

Redmill Nursing Home Care Home Service

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East Whitburn
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Type of inspection:
Unannounced

Completed on:
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Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300850

About the service

Redmill Nursing Home is registered to provide a care service to 68 older people. The service is owned and managed by HC-One Limited.

The service is situated on the outskirts of East Whitburn, adjacent to a small private housing estate. The accommodation is a purpose-built, single storey building, situated in private grounds with a central courtyard garden. All bedrooms are for single use and have en-suite facilities. The home is divided into two units, Forth and Clyde, each with its own entrance from the main hallway. Each unit has its own sitting rooms, dining room, communal toilets and bathrooms. There is a separate kitchen, laundry, staff room, hairdresser and offices within the home.

The provider's mission statement includes: "We want HC-One homes to be the kindest homes in the UK, with the kindest and most professional staff, where each and everyone matters and each and everyone can make a difference."

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.

The inspection was carried out by inspectors from the Care Inspectorate.

What people told us

We obtained views from several people living in the home. Feedback from people was very positive and we heard many comments about staff being kind and the food being enjoyable. We also heard that people felt bored and needed more things to do.

We spoke by telephone to five relatives and in person to two relatives who were visiting.

Some of the comments from people were:

"I would like to do some arts and crafts, there's nothing much to do, just watching telly a lot of the time".

"I didn't like it here at first, but you get used to it, it's my home now so I suppose I have settled in. The staff are nice, they are busy though".

"My mother loves it here, she can't praise this home enough".

"My wife and I are treated with dignity and respect".

We also heard that relatives had noticed a lot of changes to staff over recent months but that people felt communication was overall good.

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?	3 - Adequate
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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 well do we support people's wellbeing?

3 - Adequate

People have the right to high quality care and support that is right for them.

We found that overall, people were receiving care and support that met their needs.

Where specialist input was required to support people's health and wellbeing this was accessed and the staff team worked well together to ensure any actions were carried out. We did note that there should have been a referral made for a resident following an incident that had not been actioned, we raised this with the leadership team who remedied it right away.

Where people required specialist equipment this was used to help ensure their comfort and wellbeing. We observed how staff provided one to one time to people who required this to ensure their hydration needs were met. This was done in a kind and caring way and offered an enjoyable opportunity for conversation.

On the first day of our visit an entertainer came to the home and staff helped residents fully enjoy this. People told us that they often felt bored, and would like more planned and organised activities and things to do. We heard how the provider had employed an activity worker who was due to start in post soon after we inspected, and staff at all levels were excited about this and what this would mean for residents.

People were supported to have safe visits from relatives in line with Scottish Government Open with Care guidance. Additionally, some people were being supported to go outwith the home with their relatives for outings or home visits, which was greatly benefitting people's wellbeing.

Staff worked extremely hard to meet people's needs, and residents and relatives recognised this as well.

There were not enough nurses employed in the home, due to shortages of nurses across the sector. The provider had brought in agency nurses at times and were developing and promoting the nurse assistant role, for care staff to help balance out these shortages.

We looked at medication administration records. We saw that overall, medication was well managed, however there were still some gaps in the recording of topical medication. The service had a previous area for improvement around this and we will repeat this. See area for improvement 1.

We could see how the shortages and lack of consistent nursing impacted on aspects of care, in particular in ensuring consistency in care planning and recording. However, we felt confident that staff knew people's needs well. Staff were able to describe how people's backgrounds and history impacted on their care needs now, for example, in what type of techniques worked well to help reduce stress and distress. The manager needs to ensure that care records are completed and maintained consistently to reduce the risks to people from information not being correct and up to date. The service has some existing areas for improvement that focus on this element of care provision which we have incorporated into one area for improvement. See area for improvement 2.

Areas for improvement

1. In order to ensure that service users receive the medicines they need to improve or maintain their health, the provider should:

a) Ensure a consistent approach to the recording of the application of service users' topical creams.

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

- Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

- My care and support meets my needs and is right for me. (HSCS 1.19)

2. The provider should ensure that service users' personal plans are right for them and set out how all aspects of their care and support needs will be met, as well as their wishes and choices. Particular focus should be on, but not limited to:

a) Ensuring plans reflect all aspects of service users' care including how those who experience distress reaction are supported,

b) Ensuring plans contain accurate and up-to-date information that reflects service users' care needs

c) Ensuring the evaluation of the care and support provided is meaningful and takes account of other records, such as positional changes, application of topical creams and information contained in daily records

d) Where appropriate an exercise/maintaining independence care plan should be developed for those service users with Parkinson's disease.

e) Where appropriate a record should be kept to help staff be aware of the potential side-effects of medications, so that staff can monitor for these, and take and record any appropriate action required.

f) Staff should have enough time to read, understand and contribute to care plans for residents.

g) Fully implementing the audit system to monitor the accuracy of plans to make sure people's care is right for them.

