

Holmesview Care Home Service

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Unannounced

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Service provided by:

Randolph Hill Nursing Homes (Scotland)
Ltd

Service provider number:

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CS2010270153

About the service

Holmesview is a care home service for older people, providing twenty-four hour care for up to sixty older people.

The service is owned and managed by Randolph Hill Care Homes Ltd and has been registered since 2011.

The service is situated on the main street in Broxburn and has some local shops, public transport and amenities within walking distance.

Accommodation is provided over two floors, with six small units each containing ten single en suite bedrooms, lounge and dining area, and a communal bathroom. There is also a larger public lounge, and an enclosed sensory garden with access from some bedrooms and one of the downstairs lounges. Kitchen and laundry facilities are situated on the ground floor, and there is also a small hairdressing salon.

The philosophy of Randolph Hill Care Homes Ltd is "to provide high quality, skilled and empathetic individual care".

What people told us

Before the inspection we issued 20 Care Satisfaction Questionnaires (CSQ) to service users (one returned) and 20 to carers/relatives(10 returned) and 30 to staff (14 returned).

When carers/relatives were asked if they were overall happy with the quality of care in the service, all bar one respondent agreed they were.

Some of the most positive responses to questions told us that everyone was aware of the keyworker (named staff member who knew their relative well and a contact that they could speak with). All agreed that their relative was given nutritious meals and that information about their preferences were detailed in the personal plan. They were confident that their relative's privacy and confidentiality was respected.

There were differing views given by people about their experiences of care and staff in the home. A few relatives wished to tell us that they disagreed with our findings at a previous inspection and thought that the report contradicted their experiences in the home. One stated, "The staff at Holmesview are exceptionally committed, kind, caring people and I am grateful for the outstanding level of care and fondness they show".

People gave responses to show that they found their relative "clean and fresh" or "always neat and tidy" however some were not assured by the attitude of some staff and how they spoke with residents.

CSQ comments and discussion with some carers/relatives during inspection told us that people questioned the level of staffing in the home. We were given examples of how this had an impact on their relative when staff were not around to attend to their needs and how there were periods of time when lounges were unsupervised.

We saw the majority of residents in the home and spoke with some individuals who could give us their views. Residents gave positive comments about staff working in the home and the quality of the meals which they told us they enjoyed.

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 staffing?	3 - Adequate
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.

We saw that there were some pleasant and respectful interactions between staff and residents. It was clear that staff knew residents and their family members well. Assistance was given to residents in a calm and unhurried manner and individuals were comforted and reassured if this was needed. Residents were well presented with clothing that was appropriate and looked cared for.

However, whilst the direct care we saw was respectful and dignified there were issues showing where dignity and respect fell short. This was in areas of the cleanliness and storage of personal equipment and the availability of staff to attend to the residents' needs. These are further discussed under other questions in this report.

Residents should expect to get the most out of their life and be able to participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors. We saw some nice examples of brief 'life story' work that gave the resident an identity and a sense of their past. This meant that staff could get to know an individual well and enhance person centred care. A varied activity programme was in place and issued to each resident and one family member told us that this was sent to them electronically to keep them up to date.

Activity staff worked hard to engage with residents including those who spent a lot of time in bed and provided suitable alternatives if anyone was unable to attend group sessions.

We saw that residents enjoyed the engagement with staff but activity staff were unable to be in each unit and we noted that residents could be left without stimulation and interaction for periods of time as care staff were busy delivering direct care.

We have discussed staffing under the question "How good is our staff team?"

Meeting the social and emotional needs of residents is a significant aspect of care which enhances the well-being of residents. We will continue to follow this up at future inspections.

Residents should expect that their care and support is delivered in a person centred way and for it to have a positive effect on their well-being.

Where residents cannot express their views on their care we were informed that legal information and copies of documents were held in the service. This meant that an appropriate named person was able to be involved in any decisions about their care.

Relatives told us that they were kept informed of issues relating to the healthcare needs of their kin and that they were involved in reviews of care. There was involvement of other professionals, such as GP, speech and language, dietician, tissue viability nurse and podiatrist which supported the service meet the needs of residents.

A few residents spent time in bed and staff explained the rationale for this. However, where monitoring charts were in place to ensure that repositioning took place, these were not completed as we would expect with gaps in recording. Additionally there was no information on position changes when individuals sat in a chair throughout the day. This would help evidence that risks of developing damage to their skin was reduced. Changing position also helps aid comfort.

Risk assessments identified the level of risk posed in the development of pressure ulcers for individuals and it was good that there was a range of pressure reducing mattresses in use. It is essential however that airflow

mattresses are set at the correct setting for individual use and we did not see this for one resident during our inspection. This did not meet their skin care needs.

We acknowledge that the management had developed new recording sheets by the end of inspection but we will see how these have been implemented at future inspections.

