

Peacock Nursing Home Care Home Service

Garden Place
Elburn
Livingston
EH54 6RA

Telephone: 01506 417 464

Type of inspection:
Unannounced

Completed on:
7 August 2023

Service provided by:
Peacock Medicare Ltd.

Service provider number:
SP2003002457

Service no:
CS2003010659

About the service

Peacock Nursing Home is owned and managed by Peacock Medicare Ltd. The care home is registered with the Care Inspectorate to provide care and accommodation for 80 older people. At the time of inspection, 75 people were using the service.

The home comprises of two houses, Peacock (House 1) and Primrose (House 2). Each of the houses has two floors, the upper floor can be accessed by either a lift or stairs. There are separate dining facilities on the ground floor of both houses.

All bedrooms have en suite toilet and washing facilities. There are bathing and additional toilet facilities on both floors. The home is situated in a residential area and has its own parking and well-maintained gardens.

About the inspection

This was an unannounced inspection which took place from 1 to 4 August 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 27 people using the service and spent time with many others
- received feedback from 15 relatives
- spoke with 26 staff and management
- spoke with two volunteers
- observed practice and daily life
- reviewed documents
- spoke with three professionals.

Key messages

- People spoke positively about the support they received from staff.
- Most interactions were warm and reassuring.
- The home needed to improve meaningful activity for people so that they could get the most out of life.
- People's health needs were well monitored.
- Mealtimes were relaxed with a friendly atmosphere and nice variety of meal choices.
- Improvements were needed in relation to recruitment procedures and staff training.

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

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, where strengths only just outweigh weaknesses. We saw strengths in the quality indicators 'People experience compassion, dignity and respect' and 'People's health and wellbeing benefits from their care and support'. However, improvement was required under the quality indicator 'People get the most out of life'.

People experienced support with compassion because there were warm, encouraging, positive relationships between staff and people living in the home. People spoke positively about the support they received from staff. They said they were treated with dignity and respect and supported with what they needed, when they needed it. One person told us *"It's lovely here. The staff are lovely and the food is good"*. Another said *"It's really good. They're really nice and they make sure you're ok"*.

Most interactions were warm and reassuring, particularly where people experienced any stress or distress. This resulted in positive outcomes for people when they needed it most.

We spoke with management about staff having access to more personalised information about people and how best to support them in ways that were meaningful to them. Staffing levels also appeared to limit the amount of meaningful engagement that staff were able to offer. A relative told us *"They have a beautiful garden but it's never used. Staff say they don't have enough staff to take people out"*. Regular staff knew people well and offered meaningful engagement whilst carrying out support, however, one to one time was very limited with the number of staff on duty in most units. This meant that people did not experience enough meaningful engagement.

Dedicated activities staff were involved in some activity throughout the home however there were very few activities for people to enjoy, and no planned activities at weekends. This meant that most of the time people had nothing to do. One relative said *"I get upset when I visit as all the residents are nearly always sleeping with no sign of any stimulating activities"*. Another told us *"I would love to see more activities, however, small encouraged. My relative was such an active person, I hate to see them sat sleeping all the time and their physical ability is slowly being lost from lack of movement"*. This meant that people were not being supported to develop or maintain their interests.

There were very few trips out for people to enjoy. A relative said *"[The Activities Coordinator] is trying to raise money but they never go anywhere because of being short staffed"*. This meant that there were very few opportunities for people to connect with their communities. The home needed to improve meaningful activity for people so that they could get the most out of life. We have made a requirement about this. **(See requirement 1.)**

People's health needs were very well monitored and staff had the knowledge and skills to recognise when healthcare professionals input was required. Referrals to health professionals were made without delay. There was very good insight and communication from nursing and care staff in terms of health.

People's health needs and medication were discussed with them in a reassuring manner by nursing and care staff. Relatives felt they were kept up-to-date with any changes or concerns. A relative told us *"They contact us if there are any medical concerns and get the GP involved"*.

