

Galashiels Nursing Home Care Home Service

Kirkbrae
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Type of inspection:
Unannounced

Completed on:
15 September 2023

Service provided by:
Pryce & Co Ltd

Service provider number:
SP2003002284

Service no:
CS2003010293

About the service

Galashiels Nursing Home is registered to provide care and support to a maximum of 37 older people.

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 en suite 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.

About the inspection

This was a follow up inspection which took place on 12 September 2023 between 9am and 4pm. The inspection was carried out by two inspectors from the Care Inspectorate. The focus of this inspection was to assess what action had been taken to meet the requirements and areas for improvement made at the inspection completed on 18 July 2023.

Key messages

- Management requires to identify risks, create action plans and drive improvement.
- Some quality assurance audits had improved. This reassured us there was an overview of some aspects of care and support.
- Management were very responsive to feedback and committed to make improvements and met the requirement's in the time frame agreed.
- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided.

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

Requirements

Requirement 1

By the 5 July management should have a good oversight and monitoring of the service to ensure people experience safe care and support. The provider should ensure that:

- (a) the quality assurance processes effectively enable areas for improvement to be promptly and accurately identified
- (b) where areas for improvement are identified, an action plan is developed, detailing timescales which are specific and measurable to lead to continuous improvement
- (c) staff completing audits receive training, to ensure that audits make improvements to the service
- (d) there is effective management oversight and leadership to drive forward the improvements needed.
- (e) quality assurance process includes full written guidance to include timescales for audits, who is responsible for completing these and the dates of review

This is in order to comply with Regulations 4(1)(a) – 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 the care and support is consistent with the Health and Social Care Standards (HSCS) which states:

'I benefit from a culture of continuous improvement, with the organisation having comprehensive and transparent quality assurance processes.' (HSCS 4.19)

'I use a service and organisation that are well led and managed.' (HSCS 4.23)

This requirement was made on 18 May 2023.

Action taken on previous requirement

Quality assurance audits were in place but there was a lack of oversight from management and no systems used to identify risks and plan appropriate actions to ensure outcomes were met.

Team meetings, training and supervisions were evidenced but sporadic since last inspection.

Action plans were in place to drive the required improvements, however there was still significant gaps in record keeping.

There has been no significant improvement since the last follow up inspection to meet this requirement in full therefore a further and last extension period has been given to evidence all the improvements needed to meet this requirement.

We have given an eight week extension period to 13 November.

Not met

Requirement 2

By the 5 July the provider must demonstrate that personal plans records all risk, health, welfare and safety needs in a coherent manner which identifies how needs are met. In order to do this the provider must:

- Ensure that documentation and records are accurate, sufficiently detailed and reflect the care planned or provided;
- Provide training so that staff are aware of their responsibility in maintaining accurate records;
- Provide training about the use of healthcare assessment tools including MUST and stress and distress
- Demonstrate that managers are involved in monitoring and the audit of records.

This is in order to comply with Regulations 4(1)(a) – Welfare of users 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 Standard (HSCS) which states:

'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 requirement was made on 18 May 2023.

Action taken on previous requirement

There has been some improvement in the personal plans but more work is required to ensure all the information within the personal plan is current and up to date.

The plans were person centred with some focus on peoples choices and preferences but information in some was contradictory which could impact on the delivery of care and support.

There was no effective systems in place to monitor service delivery to ensure needs were met regarding personal care and the use of assessment tools including Malnutrition universal screening tool (MUST). New needs were not highlighted in the personal plans and how to meet these needs.

As further evidence was needed to meet this requirement in full we have given an eight week extension period to evidence improvements by 13 November.

Not met**Complaints**

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

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