

The Beeches Nursing Home Care Home Service

Ladysmill Court
Off Limekilns Road
Dunfermline
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Telephone: 01383 737 377

Type of inspection:
Unannounced

Completed on:
15 May 2023

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300764

About the service

The Beeches Nursing Home is registered to provide nursing care for up to 40 people. There are two floors within the home with an accessible lift in place. It is based in the Fife town of Dunfermline, providing care for older people. The home has enclosed private gardens for the residents to enjoy. The service provider is HC-One Limited which is a national provider of private health care. The manager was responsible for the supervision of staff and the day-to-day running of the home with the assistance of the deputy manager.

About the inspection

This was an unannounced inspection which took place on 6 May 2023 and 9 May 2023. The inspection was carried out by two inspectors from the Care Inspectorate. 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 nine people using the service and nine of their family members
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- The home was welcoming, warm and fresh.
- Care plans were regularly reviewed.
- Staff were friendly, kind and worked well together.
- The management team were visible and had good oversight.
- Management of medication recording systems required improving.
- Improvements are required to the environment to support independence.

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?	3 - Adequate
How good is our staff team?	4 - 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

Our overall evaluation of adequate for this key question reflects required improvement needed regarding management of medication.

People should experience care and support that is warm and kind. Care staff demonstrated knowing people well. Residents told us, "Couldn't wish for anything more", "oh things are good here". We observed encouragement being given to residents but people's choices and wishes also being respected.

People should have opportunities to give feedback and have their wishes and views listened to. The service evidenced having had some resident and relative meetings, where views and experiences had been shared. The frequency of these could be increased to promote regular opportunities for people's voices to be heard and feedback be given. This helps people to feel empowered and involved.

Any restrictive practice should be supported by the appropriate legalities and be carried out discreetly. We saw evidence of appropriate measures being in place. Care staff evidenced good knowledge of least restrictive practice.

People should be able to get the most out of life and make decisions and choices about how they spend their time. There was a clear programme of activities in place which provided a structure to the month. The home had regular visiting entertainment, exercise classes and group activities. Occasional bus trips were provided, and people had been able to access a local assisted cycling event. People were able to engage in events provided by the activities coordinator over four days of the week. This meant that, for those who were able, there was a chance to socialise and stay active.

There was limited evidence to show that people were able to engage in activities specific to their needs and wishes. Most activities were conducted in the lounge and involved a group. People who preferred, or who were limited to, staying in their rooms had fewer opportunities to develop their hobbies or interests. An area for improvement is made (**see area for improvement 1**).

The home benefits from an attractive, enclosed garden which is accessible from the ground floor unit. Families were able to enjoy the garden with their relative although some feedback suggested the garden could be used more. Two individuals were involved in helping a volunteer to maintain and develop the garden.

People told us that they felt safe and that they were confident in the staff looking after them. Families felt involved in decisions made about their loved one's care. Relatives were generally very happy with the quality of care. One relative said, "I watch them with other people and they are all great", another said "staff are very fond of her, they are genuinely caring and she is contented here".

People should have access to comprehensive health care and support when they need it. We saw the service had good links with the GP surgery. Timely referrals and advice had been sought from dietician, speech and language and tissue viability nursing teams. We saw people were regularly seen by a dentist and optician. Care plans we sampled had end of life wishes recorded. This meant people had access to responsive care and support.

Access to high quality food and regular access to fluid is essential to physical wellbeing. People had regular access to food and fluids throughout the day. This included a juice station that was always accessible. Although residents rarely accessed this, relatives and care staff used this to ensure regular access to fluids for people. People's weights were well managed. For people who required a textured or adapted diet, this was accommodated. We asked the service to review the variety of finger foods available for people who required this diet. This ensures people's needs and wishes are accounted for.

At our last inspection we made a requirement to ensure safe practices were in place around administration of medication. We have re-stated this requirement with a new timescale of 17 July 2023. See the 'what the service has done to meet any requirements we made at or since the last inspection' section of the report.

Areas for improvement

1. In order that people experience good outcomes and quality of life, the provider should ensure all people are supported to spend their time in ways that are meaningful and purposeful for them. The service should develop the assessment and support planning process to clearly detail people's preferred activities and interests, and the support they need to take part in these.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

How good is our leadership?

3 - Adequate

We made an evaluation of adequate for this key question. Although we recognised some good practice, improvements were needed in key areas to support good outcomes for people.

It is important that quality assurance and self-evaluation drives change and improvement. Staff, people living in the service and relatives told us that the leaders listened to them and took actions where issues were raised. A staff member told us, "She (manager) is excellent, door is always open". The management team were seen to be visible and accessible. There were opportunities for residents and relatives to attend meetings. We felt these could be more regular to facilitate good opportunities for feedback and consultation. The service had an outcome focussed development plan that evidenced learning from incidents and complaints. This demonstrated a service that was committed to improving care experiences for people in the service.