(Area for improvement 1)

Together with repositioning, the application of topical medications is necessary to maintain the integrity of healthy skin and treat any skin problems. It was good that guidance to staff and body maps were in place to assist with the appropriate applications of creams. However we saw areas where the storage and recording of creams could be better. This included unnamed cream and storage outwith the resident's personal space, inaccurate recordings and information in mini care plans which contradicted information given to staff in the administration records.

(Area for improvement 2)

Food and fluid intake is important in the care of older people to ensure their health and well-being.

Action had been taken to review and refer residents who had weight loss to the GP and dietician after an outbreak of infection in the home.

The quality of food and fluid records and monitoring of intake by senior staff showed that this aspect of care needed to improve. Where there was evidence of minimal amounts taken over a 24 hour period we could not see that actions were taken and guidance was given to staff to improve this.

We could not be assured that practice in respect of food and fluid monitoring was effective in helping to minimise weight loss at an early stage.

(Area for improvement 3)

A calm and pleasant dining experience can help encourage residents to eat, drink and socialize. We saw variable experiences for residents in different units although staff in both worked very hard to make the dining as pleasant as possible. There was kind and caring support and attention given to residents in one unit but in another the delay in the meal arriving had an impact on some residents who became restless. We have acknowledged that our presence whilst observing was stated to be disruptive.

The manager gave an explanation for the delay and stated that this was not usual practice.

We will continue to monitor the dining experience at future inspections.

Good oral hygiene is necessary to help stimulate the appetite and encourage eating and drinking. It is important that toothbrushes and toothpaste are cared for and stored correctly. We saw examples where these were kept beside razors and hairbrushes.

Some oral care records had gaps in entries which indicated that care had not been delivered and one oral care plan showed that the care not been evaluated since 2017. We understand that there are times when care is not delivered but it is good practice to record a reason for the omission.

(Area for improvement 4)

Medication administration records sampled showed that, on the whole, these were well completed with no gaps in signatures and the use of carers notes which explained any omission.

Some aspects of medication management could be improved, for example the dating and updating of photographs of individuals to give a true likeness of the person. Additionally, the timescale for reviewing protocols for 'as required' medication, homely remedies and covert items should be clear.

The management acted on our findings. We will continue to monitor medication management at future inspections.

We have assessed that overall the service is reaching an adequate level in response to the question 'How well do we support peoples' well-being'. This is because the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

Areas for improvement

1. The provider should clearly evidence that residents who require repositioning receive this and staff are guided to the frequency of repositioning and mattress setting needed and maintain records for the individuals.

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

2. The provider should clearly evidence that residents who require applications of creams and lotions are receiving this, these are stored appropriately and that staff are directed and guided to deliver care in accordance with prescriber's instructions.

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

3. The provider should clearly evidence that residents who require monitoring of food and fluids have targets set and that staff are guided in care to be delivered after evaluation of records.

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

4. The provider should clearly evidence that residents have up to date plans of care for oral hygiene and that staff are directed and guided to deliver the necessary care and maintain records .

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

How good is our leadership?

4 - Good

Key strengths in the service was that there was a stable management team. They were visible and known to residents, staff and visitors to the service. Relatives told us that they were welcomed and well supported by the management and issues of concern were listened to and resolved.

It was good that there was a drive to consult with staff, residents and relatives to identify where improvements could be made. For example 'tasting sessions' were held to adapt the menu with foods that residents liked and they were also involved in choosing new furnishings and decorations for the home.

We saw that there were good audit systems for key aspects of care. This included nutrition and pressure ulcer

development. Audits identified where there were concerns. For example where any resident was losing weight, actions were put into place with referrals to other professionals.

However, our findings indicated that auditing could be improved to capture the issues identified in this report which made sure that the outcomes for residents was positive. This was, for example, in respect of the cleaning and storage of personal items, record keeping and evaluation of care plans.

We have assessed that the service is reaching a good level in response to the question 'How good is our leadership?'. This is because there were a number of strengths which have a positive impact on residents' experience and outcomes. However, improvements were needed.

How good is our staff team?

3 - Adequate

Staff were clearly committed to the care of residents and they told us that they had gone through a safe recruitment process and had received induction to their role. We thought that there could be some improvements in the record keeping for recruitment in respect of making sure that it was clear who had carried out interviews and how they had come to a conclusion on selection. We will look at recruitment at future inspections.

Staff were positive about the training events they attended and a training matrix showed that essential training was up to date. Residents and their families and friends were complimentary about staff working in the service. We have written about this under the section 'What people told us'.

Records of staff registration with regulatory bodies were in place and up to date. Staff were given the opportunity to discuss their work through supervision and staff meetings. However it was not easy to see that any action had been taken when issues were identified. This could be improved with the use of action plans so that issues could be signed off when completed or carried forward until resolution. We will look at these systems at future inspections.

Residents should expect that their care needs are met by the right number of people who have time to support, care and speak with them and to also be responded to promptly when they ask for help.

