

Springfield Bank Nursing Home Care Home Service

36/38 Cockpen Crescent
Bonnyrigg
EH19 3PN

Telephone: 01316 605 060

Type of inspection:
Unannounced

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Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300760

About the service

Springfield Bank Nursing Home is a care home which provides care and accommodation for up to 70 older people. The provider is HC-One Limited. At the time of inspection 41 people lived in the home.

The home is situated on the outskirts of Bonnyrigg in Midlothian. Accommodation is within two units named Dalhousie and Pentland. Each has sitting rooms and dining room.

All of the care home is on a ground floor, around a fully enclosed courtyard garden. Some of the sitting rooms have patio doors to the garden.

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 inspection was carried out by three care inspectors on the 30 September 2021.

What people told us

We spoke with ten people in the home. Everyone was happy with their care. One person said that staff were now spending time helping them with things they did not have time for before, like nail care, helping with jewellery, and ensuring people were able to spend time out of their rooms. Two people told us that there was more to do in the home and that staff appeared less rushed in caring for them. For people who were not able to give feedback, we saw care that was respectful, person centred and given in a calm, relaxed manner, which put people at ease.

We spoke with five relatives. All relatives were happy with the care provided. Three of the relatives said that the care, communication and general atmosphere in the home had improved. One relative felt that they were more confident in their relative's care because staff were picking up on signs that their relative was feeling unwell. Staff, visiting professionals and people living in the home, all said the improvements made were very positive and this was leading to better outcomes and care.

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
How good is our care and support during the COVID-19 pandemic?	3 - Adequate

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**

The focus of this inspection was to assess what action had been taken to meet the requirements and area for improvements made at inspection on 27 July 2021.

Improvements had been made in record keeping, care, personal plans, and staffing. There were improvements in the overview of people's health, and this was confirmed by both relatives and the staff.

Whilst further improvements were needed to ensure people could take part in meaningful activities, we saw staff were engaging well with people, on both a one-to-one basis, and in some group activities.

In summary the four requirements made previously about care, mealtime experiences, nutrition and staffing have all been met.

For more information about the outstanding requirements and areas for improvement we reviewed, see the section of this report entitled 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Due to the improvements made, we have increased the grades for this key question.

Areas for improvement

1. In order to promote positive mealtime experiences, further support should be given to staff to direct mealtimes effectively and ensure people are given the help needed. This is especially relevant with people who have lost interest in their meal, walk away from the table/dining room or need encouragement to continue eating.

This should continue to be evidenced through audits of the mealtime experiences, with actions, followed up and recorded.

This is to ensure that care and support is consistent with the Health and Social Care Standard:

1.34 If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected.

2. In order to ensure that people can maintain and develop their interests, and choices of activities, personal plans should be developed to include meaningful activities, the evaluations of these and the ongoing review of their success.

This is to ensure that care and support is consistent with the Health and Social Care Standard:

2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like.

How good is our care and support during the COVID-19 pandemic?**3 - Adequate**

We saw effective care and support in infection prevention and control. Staff had completed training on effective handwashing, the use of personal protective equipment (PPE) and infection control, however,

despite training and ongoing observation of practice, hand sanitising/washing was not observed for all staff at mealtimes. (See area for improvement 1)

Improvements now happened as a direct result of the quality assurance processes. Quality assurance audits had not previously been reflected in action plans for improvement. A full action plan was completed which was regularly reviewed and updated.

In summary the two areas for improvement made previously about monitoring of the service and staff training on diabetes have been met. One area for improvement has been carried forward about hand hygiene.

For more information about the outstanding requirements and areas for improvement we reviewed, see the section of this report entitled 'What the service has done to meet any areas for improvement we made at or since the last inspection'.

Due to the improvements made, we have increased the grades for this key question.

Areas for improvement

1. To ensure people are able to stay safe, guidance on handwashing, and social distancing must be adhered to. This guidance is in place to ensure the safety of everyone during the pandemic.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, 4.11 "I experience high quality care and support based on relevant evidence, guidance and best practice. And 4.27'I experience high quality care and support because people have the necessary information and resources.'

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

Requirements

Requirement 1

People should be respected and treated with dignity. In order to achieve this, by 30 September 2021 the provider must ensure the following:

- There are audits of the mealtime experiences, with actions, followed up and recorded to improve mealtimes for people (service users).
- All staff are supported through observation of practice, competency checks and training to ensure that care is not task orientated reflects the choices of the person supported and that positive outcomes are evidenced through personal planning and reviews of care.

People (service users and their relatives) are consulted about mealtime experiences, staff attitudes and staff's ability to spend time with them over and above fundamental care needs.

This is to comply with Regulation 3 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) and Regulation 19(3)(j) of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114).

This is to ensure that care and support is consistent with the Health and Social Care Standard 1.4:

If I require personal care, this is carried out in a dignified way, with my privacy and personal, preferences respected.

This requirement was made on 27 July 2021.

