

Galashiels Nursing Home Care Home Service

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Unannounced

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Pryce & Co Ltd

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About the service

Galashiels Nursing Home is registered to provide care and support to a maximum of 37 older people. There were 30 people living in the home at the time of this inspection.

The home is located in a residential area near to the centre of Galashiels and is close to local amenities. The home is set in private grounds with a garden and private parking.

The accommodation is provided over two floors within the original building, and in a small extension to the ground floor. The bedrooms located in the extension have ensuite facilities with shared bathing and toilet facilities on both floors in the main building. The dining room is on the ground floor where there is also a large lounge/dining/conservatory area.

Galashiels Nursing Home's mission statement is:

"Galashiels Nursing Home provides a safe and secure environment, and professional nursing care in homely, and comfortable surroundings. Individuality and independence are both assisted, and encouraged, with privacy and dignity being respected at all times. Residents in our care are encouraged to prolong vitality, with physical and mental activity".

The inspection was unannounced and carried out by three care inspectors over two days, on 11 and 16 August 2021.

What people told us

Some People living in the home who were able to give feedback said the staff were nice, very attentive, but always busy. There was a lack of meaningful activity, and they have little to do.

Two people said the carers were generally good but this varied. One person said they had asked for a cup of tea and was told they were unable to have another cup of tea as they had just had one and did not need another.

There were some people who said that staff sometimes had time to spend chatting with them, but this was generally not the case and we saw there were a number of people who spent the day in their room with little or no interaction out with care tasks. There appears to be an acceptance from people that this is normal.

We spoke with six relatives and discussed open with care. Relatives were unclear what the guidance was, about visiting their relatives and how this should be implemented. Some relatives had said they had been refused visits under the premise that they required to book these through the manager.

There appeared to be conflicting communication about open with care and the guidance was not being put in place as directed. We discussed this with the manager. Since our discussions the manager has clarified visiting with relatives and made improvements to reflect open with care guidance prior to this report being published.

Comments from relatives included:

"Staff said there was no availability when we were wanting to visit".

"Staff are very good, they are attentive and kind and always welcome her. My husband seems well presented and well cared for".

"My mother is well cared for, but she is also under stimulated and needs more activities and 1:1 time with staff".

"My mother is well presented, however she is spending a great deal of time in bed".

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?	2 - Weak
How good is our leadership?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

2 - Weak

We evaluated how well people's wellbeing was supported as weak, there were important weaknesses that needed priority actions.

1.1 People experience compassion, dignity and respect

Staff were well-meaning in their actions and clearly wanted to take care of people. However, the care was routine, task led and not person centred. As a result, people did not always get the care and support that was right for them.

The care staff were caring and considerate when engaging in direct care. There was a lack of meaningful interactions out-with fundamental care because there was not enough staff.

Mealtimes were not a positive experience. People were eating and drinking from plastic plates and cups, which some people had specifically said they did not like. In the dining room, whilst choices were offered, meals were given to people with little staff interaction. People having meals in their rooms were served their meal without any tray or table which resulted in them having to hold plate with one hand and using the other to hold cutlery and eat. This was despite bedside tables being available. A lack of consistent support at meals, meant clothing could be stained and this was not always addressed by staff. This did not reflect dignified or respectful care.

People's personal belongings were not always adequately cared for. Clothing was often in disarray in

drawers and not labelled, which meant it was difficult to always ensure people were wearing their own clothes.

There were clear instructions in people's personal plans to guide staff on how to support them which were not adhered to. This included daily activities, daily care, and personal preferences.

There was a focus on tasks and not the person. No matter how respectful and compassionate staff were when speaking with people, staff were too busy to spend quality time with the people they supported. This meant people were left by themselves, often in their rooms, for large parts of the day. This showed an overall lack of respect for the care of people supported and weak practice. (See requirement 1)

1.2 People get the most out of life

Activity records showed that few activities were taking place. This led to many people not being able to pass their time in a meaningful way. Some one to one activities did take place with the activity co-ordinator but these were very limited opportunities.

We were concerned that for some people, who spent time in their bedrooms, that they experienced periods of isolation with limited stimulation. This would have a negative impact on the health and wellbeing of the individual.

