

Ivybank House Nursing Home Care Home Service

Ivybank House
Main Street
Polmont
Falkirk
FK2 0PS

Telephone: 01324 717 707

Type of inspection:
Unannounced

Completed on:
28 April 2022

Service provided by:
Ganarn Limited

Service provider number:
SP2003002297

Service no:
CS2003011596

About the service

Ivybank House Nursing Home is registered to care for up to 42 older people. The home is situated close to local facilities in Polmont. It maintains close links with the local community and local entertainers.

The accommodation is well furnished and offers single en-suite bedrooms. There are various communal areas available to the residents, over the two floors that are accessible by lift. All catering is done within the care home and there is also a personal laundry service offered.

About the inspection

This was an unannounced inspection, which took place on 27 April between 9.30am and 5.30pm and 28 April between 8.45am and 5pm. The inspection was carried out by two inspectors from the Care Inspectorate. An inspection volunteer was involved in the inspection. An inspection volunteer is a member of the public who volunteers to work alongside the inspectors. Inspection volunteers have a unique experience of either being a service user themselves or being a carer for someone who has used services. The inspection volunteer role is to speak with people using the service being inspected and gathering their views.

To prepare for the inspection we reviewed information about this service. This included, previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- Spoke with 23 people using the service and 3 of their family and friends.
- Spoke with 16 staff and management
- Observed practice and daily life
- Reviewed documents.

Key messages

- Staff recruitment and induction was very good.
- The staff team knew residents very well and there was not an over-reliance on agency staff.
- The management team need to fully open up visiting to embrace 'Open with Care' guidance.
- People's health needs were escalated to other health professionals when needed.
- The management team should make improvements when using equipment that may be considered restraint and follow best practice guidance.
- People and their representatives were involved in planning their 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 well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	4 - Good
How good is our staff team?	5 - Very Good
How good is our setting?	4 - Good
How well is our care and support planned?	4 - Good

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

We evaluated this key question as adequate. Whilst there were several strengths that were good, a few aspects compromised these for people.

Staff demonstrated the principles of the Health and Social Care Standards in their day-to-day practice, which promoted a culture of respect. There were lots of friendly interactions between staff and residents. One person told us "All the staff look after me", whilst a relative said "My relative likes the male carer as they talk about football".

People benefited from regular access to relevant professionals to support their health and wellbeing. Staff had good links with local health professionals and liaised with them promptly when any concerns were identified.

Improvements were needed in how the service managed the use of equipment that may be considered restraint and how such equipment may increase a person's risk of significant injury. Relevant best practice guidance was not being used in decision making around the use of bedrails and lap straps. This can be accessed at the Mental Welfare Commission: https://www.mwscot.org.uk/sites/default/files/2021-03/RightsRisksAndLimitsToFreedom_March2021.pdf and at the Government website: <https://www.gov.uk/guidance/bed-rails-management-and-safe-use>. The provider must ensure that restraint is safe and managed robustly (see requirement 1).

People told us that there was plenty of food and it was tasty. Residents told us "the food is really good here". We saw that special diets were catered for, including fortified foods, and the pantries were well stocked with snacks. Afternoon tea was always served, but we were told that mid-morning tea or juice was not always offered as staff did not always have time. We observed this to be the case on one floor during our inspection. We observed that one floor would benefit from a review of staffing as staff were focussed on tasks and routines and did not have enough time to spend with people individually. Our observations were confirmed by the views of staff we spoke with (see area for improvement 1).

We found that people were supported to manage their day to day skin integrity, using pressure relieving equipment and support from staff. However, improvements were needed in how trauma wounds and pressure ulcers were managed. Whilst there were treatment plans in place to guide staff on how to manage these, the service needed to improve their systems to ensure that on admission, pressure areas are fully examined and recorded and that timescales in treatment plans are not missed (see area for improvement 2).

Whilst people were supported to maintain contact with their family and friends, the booking system was restrictive and did not fully embrace Scottish Government's 'Open with Care' guidance. One person told us "I'd like to be able to just pop in to see my relative if I'm passing". We discussed this with the service who assured us that visitors could now pop in without booking and agreed to make visitors aware of this.

Scottish Government have recently strengthened the Health and Social Care Standards (HSCS) by introducing two new ones (5.16 & 5.17) with an emphasis on helping people living in adult care homes to remain connected with their families /friends even in times of crisis and the involvement of family/ friends in the care and support of their loved ones.

People were enabled to get the most out of life by a dedicated activity worker. There was a weekly planner that included exercises, quizzes and individual time for those in their bedrooms. There was monthly external entertainers visiting and some trips had taken place out to the garden centre and 10 pin bowling.

We found overall, that infection prevention and control procedures helped to protect people from infection. The general environment was clean, tidy and free from any offensive odours. Arrangements were in place to ensure that frequently touched surfaces, like handrails and light switches were cleaned at least twice daily. Cleaning schedules were in place to ensure that all areas of the care home were included in the domestic staffs' routine, which ensured that no areas were missed out. People could be assured that housekeeping staff were very knowledgeable in their job roles.

Requirements

1. By 31 May 2022, the provider must ensure that the use of equipment that may restrain is fully assessed and clearly documented in line with current best practice guidance.