It is important that quality assurance and self-evaluation drives improvement. The leaders of the service evidenced good oversight and evaluation of people's weights, care plans and falls. Daily flash meetings allowed the care team at all levels to be aware of people's current needs. We saw that reviews were taking place regularly for people, with families also being involved. Some relatives we spoke with felt that outcomes or actions set at reviews were not always communicate clearly to the rest of the care team. We gave this feedback to the service, to allow them to consider how to improve communication in this area. This promotes care and support that is outcome focussed.

It is essential that leaders have the skills, capacity, and systems in place to identify risk, plan appropriate actions and involve relevant multi-disciplinary partners. There were inconsistencies in the services' reporting of significant events to the relevant parties, including The Health and Social Care Partnership and the Care Inspectorate. To meet legal obligations, the service must improve its reporting systems. This ensures that right services are involved in keeping people safe from harm. A requirement is made (**see requirement 2**).

All staff working in the service should have regular access to supervisions to support their wellbeing and professional development. Observations of practice should also be undertaken to ensure competencies of the care staff. We highlighted this as an area for improvement at our last inspection. Although we saw some progress, we felt that this needed further development. This helps to ensure that the right care and support is being provided to people. This area for improvement is repeated (**see area for improvement 1**).

Requirements

1. By 17 July 2023, the provider must ensure they understand their roles and responsibilities in making required notifications to relevant bodies. This must include:

a) ensuring appropriate and timely referrals and notifications are made to relevant agencies and individuals. This must include, but not be limited to, adult protection referrals, health and social care partnership, police, and Care Inspectorate

b) a clear system to ensure notifications are submitted within time scales, when the registered manager is not present and or during out of hours.

This is in order to comply with regulations 4(1)(a)(Welfare of Service Users) and 15(b)(i)(Staffing) 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 Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Areas for improvement

1. Both care and nursing staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should use formal observations of practice of both care and nursing staff to monitor standards of practice and competencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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' (HSCS 3.14).

How good is our staff team?**4 - Good**

We evaluated this key question as good, although some improvements were needed strengths had a positive impact on people's experience.

People should expect staff arrangements to be right and staff to work well together. The service used a dependency assessment tool to ensure staffing numbers were right. Both carers and leaders in the service identified a need for increased staffing at certain times of the day due to an increase in dependency. We observed good staffing levels. The home continues to rely on agency nursing support at times. During our inspection we spoke with two agency nurses who reported a thorough induction into the service and a confident staff team, who were able to guide them where required. This contributed to a relaxed and calm atmosphere.

Most staff were able to demonstrate a good level of knowledge and competency in their roles and could evidence how training had improved their practice. We saw a good training schedule in place. Care staff evidenced having good knowledge of people's needs and the level of care that they required. A resident told us, "The carers are lovely, so kind to me". A relative commented, "Welcoming staff, I know and trust them". This meant people could be confident that the care staff were competent.

It is important that staff are aware of their responsibilities to report poor practice and or any concerns that someone is at risk of harm. Staff we spoke with confidently told us that they would report concerns to their manager. Comments from staff included, "First I would make sure the resident is safe, then I would tell the managers.", "I am aware of my whistleblowing rights, and I am not afraid to use this". The service recognized improvements were required to their reporting systems and this is reflected in Key Question 2. Re-training for staff at all levels was in progress around adult support and protection. This helps keep people safe from harm.

How good is our setting?**4 - Good**

We found that the service was performing at a good level in this key area. There were a number of important strengths however improvements are required in order to maximise wellbeing and ensure consistent positive experiences.

People could move freely throughout the home. The environment was clear and uncluttered and people were not limited in their access to private and communal areas. The attractive garden is accessible from the ground floor units and contained many attractive features and seating areas. People had the opportunity to stay active and mobility was promoted.

Lounge areas were bright and attractive with plenty of seating in small groups. Television and music provided entertainment but were not intrusive. Group activities were easily accommodated in the large space. This allowed residents and visiting families to socialise together.

People should live in a setting which promotes independence. Although there were some signs on toilet and office doors there was limited other signage throughout the home. Corridors contained very few features to help people stay orientated and bedroom doors displayed a number, rather than a name. This meant that people could not easily return to their own room, which limited their independence. The service had begun working on individual nameplates, with pictures, however this was in its early stages.

Corridors would benefit from further consideration in order that people have familiar points of reference and interest. This would reduce the risk of stress and distress reactions when people feel lost or disorientated. A previous area for improvement is not met. Please see 'what the service has done to meet previous areas for improvement'. This area for improvement has been replaced (**see area for improvement 1**).