Action taken on previous requirement

There is a designated mealtime champion in each unit. Practice was overseen by the registered nurses in each unit. We saw discussions, direction and leading staff in way that supports the Health and Social Care Standards (HSCS) "supporting eating and drinking, in a dignified way".

Mealtime audits were completed as part of the overview of the dining experience. The audits highlighted areas where practice could be improved and reflected our findings on the day of inspection.

There were competency and observation of staff practice which linked into training. All staff had received training on mealtime experiences. Training continues to be given on support for people who need redirection and prompting. The mealtime experience has improved greatly from the last inspection but still a work in progress. Whilst the requirement has been met, we have made a new area for improvement about mealtime experiences. (See area for improvement 1)

One to one meetings were held with staff, where practice and training was discussed. Staff told us that

communication is significantly better and they felt well supported. We saw that people were no longer spending large parts of the day in their rooms. People looked well cared for and care was not rushed, with time being taken to ensure care reflected individual preferences.

Relatives spoken with said communication had improved and they were consulted about their relatives care. Care reviews also showed that relatives were fully involved in discussions and decisions about care.

Met - within timescales

Requirement 2

People should have confidence that their needs and wishes are met by the right number of staff, who have time to support, care and speak to them.

By 30 September 2021 the provider must ensure that:

- There is an appropriate assessment and review of people's (service users) needs and wishes.
- At all times, suitably qualified and competent staff are working in the care service; and
- There are sufficient numbers of staff to support service user's health, welfare and safety.
- There is a management overview of the quality of care provided, which is evidenced based and recorded.

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 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.

This requirement was made on 27 July 2021.

Action taken on previous requirement

Reassessment of dependency had been completed for people living in the home. This meant more staff and also more consistency. Staff confirmed there was less reliance on the use of agency staff and this had led to improved care and outcomes. We saw that staff were communicating well with each other, care was respectful and dignified and that there were sufficient staff to meet the needs of the people on the day of inspection.

Where personal plans had been reviewed (40%), this included a full review of care, with consultation with the person themselves and their relatives. These were well documented and any changes were reflected in the personal plan.

The manager, deputy and registered nurses had a full overview of the care provided. We saw staff being well directed and care was fully reflective of personal plans and health needs.

All care charts were overseen by the manager. We could cross reference care given to the information held in the personal plans.

Met - within timescales

Requirement 3

People should experience care and support that is right for them. The provider must demonstrate that the service has systems in place to give confidence that the needs of the individual are regularly assessed, monitored and adequately met. In order to do this you must:

By 30 September 2021, the provider must ensure that people receive care and support that meets their health and care needs. In order to achieve this, the provider must ensure:

A minimum of 30% of personal plans are updated by 30 September 2021 and

- People's plan of care accurately reflects their health and care needs.
- The care planning process is used to improve people's experiences and outcomes.
- People, relatives and visiting professionals are fully involved in the care planning process.
- The quality of people's care and support is evaluated and action taken to make any necessary improvements;
- People's plan of care is person-centred, and outcome focussed.
- 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 to comply with Regulation 4(1)(a) 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 1.19:

'My care and support meets my needs and is right for me. 4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice.' and 4.14 'My care and support is provided and planned in a safe way, including if there is an emergency or unexpected event.'

This requirement was made on 27 July 2021.

Action taken on previous requirement

40 % of Personal plans had been updated. We looked at nine of these. The plans were person centred, well written and reflected the care given. The quality of the information was the same in each plan. The plans included, health, nutrition, communication, risk assessments and end of life wishes. The plan had been reviewed with relatives and he reviews discussed all aspects of care.

Care was being evaluated when there were changes and actions taken. Staff were confidently able to discuss each person's care.

Audits of care, through daily records, food and nutrition and elimination charts were being completed and actioned where needed.

There continued to be strong links with the health and social care partnership, who were supporting improvements in the home. This meant access to healthcare, colleagues, which benefited the people in the home.

At the point of inspection there was only one wellbeing coordinator in post, to provide and coordinate activities in both units. We could see that activities were happening, and people told us about these, but the personal plans lacked detail or evaluations of meaningful activities in any structured way. The requirement

has been met; however we will make an area for improvement about choices and evaluation of meaningful activity. (See area for improvement 2 under key question 1)

Met - within timescales

Requirement 4

People should be able to eat and drink well. The provider must ensure that people have sufficient nutritional intake to meet their needs and that this is reviewed and assessed on a regular and ongoing basis. To achieve this, by 30 September 2021, the provider must:

- Ensure there is sufficient staff to assist people to eat and drink.
- Ensure people can choose what they like to eat and when.
- Promote positive dining experiences.
- Ensure all staff receive training in fortified diets and that dietary information is available to all staff for each person in the home to refer to.
- Ensure there is an overview of nutrition by a qualified professional.
- Ensure personal plans accurately reflect dietary needs and that care can be triangulated to these needs.