To do this, the provider must, at a minimum ensure:

- a) They undertake a review of the use of all equipment that may restrain currently in use in the service.
- b) Personal plans include, clear information detailing the consultation about the use of this equipment.
- c) There are fully completed assessments to determine if the use of the equipment is safe for the individual.
- d) Informed consent is in place for the use of this equipment signed by the resident's representative.
- e) Regular reviews of the continued use of the equipment are carried out.
- f) Staff receive training regarding restraint and have access to and an understanding of The Mental Welfare Commissions best practice guidance: Right, risks and limits to freedom - March 2021.
- g) Staff receive training regarding the safe use of bed rails.

This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210), regulation 4(1)(a) and regulation 4(1)(c).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24) and 'I experience high quality care and support based on relevant evidence, guidance and best practice' (4.11).

Areas for improvement

1.
To enable staff to have enough time to provide personalised care, the service should, as a minimum, review the staffing levels and deployment on the first floor of the care home.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs are met by the right number of people' (HSCS 3.15) and 'People have time to support and care for me and to speak with me' (HSCS 3.16).

2. To support robust assessment and management of pressure ulcers and trauma wounds, the service should, at a minimum, ensure that people's skin is assessed and recorded on admission and that any timescales for dressings to be renewed are adhered to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

How good is our leadership?

4 - Good

We evaluated this key question as good, where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could be assured that there were systems in place to monitor standards of care within the care home. We found that this included, audits for key areas, including care planning and medication management. Whilst action plans were devised to address any shortfalls, it was not always clear to see that these had been completed, to ensure improvements had been carried out.

The management team had a monthly overview of key areas for residents including nutrition, skin integrity and falls management. The outcomes of these were collated and discussed at clinical governance meetings. The meant that the information was shared with the staff who were responsible for direct care.

As a result of the service responding to the pandemic, some aspects of their usual quality assurance had understandably been suspended. However, the management team were now starting to get these back up and running.

At the time of the inspection, the manager was on leave. However, the deputy manager was committed to ensuring good outcomes for people and we were impressed that she showed skills to take the feedback from the inspection forward, to drive change and improvement where necessary. At feedback, we discussed the expectations on the deputy with the regional quality assurance advisor to ensure adequate support is available to them.

Feedback from staff indicated that management were very approachable and supportive. We observed residents responding in a positive manner to the presence of the deputy manager when she came into the lounge.

How good is our staff team?

5 - Very Good

We found significant strengths in how new staff were recruited and inducted and how this supported good outcomes for people, therefore we evaluated this key question as very good.

People could be assured that staff had been recruited in a robust manner that followed best practice guidance.

Management ensured that new staff were well supported when they started at the care home and had a very good induction and training programme, to provide new staff with the relevant knowledge and skills to carry out their job role.

We spoke with some newer staff who told us that they had been made to feel welcome and felt competent in their new roles.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefitted from a comfortable, warm and homely environment where residents were able to sit and chat to each other. They were able to move around the home as they wished and choose where to spend their day. Some people told us that they would like to get out in the garden more often though.

We spoke with residents who explained that they were able to personalise their bedrooms with photographs and ornaments to make them their own space and we observed this to be the case as bedrooms were bright and cosy.

People were supported to find their way around the care home by some signage. However, we asked the service to review this to assist people living with a cognitive or visual impairment. We suggested some best practice guidance which can be accessed at The King's Fund: https://www.kingsfund.org.uk/sites/default/files/field/field_pdf/is-your-care-home-dementia-friendly-ehe-tool-kingsfund-mar13.pdf

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could be assured that they had a care plan in place that included, relevant risk assessments. These were then used to inform the care plans. Overall, there was good detail to guide staff around how best to care and support for each person. However, some aspects including keeping people safe and decision making when using equipment which may be considered restraint needed improved and updated (see requirement under key question 1).

People and their representatives were involved in care planning, including the ongoing reviewing of these to ensure that they set out their needs, wishes and choices.

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

Requirements

Requirement 1

By 9 March 2022, the provider must ensure there is effective quality assurance systems and processes implemented in line with current infection, protection and control guidance. In order to do this, the provider

must;

a) Undertake an audit of the environment and care equipment to identify which items need to be repaired, cleaned or replaced, paying particular attention to mattresses, shower chairs and wheelchairs.

b) Develop and maintain a record of all actions to be completed, details of progress made and expected timescales for completion.

c) Provide additional training and support for staff as required to ensure they are aware of their roles and responsibilities in effective prevention and control of infection.

d) Improve management oversight processes and audits, to ensure these are effective in monitoring the cleanliness of the environment, care equipment and staff practices.

This requirement was made on 7 February 2022.

Action taken on previous requirement

Please see information under Key Question 1

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

An occupational therapy referral should be considered when there is the use of specific equipment. This would ensure all aspects of support had been considered and any additional equipment to be in place.

This is to ensure care and support is consistent with Health and Social Care Standard 1.13: I am assessed by a qualified person, who involves other people and professionals as required.

This area for improvement was made on 7 February 2022.

Action taken since then

We found that occupational referrals had been made by the service.

This area for improvement had been met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	5 - Very Good
3.1 Staff have been recruited well	5 - Very Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

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