There was a fully enclosed garden area, however people did not have free access to this. People's preferences and hobbies were written in personal plans, but these had often changed as the person's abilities deteriorated. There was little correlation between what was recorded, and the activities provided.

The home had initially embraced Scottish Government Open with Care guidance about visiting. However, updates to the guidance had not been consistently put in place. Feedback from relatives was that visits must be booked through the manager. There were examples of visits being refused. However, prior to this report being published the manager has sent updates to all relatives to fully implement open with care guidance.

In summary there was not a consistent level of staffing and/or skills to ensure people get the most out of life. (See requirement 2)

1.3 People's health benefits from their care and support

People should experience high quality care and support based on relevant evidence, guidance and best practice. We identified concerns with how the health needs of people were being met.

We were concerned about how well staff were monitoring food and nutrition for some people. A number of people were cared for in their rooms, it was difficult to monitor fluid intake. Records of food and drinks were not effectively completed or assessed. Personal plans detailed care to be given to support weight gain but this could not be evidenced in any meaningful way. We were concerned that for people losing weight, there was a lack of overview, support and full nutritional assessments. (See requirement 3 and 4)

The personal plans did not always accurately detail people's changing needs. Information was not used to fully assess people's needs and therefore did not always benefit the person. This links into the mealtime experience which was poor, and to getting the most out of life, which was also identified as weak. (See

requirement 3 and 4)

Medication records were not always appropriately completed and there was a lack of overview of 'as required' medication. For example people who were prescribed 'as required' medication had not received (or needed) this for some time but there was no review of the medication.

People who experienced stress and distress, depression or anxiety were not always supported and cared for in a way that was right for them. Personal plans did not provide details on how best to recognise changes to the psychological or mental wellbeing of people. Protocols were in place, but these did not detail measures to take prior to the administration of 'as required' medication. (See requirement 5)

Requirements

1. The provider must ensure that people are treated with respect and dignity.

In order to achieve this, by 30 September 2021, the provider must ensure that:

- Mealtime experiences are improved for people living in the home, including where people choose to eat in their rooms.
- Any person who chooses to eat in their room must have an appropriate table to eat from. Appropriate crockery should be available. Crockery and cutlery should reflect people's choice and promote their dignity, and plastic cups and plates should only be used if people are assessed as needing these.
- Personal belongings are looked after in a respectful way, including clothing, ensuring they are discretely identifiable to the owner and neatly stored in people's rooms.
- All staff are supported through observation of their practice, competency checks and training to ensure that care is not task orientated reflects the choices of each person and that positive outcomes are evidenced through personal planning and reviews of care.

This is in order to comply with Regulation 3 principles of care, Regulation 4 (b) and Regulation 14(a)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected. 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. 3.15 My needs are met by the right number of people.

2. The provider must ensure that people's needs and wishes are met by the right number of staff, who have time to support, care and speak with them.

In order to achieve this, by 30 September 2021 the provider must ensure that:

- People (service users) are supported have an opportunity to engage in meaningful activities and socialise with others in the home.
- There are sufficient numbers of staff to support people's (service user's) preferences of activities, health, welfare and safety. This includes ensuring they are supported to stay connected with those important to them by facilitating open visiting and outings from the care home with no restrictions (unless there is a

legal basis to restricting visiting such as on Public Health advice).

- There is a management overview of the quality of care provided, which is evidenced- based and recorded.
- Records of the overview of the quality of care include an action plan with end dates for any improvements required and further review as needed.

This is in order to comply with Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure care and support is consistent with the health and social care standards which state:

3.14 I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow the professional and organisational codes. 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like. 3.15 My needs are met by the right number of people and 3.16 People have time to support and care for me and to speak with me.

3. People should have confidence that staff know how to care and support them, taking accounts of their needs and wishes. The provider must demonstrate that the service has systems in place, to ensure that the needs of people are regularly assessed, monitored, and adequately met.