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

- 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)

- Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

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

3 - Adequate

The service had made further improvements since the last follow up inspection. The management team had been in place for a few weeks when we inspected, and we were pleased to see proactive steps had been taken to make things better.

Infection control practices were much more robust, with appropriate PPE and disposal facilities around the home. Housekeeping staff were knowledgeable about ensuring proper cleaning processes were carried out, records kept and the home was visibly clean and tidy, despite a significant amount of refurbishment being

underway. Social distancing was being employed much more effectively, in particular at meal times, and we saw that staff focused on providing one to one interactions with people where needed.

People were supported by staff to maintain contact with family and relatives and indoor visiting was underway. The service was working in line with the Scottish Government Open with Care guidance to support more flexible safe visiting, and this had been supported by the development of visiting co-ordinator role for designated care staff. This meant that delivery of care was not necessarily compromised by the additional pressures put on the service from supporting visitor testing and managing visits.

The management team were continuing to develop and enhance quality assurance systems to support the ongoing improvement across the service.

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

Requirements

Requirement 1

In order to ensure that there are appropriate procedures for the prevention and control of infection, the provider must:

- Ensure accessibility of hand sanitiser at PPE stations or on staffs persons;
- Ensure suitable disposal facilities are provided throughout the home that comply with infection prevention and control guidance for care homes: specifically that all bins are operated by foot pedals;
- Ensure proper disposal of continence aids in line with infection prevention and control procedures;
- Ensure equipment in bathrooms is properly and effectively cleaned after use;
- Ensure hand hygiene support for residents is carried out regularly and effectively and any contaminated products are appropriately disposed of.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social care standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

Timescale for completion - 30 June 2021.

This requirement was made on 24 May 2021.

Action taken on previous requirement

The home was clean and tidy.

PPE facilities were provided at stations throughout the home, and hand sanitiser was available for use throughout and on staff's persons. Disposal facilities were compliant with best practice and were working properly.

We saw that sluice areas were well maintained and clean and free from clutter, communal equipment/ equipment in bathrooms was also clean and labelled to show when it had last been cleaned.

Residents were supported with hand hygiene.

This requirement is met.

Met - within timescales

Requirement 2

People experiencing care must be confident they are cared and supported by staff who are trained, competent and skilled and follow their professional and organisational codes and standards.

In order to ensure good outcomes for people experiencing care, the provider must, by 31 March 2021, ensure that:

- (a) All staff receive training in infection control procedures, palliative care, food and nutrition.
- (b) Records are maintained detailing which training events have been attended and by whom.
- (c) A system to evaluate how the learning from the training is implemented in practice and incorporates changes needed, is also put in place and implemented.

The Health and Social Care Standards (HSCS) have been taken account of in making this requirement. In particular, HSCS 3.14 which states 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".

This is in order to comply with:

Regulations 4(1)(a) and 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 10 November 2020.

This requirement was made on 10 November 2020.

Action taken on previous requirement

We saw that compliance with training on palliative care and food and nutrition was very high with all staff having completed infection prevention and control training.

We saw that competency observations were carried out to support staff with their learning and practice, and one member of staff who had recently completed this was positive about how she had learned additional tips from having an observation carried out and receiving feedback on her practice. We advised the manager that it was important to ensure records reflected this additional learning.

This requirement is met.

Met - outwith timescales

Requirement 3

People experiencing care should receive the care and support they needed to eat and drink well.

- Food and fluids must be available to people throughout the day and night.

This is consistent with 1.34 "If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected" (Health and Social Care Standards).

This is 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 (SSI 2011/210).

This requirement was made on 10 November 2020.

This requirement was made on 10 November 2020.

Action taken on previous requirement

Fluids and snacks were available to people in lounges or in their bedrooms.

The approach taken within the service was to utilize clinical judgment of nurses and knowledge of care staff in assessing the need for a fluid chart, unless instructed by a medical professional. On observation of practice within the home, promotion of hydration was good, with people supported continually throughout the day to have fluids and refresh drinks.

We observed how staff supported people to have ice lollies when it was a particularly warm day, and one to one support was given to a lady who required full assistance with this. This not only promoted hydration but was also a warm and caring interaction between her and staff who assisted her. This interaction took time, but was not rushed and really benefitted the resident.

This requirement is met.

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

1. People have the right to receive care and support that is responsive to their needs and follows best practice.

The manager should ensure that attention is paid to the risk of cross infection as staff move from person to person at meal times.

We observed warm and caring interactions between staff and people living in the home. Staff carried out good hand hygiene prior to the meal service. They then applied gloves and did not carry out any further hand hygiene or glove changes. During the meal staff were touching people's hands, rubbing their backs and hair with no changes in gloves or hand hygiene.

This is to ensure care and support is consistent with the Health and Social care standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This area for improvement was made on 24 May 2021.

Action taken since then

The manager had taken action to improve staff practice in relation to hand hygiene during the meal service.

- Residents were supported safely with hand hygiene prior to their meals.
- Staff were no longer wearing gloves and were overall performing hand hygiene throughout the meal service when going between residents. This should be regularly reiterated and revisited as part of meal time audits to ensure continued good practice.