This is in order to comply with Regulation 10(2) 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 3.21:

'I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' and 1.34 'If I need help with eating and drinking, this is carried out in a dignified way and my personal preferences are respected'.

This requirement was made on 27 July 2021.

Action taken on previous requirement

Mealtimes were more organised, with more staff being able to offer support in structured way. We saw people being offered choices of food, through visual prompts of showing them meals available.

The cook was knowledgeable about people's dietary needs and preferences. We saw a range of snacks available throughout the day. All meals have been nutritionally assessed at a corporate level.

We saw alternatives being offered to people who declined to eat. People's fluid intake was accurately recorded and evaluated.

There were accurate and updated malnutrition universal screening tools (MUST). These were regularly evaluated with actions put in place where needed.

Personal plans included food and nutrition, which described any support needed, equipment/adapted cutlery, likes and dislikes. The information within the plans gave a good level of detail. Staff were able to discuss fortified diets, what this was, and who received these. However, further detail should be included in the personal plans about the fortification of food. This was discussed with the manager.

Met - within 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

People experiencing care should expect staff to be patient, kind and thoughtful in their interactions. The manager should ensure there are effective systems in place to monitor staff attitudes and practice, which includes a review of their record keeping.

This is to ensure care and support is consistent with Health and Social Care Standard 3.9:

I experience warmth, kindness and compassion in how I am supported and cared for, including physical comfort when appropriate for me and the person supporting and caring for me.

This area for improvement was made on 23 March 2021.

This area for improvement was made on 23 March 2021.

Action taken since then

Staff practice was reviewed as part of daily walk rounds and feedback was given at this time.

All staff had attended training on respectful dignified care, and we saw that this was reflective of our observations. Care was calm, unrushed and person centred. This area for improvement has been met.

Previous area for improvement 2

People should be able to connect and see those important to them. The provider should further expand on the current visiting arrangements to reflect the changes to open with care. This would include allowing a minimum of two visitors at any one time to visit their relative/friend in the home as an initial start to reflect the expectations of the guidance.

This reflects the Scottish Government Open with Care guidance. This is also to ensure care and support is consistent with the Health and Social Care Standards 2:18:

I am supported to manage my relationships with my family, friends or partner in a way that suits my wellbeing and 1.3 People's health benefits from their care and support.

This area for improvement was made on 27 July 2021.

Action taken since then

Open with care has been fully implemented. There are no restrictions on visiting and relatives confirmed this. This area for improvement has been met.

Previous area for improvement 3

In order to promote good outcomes for people experiencing care, the manager should ensure that all staff understand the importance of having strategies in place to support and monitor people's elimination needs, as identified through assessments.

This is to ensure care and support is consistent with Health and Social Care Standard 3.18:

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

This area for improvement was made on 11 February 2021.

This area for improvement was made on 11 February 2021.

Action taken since then

Records of care include hygiene records, for elimination and care. Records are signed off by the manager and these cross reference to information held within personal plans.

There was an overview of elimination needs, and action was taken where medications / aperients or GP input was needed. This area for improvement has been met.

Previous area for improvement 4

To ensure people are able to stay safe, guidance on handwashing, and social distancing must be adhered to. This guidance is in place to ensure the safety of everyone during the pandemic.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards, 4.11:

"I experience high quality care and support based on relevant evidence, guidance and best practice". And 4.27 'I experience high quality care and support because people have the necessary information and resources.'

This area for improvement was made on 27 July 2021.

Action taken since then

Since the initial inspection, guidance on social distancing has changed. This is therefore no longer relevant. However, the area for improvement on handwashing will be carried forward. This area for improvement has not been met. (See under key question 7 in the body of this report)

Previous area for improvement 5

To ensure people experience improved outcomes and 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.
- Consultation with people experiencing care, including relatives and those important to them is used to determine if changes have improved people's experiences.

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.

This area for improvement was made on 27 July 2021.

Action taken since then

There was a comprehensive action plan in place which is a live working document.

Audits of care are completed, and actions followed up where needed.

Relatives had the opportunity to give feedback through care reviews and recently arranged relative's meetings.

Coaching sessions to were completed on how to complete an effective and robust clinical walk around, part of observed practices and audits.

Surveys have been sent out to relatives to be completed and reviewed to determine whether outcomes have improved. Where there are suggestions or comments these will be followed up. This area for improvement has been met.

Previous area for improvement 6

In order to promote good outcomes for people experiencing care, the manager should ensure that all staff have the skills and knowledge they need to support people with diabetes. Staff should understand the importance of effective monitoring and record keeping and demonstrate this in their practice. Making sure evaluation of training includes observation, review and consultation with relevant people and professionals.

This is to ensure care and support is consistent 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 11 February 2021.

This area for improvement was made on 11 February 2021.

Action taken since then

All staff will receive training in diabetes. The dates are set and this first training is concluded. This is followed up through direct observation of practice and one to one support. Where an individual has diabetes this is accurately recorded through personal planning. This area for improvement has been met.

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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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