In order to achieve this, by 4 October 2021, the provider must ensure:

- People's (service user's) personal plan accurately reflects their health and care needs.
- The personal planning process is used to improve people's experiences and outcomes taking account of what matters to them.
- People, (service user's) relatives and visiting professionals and those important to their care and support are fully involved in the care personal planning process.
- The quality of people's care and support is evaluated and action taken to make any necessary improvements.
- Planned support is accurate and fully implemented when people have specific health needs including, in stress and distress, communication, pain, falls, moving and handling, nutrition and skin care.
- The management team monitors and audits people's health needs robustly through the personal planning process, including developing action plans and timescales for improvements needed.

This is in order to comply with Regulation 4(1)(a) (b) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

1.19 I experience high quality care and support based on relevant evidence, guidance and best practice.

4. People should experience care and support to eat and drink well and enjoy mealtime experiences. The provider must ensure that people have sufficient nutritional and fluid intake to meet their needs and that this is reviewed and assessed on a regular and ongoing basis.

In order to achieve this, by 30 September 2021, the provider must ensure:

- There is sufficient staff to assist people to eat and drink.
- People can choose what they like to eat and when.
- All staff receive training in nutrition and that dietary information is available to all staff for each person in

the home to refer to.

- There is an overview of nutritional content provided by the home by a qualified professional so that a balanced diet is available for people.
- Personal plans accurately reflect dietary needs and people are supported to eat and drink to keep them well.
- There are accurate records that inform staff of people's diet and hydration needs, these would include tools to monitor weights, such as the malnutrition universal screening tool and body mass index calculation, food and fluid charts. Where there are concerns, weight gain or loss must be accurately recorded with actions including referrals to relevant professionals.

This is in order to comply with Regulation 4(a)(b) and Regulation 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

3.21 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected. 4.27 I experience high quality care and support because people have the necessary information and resources.

5. People who need help to take their medication can be confident that they will receive it safely from appropriately skilled staff. The provider must ensure that there are clear policies and guidelines in the service on the use, storage, and administration of medication.

In order to achieve this, by 30 August 2021, the provider must ensure:

- All staff sign to confirm when they have administered medication and where a prescribed medicine is not administered, the reason(s) for this is/are recorded.
- Where prescribed 'as required' medication had not been administered because it was no longer needed, this must be re-assessed with health professionals.
- Records are maintained of anticipatory care medication.
- Medication Administration Recording (MAR) Chart are signed and dated by the person making that entry.
- 'As required' medication protocols detail the circumstances when this will be administered, and are cross-referenced to information held within personal plans on stress and distress, health, pain and elimination.

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

2.23 If I need help with medication, I am able to have as much control as possible.

How good is our leadership?

2 - Weak

We evaluated how well quality assurance and improvement is led as weak, there were important weaknesses that needed priority actions.

2.2 Quality assurance and improvement is led well

Audits were completed by the manager and deputy manager. This included direct observation of staff practice. Including mealtime experience, medication audits, environmental and cleaning audits. Actions from medication audits were not always followed up. Mealtime and environmental audits recently completed did not reflect our findings at inspection. There was no improvement plan as an outcome of the audits.

There was a lack of understanding of leadership and leading by example. This was discussed with the manager and leadership training for staff in front line roles should be considered.

There was a lack of direction and overview of care from management. Issues raised in a team meeting in May were very similar to our findings at inspection. There was no plan from this for improvements and no evidence that any of the issues raised had been effectively followed up. (See area for improvement 1)

Areas for improvement

1. To ensure people experience safe care and support where management have a good oversight and monitoring of the service, internal quality assurance should be improved.

- The system effectively enables areas for improvement to be promptly and accurately identified.
- Where areas for improvement are identified that an action plan is developed detailing timescales and the person responsible.
- Staff completing audits receive training, to ensure that audits make improvements to the service.

This is in order to comply with the Health and Social Care Standards 4.1:

I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.

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

2 - Weak

We evaluated how good care and support was during the COVID-19 pandemic as weak, there were important weaknesses that needed priority actions.

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

Relatives told us that when they arrived for visiting, they were supported with the testing process.

Lateral flow device testing was being completed for staff on a regular basis but when completing this, best practice was not always adhered to.