Areas for improvement

1. In order to promote independence, activity, stimulation and orientation for people living in the service the provider should consider the internal environment of the home, it's design, decoration and facilities. This should be completed in consultation with people living in the home and their representatives and reflect their needs and wishes.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

How well is our care and support planned?

4 - Good

We focussed on care planning for the purpose of this key question. We evaluated this key question as good, although some improvements were needed strengths had a positive impact on people's experience.

The care plans we sampled we were clear, personalised, and detailed. There was evidence of regular reviews and families being involved in these. We saw evidence of timely referrals being made to professionals to seek guidance and assessments for those who required this. This evidenced people's care, and support involving the right people.

People receiving care should be supported by a care team that are fully aware of their care needs and are responsive to these needs. We found pain management care plans and stress and distress care plans were missing in some cases. We were reassured to see care staff being considerate to people's pain and could see pain assessment tools were in place. We also saw care staff making good use of stress and distress management tools to identify people's needs. Having dedicated and personalised plans in place supports people getting the right care at the right time and to high quality. An area for improvement is made (**see area for improvement 1**).

Areas for improvement

1. To promote responsive care and ensure that people have the right care at the right time, the provider should ensure the correct support plans are in place. This should include but is not limited to pain management care plans and stress and distress care plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

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

Requirements

Requirement 1

27 March 2023 the provider must protect the health and welfare of those who use the service. In particular, you must ensure that medication is managed in a manner that is safe and protects people from risk of harm. In order to achieve this, you must ensure:

- a) Staff are supported to be competent in the use of the medication administration and recording system
- b) Accurate records of medication administration are maintained.

This is in order to comply with Regulations 3, 4, (1)(a), 4 (1)(b), 4(2)(b)(welfare of users) and 9, (2)(b) (fitness of employees) 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 Standards (HSCS) which state that: 'I experience high quality support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This requirement was made on 18 January 2023.

Action taken on previous requirement

We could see that all care staff administering medication in the service had up-to-date training. We carried out an audit of medication and found some errors. The service also recognised some issues with their administration practices. This meant that we couldn't be confident that people were getting the right medication at the right time. Time scale extended to 17 July 2023.

Not met

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

Both care and nursing staff should receive regular supervision and appraisals to ensure their learning and development needs are assessed, reviewed, and addressed. Alongside this, the service should use formal observations of practice of both care and nursing staff to monitor standards of practice and competencies.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) 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' (HSCS 3.14).

This area for improvement was made on 18 January 2023.

Action taken since then

Very few observations of practice had taken place. Some care staffs supervisions were overdue. This area for improvement is therefore re-stated in Key Question 2.

Previous area for improvement 2

To support good outcomes for people the provider should ensure staff access training appropriate to their role and their learning needs. This training should include but is not limited to: Stress and distress, safe moving and handling and restrictive practice. They should then be able to evidence how they apply this learning to practice, promoting better experiences for those receiving care.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

This area for improvement was made on 18 January 2023.

Action taken since then

Staff had accessed training that meet their learning needs. Care staff spoke positively about their access to training and we saw how this was used in practice. We saw a training planner which evidenced training had taken place.

This area for improvement is met.

Previous area for improvement 3

In order to promote activity and independence for people living in the service, including people with dementia and other cognitive impairments, the service provider should have appropriate signage around the home. The use of the King's Fund Environmental Assessment Tool and involving people/their representative in designing the environment is recommended to help ensure that best practice and people's needs and wishes are taken into account.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I can independently access the parts of the premises I use and the environment has been designed to promote this' (HSCS 5.11).

This area for improvement was made on 18 January 2023.

Action taken since then

The service was in the middle of a program of re-decoration at the time of this inspection. This included painting room doors in recognised dementia friendly colours and some artwork on the walls in the main corridors. The provider is following a "Dementia Quality Standards" guide as part of this process, rather than the King's Fund Environmental Assessment Tool.

We felt further work was needed to ensure that the environment promoted people's independence. This area for improvement is unmet and replaced by an area for improvement in Key Question 4.

Previous area for improvement 4

To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred pain management care plans in place. These should refer to any pain management assessment tools that are appropriate, how the person may communicate that they are in pain and the measures required in response to this.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 18 January 2023.

Action taken since then

The service had not made any progress in this area. Although we saw good use of pain management assessment tools, people's individual pain management needs remained unrecorded. This area for improvement is unmet and replaced with an area for improvement recorded under Key Question 5.

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	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	4 - Good
4.2 The setting promotes people's independence	4 - Good

How well is our care and support planned?	4 - Good
5.2 Carers, friends and family members are encouraged to be involved	4 - Good

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