The service used a recognised tool to assess the dependency needs of residents. This took account of the care and support needed in aspects of care. Through observations of residents and discussions with staff and relatives we were not assured that some initial assessments were accurate. However, the management team told us that they were recalculated and correct.

Outcomes for residents were affected by the numbers of staff available to meet their needs. There were periods of times where there were delays in residents being attended to and times where there was no monitoring or supervision of communal areas as staff were carrying out direct care.

Duty rotas sampled did not always show that there were sufficient numbers of staff working to meet assessed needs of residents.

We spent time discussing dependency assessments and how this linked to staffing with the management who were continuing to work on refining a dependency tool. They provided us with details of additional staff hours allocated for nurses to carry out additional work such as care planning and this was outwith hours on the rota. They also told us that there were direct care duties carried out in the service by senior staff which meant that there was more hours of direct care than seen in the records.

We could not see how this had an impact in the daily provision of direct care in the home. We have seen that without sufficient staff working in the service residents do not receive quality support to meet their well-being needs and can miss out on meaningful interaction and stimulation which is necessary for a sense of well-being. (See area for improvement 1).

This question has been graded overall at an adequate level. This is because the key area of performance in relation to demonstrating that the numbers of staff working in the service are at a sufficient level based on assessed needs should be improved.

Areas for improvement

1. The provider should ensure that there are sufficient staff numbers deployed across the home to meet the needs of residents. Calculation of staff numbers should take account of additional duties, record keeping and factors such as the layout of the building. This is to ensure that care and support is consistent with Health and Social Care Standards, '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).

How good is our setting?

4 - Good

Holmesview provides spacious accommodation in small group living units. This helped afford a sense of homeliness and calmness.

Resident had their own single room with en-suite facilities with individuals personalising their rooms with their own items such as furniture and their favourite mementos.

Residents experienced an environment that was well maintained. Whilst we saw a pleasant environment, there was on going refurbishment in consultation with residents.

To make sure that residents are safe, items for personal care should be stored safely in the resident's bedroom. We brought to the attention of the manager a communal bathroom which was easily accessible and had items with the potential to cause harm. This was addressed. We will look at this at future inspections.

The environment should be free from avoidable and intrusive smells. It was concerning that there were pockets of malodours in the home and in one area this permeated through the unit. The malodour was accepted by staff working in the unit and this compromised the dignity and respect of people. Action was taken promptly by the manager when this was brought to her attention. (See area for improvement 1).

We have assessed that the service is reaching a good level overall in response to the question 'How good is our setting?' There are a number of important strengths in Holmesview which outweigh areas for improvement.

Areas for improvement

1. The provider should make sure that all areas of the home are free from malodours.

This is to ensure that care and support is consistent with Health and Social Care Standard 5.21 which states "I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices" and 5.22 which states "I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment".

How well is our care and support planned?

4 - Good

Residents should expect that their care plans are right for them because it sets out how their needs will be met, as well as their wishes and choices.

We saw some good person centred information in samples of care plans and relevant people were involved to agree and consent to restrictive measures identified by the service. Risk assessment tools were used, for example, to assess the resident's risk of falls and to determine the risk of developing skin damage.

Completed care plans for some areas of care did not always have the information we would expect to guide staff deliver care in a consistent manner with gaps in recording of the type of equipment used.

Some care files contained information from professionals which were undated and/or unsigned. We could not tell if the guidance was current but these details conflicted with the information in the associated care plan.

Evaluations of care took place but monitoring records, such as food and fluid charts, were not taken into account in a meaningful way which would help to set out the resident's current care needs. This meant that we were not assured that the care plan reflected the needs of the resident.

Some information, such as life story work could have been expanded as this helps to give a sense of the person and can help personalise care plans to meet their needs and preferences. Additionally, as staff become familiar with the resident and their daily life they can take account of their routines and begin to tailor specific care plans.
(See area for improvement 1).

We have assessed that the service is reaching a good level in response to the question 'How well is our care and support planned?' This is because there were strengths which have a positive impact but improvements are needed to maximise well-being and to ensure that people consistently have experiences and outcomes which are as positive as possible.

Areas for improvement

1. The provider should ensure that residents' personal plans are right for them and set out how all their needs will be met, as well as wishes and choices.

This is to ensure care and support is consistent with the Health and Social Care 1.15 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".

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

Requirements

Requirement 1

The provider must ensure that there is recorded consultation and agreement with the residents and / or their representatives when residents spend a considerable amount of time in bed. Records must show that rights of and risks to the individual have been discussed with them and, or their representative before a plan of care has been developed and implemented.

This is to comply with Regulations 3 and 4(1)(a) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

Timescale: For completion by 31 May 2018

This requirement was made on 13 March 2018.

Action taken on previous requirement

We saw sufficient information at this inspection to evidence that discussion was held with the resident or representative where appropriate.

Met - outwith timescales

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 benefits from their care and support	3 - Adequate

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate

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 care planning reflects people's planning needs and wishes	4 - Good

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