who required assistance to eat as and when they needed it. A menu plan was at the entrance to the dining room with pictures to identify what was for each meal. Snacks and drinks were available outwith set mealtimes with residents supported to access these when needed.

Previous area for improvement 2

The provider should ensure that medications are managed in a way that makes sure that residents get all the medicines they need. In particular, ensure:

- a) the application of topical creams is consistently recorded;
- b) carer notes on the reverse of the MARs (medication administration recording sheets) should be fully completed when appropriate to record why medication is given and the effect;
- c) accurately completed documentation to record the location of medication patches; and
- d) fully implemented audit systems are used to monitor medication management and staff practice.

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

'I experience high quality care and support based on relevant evidence, guidance and best practice.' (HSCS 4.11); and

'If I need help with medication, I am able to have as much control as is possible.' (HSCS 2.23).

This area for improvement was made on 17 April 2019.

Action taken since then

We were unable to gather enough information to review this area for improvement.

Previous area for improvement 3

The provider should progress all staff supervision sessions and team meetings to make sure that staff have a structured opportunity to discuss their work practice and be supported to follow their professional and organisational codes.

This is to ensure 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 and are able to reflect on their practice and follow their professional and organisational codes.' (HSCS 3.14).

This area for improvement was made on 17 April 2019.

Action taken since then

There was a clear overview of staff supervision displayed in the nurses' office. There were regular team huddles. Team meetings were limited due to COVID-19 restrictions, but we could observe there was clear communication between the staff and the management team.

Previous area for improvement 4

The provider should ensure that the staff duty rota accurately reflects the total number of staff working in the service each day to meet the health, welfare and safety needs of residents.

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

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

This area for improvement was made on 17 April 2019.

Action taken since then

We observed four weeks of duty rotas and we were reassured that the duty rota could reflect the total number of staff working in the service each day. This, along with the dependency tool, enabled the manager to ensure the knowledge and skills of the staff could meet the needs of the people they support.

Previous area for improvement 5

The provider should develop residents' care plans to ensure these are right for each person and set out how needs will be met as well as wishes and choices. Plans should:

- a) reflect all aspects of residents' care including wound care, nutrition, continence, oral healthcare and social interests;
- b) be updated when care needs change or following care reviews, accidents and incidents;
- c) the evaluation of care plans should take account of other records, such as fluid charts. Charts should be accurately completed;
- d) fully implement the audit system to monitor the accuracy of plans; and
- e) include copies of certificates of legal powers in operation should be kept in residents' files.

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

'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 17 April 2019.

Action taken since then

Support plans had been developed for each person to ensure that they contained information that would guide staff to support people with all elements of their health and wellbeing. Information included anticipatory care with good information to identify a person's wishes should their health deteriorate. Plans had been reviewed monthly and information was identified if needs had changed. Audits were being completed to identify any issues and updates that were needed. Copies of legal documentation was included and where these were missing there was a plan regarding how to obtain these.

Previous area for improvement 6

The provider should develop a robust and transparent quality assurance process to ensure that residents benefit from a culture of continuous improvement. To do this, the provider should:

- a) collate all information gathered from audits, meetings and surveys;
- b) devise action plans to implement any areas identified for improvement;
- c) work through devised action plans;

- d) re-visit action plans to ensure that they have been completed; and
- e) feedback the outcomes to those who they gathered the information from.

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

'I benefit from a culture of continuous improvement with the organisation having a robust and transparent quality assurance process.' (HSCS 4.19).

This area for improvement was made on 17 April 2019.

Action taken since then

Quality assurance had been developed to enable the manager to have a good oversight of all information collated from audits, meetings and surveys. Where there were areas to develop, there was an action plan in place with a timeline to enable this to be completed in a timely manner. Action plans were in place that were regularly reviewed, and identified timelines for completion and responsibility of who was to complete these.

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 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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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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