This area for improvement is met.

Previous area for improvement 2

The provider should ensure that service users are treated with dignity and respect in all aspects of their care.

In particular, furnishings and personal belongings should be appropriately maintained:

- a) All furnishing and equipment including easy chairs and bedrail bumpers should be clean and fit for purpose.
- b) Personal belongings, including clothing and oral hygiene equipment, should be respectfully and carefully maintained.
- c) Continence aids should be discreetly stored to protect service users' dignity.

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

- I am respected and treated with dignity as an individual. (HSCS Principles - Dignity and respect)
- I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment. (HSCS 5.22)

This area for improvement was made on 4 October 2018.

This area for improvement was made on 4 October 2018.

Action taken since then

The home continued to be well maintained with a refurbishment program well underway and people living in the home feeling really positive about the improvements being made to communal areas. There was no evidence of personal belongings in bathrooms, and we did not find any continence aids stored inappropriately, equipment was clean and intact, labelled/named.

This area for improvement is met

Previous area for improvement 3

In order to ensure that service users receive the medicines they need to improve or maintain their health, the provider should:

- a) Ensure a consistent approach to the recording of the application of service users' topical creams.

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

- Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)
- My care and support meets my needs and is right for me. (HSCS 1.19)

This area for improvement was made on 4 October 2018.

This area for improvement was made on 4 October 2018.

Action taken since then

We continued to see gaps in the recording of administration of topical creams. This area for improvement has been repeated. See main report area for improvement 1.

Previous area for improvement 4

The provider should ensure that service users' personal plans are right for them and set out how all aspects of their care and support needs will be met, as well as their wishes and choices. Particular focus should be on:

- a) Ensuring plans reflect all aspects of service users' care including how those who experience distress reaction are supported.
- b) Ensuring plans contain accurate and up-to-date information that reflects service users' care needs.
- c) Ensuring plans are updated when care needs change or following care reviews, accidents and incidents.
- d) Ensuring the evaluation of the care and support provided is meaningful and takes account of other records, such as positional changes, application of topical creams and information contained in daily records.
- e) Ensuring care charts, such as the application of topical creams, are accurately completed to make sure that the care provided fully meets people's needs.
- f) Fully implementing the audit system to monitor the accuracy of plans to make sure people's care is right for them.

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

- 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)
- Any treatment or intervention that I experience is safe and effective. (HSCS 1.24)

This area for improvement was made on 12 September 2019.

This area for improvement was made on 12 September 2019.

Action taken since then

There are elements of this area for improvement that have been met, for example ensuring care plans are updated following incidents or accidents. Given that there are a number of areas for improvement that all relate to care planning, we have repeated this area for improvement, along with the others below into one overall area for improvement, to help the management team focus their efforts in relation to this. See main report area for improvement 2.

Previous area for improvement 5

Where appropriate an exercise/maintaining independence care plan should be developed for those service users with Parkinson's disease.

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

- My care and support meets my needs and is right for me. (HSCS 1.19)

This area for improvement was made on 27 March 2019.

This area for improvement was made on 27 March 2019.

Action taken since then

We did not see sufficient progress in this area. Given that there are a number of areas for improvement that all relate to care planning, we have repeated this area for improvement, along with the others below into one overall area for improvement, to help the management team focus their efforts in relation to this. See main report area for improvement 2.

Previous area for improvement 6

The provider should ensure staff are aware of the potential side-effects of medications, monitor for these, and take any appropriate action required. The provider should also ensure this is documented appropriately in care plans.

This is in order to comply with:

Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This area for improvement was made on 9 October 2019.

This area for improvement was made on 9 October 2019.

Action taken since then

We found mixed evidence of this. Some care plans contained good detailed information about potential/likely side effects, others had none.

Given that there are a number of areas for improvement that all relate to care planning, we have repeated this area for improvement along with the others below into one overall area for improvement, to help the management team focus their efforts in relation to this.

Previous area for improvement 7

In order to ensure good outcomes for people experiencing care, the manager must ensure that staff have time to carry out care and support assessments and develop care plans, which are accurate and up to date. Staff delivering care should have time to read and understand how care and support should be delivered. The manager should be confident that there are effective systems in place, to enable staff to gain the knowledge and information they need to deliver responsive and person centred care.

This is in order to comply with:

Health and Social Care Standard 3.14: 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.

This area for improvement was made on 3 January 2020.

This area for improvement was made on 3 January 2020.

Action taken since then

We found inconsistent practice in regards to the quality of care plans across the home and we could see that staffing levels, especially with regards to nursing staff, were impacting on this.

Given that there are a number of areas for improvement that all relate to care planning, we have repeated this area for improvement along into one overall area for improvement, to help the management team focus their efforts in relation to this.

See main report area for improvement 2.

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?	3 - Adequate
1.1 People experience compassion, dignity and respect	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our care and support 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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