The home had good supplies of personal protective equipment (PPE) and staff knew how to access it. The PPE was situated at key points and we saw staff effectively using PPE when supporting people with direct care on a one to one basis.

The home was not cleaned to an acceptable standard. There was food debris under tables and chairs and on the dining room floor. Some mattresses and bedding were stained, and bedding was of poor quality. Not all bathrooms in use had soap in them, which is an essential part of handwashing. A deep clean of the home was organised after our first visit on 11 August.

There was a good supply of cleaning equipment, products and solutions which were suitable for a range of cleaning purposes, but they did not meet the guidance set by the Scottish Government during the pandemic. Domestic staff were not confident in describing the cleaning required and the products they needed to use to reflect the Scottish Covid-19 Community Health and Care Settings Infection Prevention and Control Addendum.

Linen was not always washed at the correct temperature to ensure good infection control practices. There was a lack of training and understanding of this.

Staff had completed training on effective handwashing, the use of personal protective equipment (PPE) and infection control, however this learning was not always evident in their practice. For example, we did not see staff washing or sanitising of hands in between supporting people at meals. Staff had masks below their chins on several occasions. There were observations of practice but these did not reflect our findings at inspection.

In summary, we had concerns about staff understanding and knowledge of infection prevention and control, the cleanliness of the environment and the use of cleaning products. (See requirement 6)

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

Because most people were cared for in their rooms, there were not enough staff to give meaningful support. Staff were not responsive to people's changing needs because there was often not enough staff to be able to do so. Staff were only able to support basic care that, at times, was considerably task orientated. A requirement about staffing has been made under Key Question 1.

There was a lack of management overview of the quality of care provided which was variable. Leadership was lacking in the home and this mirrored staff feedback to us.

Since the pandemic there is an embedded culture of providing basic and task orientated care. Current staffing arrangements are not responsive to people's changing needs.

Requirements

1. To keep people and staff safe from the risk of infection the provider must ensure there are robust infection prevention and control strategies in place.

In order to achieve this, by 30 August 2021, the provider must ensure that:

- Cleaning materials used reflect guidance and best practice.
- There are sufficient waste bins to enable safe disposal of used PPE;
- Linen is washed at temperatures following the guidance issued to care homes, reflecting Health Protection Scotland (HPS) COVID-19 Information and Guidance for Care Home Settings.
- The environment and equipment used in the provision of care is clean, tidy and well maintained.
- People are supported and encouraged to practice good hand hygiene and soap is available in every bathroom to support this.
- Staff receive training on infection prevention and control reflecting Health Protection Scotland (HPS) COVID-19 Information and Guidance for Care Home Settings and the National Infection Prevention and Control addendum.
- Staff competency in the training on infection prevention and control is regularly assessed.

- Clinical waste bins are locked and stored securely demonstrating appropriate waste management in line with Covid-19 Care, Home Information and Guidance for Care Home Settings version 1.52 Published 15 June 2020 and SEPA Guidance, WST-G-026 version 1 October 2013;

In order to comply with Regulation 4(d) and Regulation 10(2) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

5.22 I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment. 5.17 My environment is secure and safe.

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 service should review the recording of prescribed topical preparations on Medication Administration Records and the Topical Medication Administration Records (TMARs) to ensure that both reflect residents' current creams and there is sufficient guidance for staff to apply these correctly.

This is in order to ensure that care and support is consistent with the Health and Social Care Standard 4.27 which states: "I experience high quality care."

This area for improvement was made on 23 January 2020.

Action taken since then

We have made a requirement about medication under key question 1. There were gaps in records of topical medications.

Previous area for improvement 2

The service should review its current systems for dealing with residents' laundry to ensure that items of clothing can be identified and promptly returned to the correct resident after laundering.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS 5.17) which states: "My environment is secure and safe".

This area for improvement was made on 23 January 2020.

Action taken since then

We have made a requirement about under key question 1. about personal belongings which encompasses laundry. Clothing could not be easily identified.

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?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	2 - Weak
1.3 People's health benefits from their care and support	2 - Weak

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our care and support during the COVID-19 pandemic?	2 - Weak
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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