We observed nursing staff discussing referrals to health professionals with people living in the home and the handovers between shifts were informative, giving individualised details on each person living in the home for the next shift. This ensured that people's health and wellbeing were promoted.

Mealtimes were relaxed with a friendly atmosphere and nice variety of meal choices. People were sitting together at small tables of up to four. One person said *"the food is always good"* and *"dessert is lovely"*. Another said *"The food is good and you get a choice and if you don't like it they'll make you something else"*. Meals looked appetising and everyone had a drink of choice and appeared to be enjoying their meal. There were friendly conversations between people and staff whilst some people were being supported to eat. A relative told us *"The food and menu are really good. My [relative] has never looked so well"*.

Requirements

1. By 24 November 2023 the provider must provide a varied programme of meaningful activities. To do this the provider must at a minimum:

- a) provide opportunities for all residents to have access to the garden
- b) provide an activity plan developed from people's interests and hobbies
- c) provide a range of meaningful activities for people living in the service
- d) provide opportunities for people to be out in the community.

This is to comply with Regulation 4 - Welfare of users of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

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

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate where strengths only just outweighed weaknesses. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. While the strengths had a positive impact, key areas under the quality indicator 'staff are led well' need to improve. Within this key question we evaluated the quality indicator 'quality assurance and improvement is led well' as good.

Systems of quality assurance and audits were in place and these were consistently completed, enabling areas for improvement to be promptly and accurately identified. An improvement plan was in place and we discussed with management the need to include ongoing outcomes from actions taken.

Clinical oversight and medication management was robust. Care plans were regularly reviewed but did not have adequate personalised information about what is meaningful to people, for example, preferred activities, so that people get the most out of life. We made a requirement about this in the section 'How well do we support people's wellbeing'.

Some pre-employment checks were not in place or were inadequate which meant people could not be confident that the staff who support and care for them had been appropriately and safely recruited. We have made a requirement about this. **(See requirement 1.)**

Mandatory training had not been completed by all staff and many staff had not undertaken training in relation to dementia, adult support and protection, or whistleblowing. Regular supervision was also not being consistently undertaken. This meant there were insufficient opportunities to reinforce best practice and identify individual training needs. We made a requirement about this. **(See requirement 2.)**

Staff were clearly committed to ensuring people were supported and felt valued. However, staffing shortages and the use of agency staff together in one unit meant that staff morale was generally poor throughout the home. A relative said *"If staff morale is low this will reflect on the home and residents - and it does"*. We spoke with management about ways to improve this, including ensuring staff feel listened to and appropriate deployment of staff throughout the home, taking into account the knowledge, skill mix, and experience of staff. We have made a requirement about this. **(See requirement 2.)**

Requirements

1. By 6 October 2023, the provider must ensure that people can be confident that staff have been recruited and employed safely.

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

a) ensure that the recruitment of staff has been informed by all aspects of safer recruitment guidance as detailed in 'Safer Recruitment Through Better Recruitment' (Care Inspectorate November 2016)

b) ensure that staff do not start work until all pre-employment checks have been concluded.

This is to comply with Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

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

'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

2. By 23 February 2024, the provider must ensure that staff receive appropriate training and support and are competent in their role. To achieve this, the provider must, at a minimum;

a) implement a mandatory training programme that addresses a review of training needs. This should include as a priority, but not be limited to, training in the following areas:

i. Dementia care, including stress and distress;

ii. Whistleblowing;

iii. Adult support and protection;

- b) ensure that records are maintained detailing which training events have been attended by whom
- c) develop a system to ensure that the learning from the training is implemented in practice and there is a record of staff competency
- d) ensure staff supervision is carried out in accordance with the provider's policy and procedures to ensure staff are supported to discuss and develop their roles and reflect on practice
- e) ensure that the daily deployment of staff across the service takes into account the knowledge, skill mix, and experience of staff.

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

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

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	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	4 - Good
2.4 Staff are led well	3 - Adequate

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