

Holmesview Care Home Service

2 Holmes Road
Broxburn
EH52 5JZ

Telephone: 01506 859 660

Type of inspection: Unannounced
Inspection completed on: 25 June 2018

Service provided by:
Randolph Hill Nursing Homes (Scotland)
Ltd

Service provider number:
SP2003002451

Care service number:
CS2010270153

About the service we inspected

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".

How we inspected the service

We wrote the report after an unannounced inspection that took place at the service on the
21 June 2018 between the hours of 11:00am and 6:00pm
25 June 2018 between the hours of 9:30am and 1:30pm

The inspection was carried out by two inspectors.

Discussion on the outcomes of the inspection took place during the inspection and feedback was shared and discussed each day and on concluding the inspection on 25 June 2018. The provider was in attendance on the first day of inspection and at the informal feedback with the manager and deputy manager. The quality manager was in attendance on the second day of inspection and at the feedback with the manager and deputy manager.

The findings were accepted as an accurate and fair assessment of the homes performance in regard to the follow up of the requirements.

We gathered evidence from various sources, including the relevant documentation which included:

- The certificate of Registration
- The staffing schedule
- The insurance certificate
- Resident dependency assessments
- Staff duty rotas
- A sample of four residents' care plans and associated records.
- Minutes of meetings/consultations
- Staff training records
- Accidents and incidents and complaints records
- Management of Medication and associated records MAR's

We observed:

- Staff practice and interaction with residents and fellow workers.
- How residents spent their day

- The general environment
- Meals and teas served

We spent time in and around the buildings and communal areas to help us observe how staff engaged with residents and how residents spent their day.

We saw most residents in each unit during our inspection and respected the privacy of those who did not wish to speak with us.

We spoke with :

approx 20 residents

4 relatives/carers

manager

deputy manager

quality manager

service provider

2 activity coordinators

registered nurses and care staff on duty on each day of the inspection

1 student nurse on placement

Taking the views of people using the service into account

Residents told us that they felt looked after and that staff were kind and attentive. Some said that they liked having a laugh and joke with staff which we saw during the inspection. Residents said that they were comfortable, liked having their own room and that meals were good. Some of the comments made by residents included

"I receive good care, no complaints at all."

"I feel reassured that staff are around and available when I need them."

"The staff all try their best to look after me and others, a good place"

Taking carers' views into account

Relatives/carers spoke highly of the quality of care provided and the work of the care staff to look after the residents. Comments included "We are delighted with the care our relative receives here, the staff are very good and her general health care needs are well looked after."

"We looked around a lot of places and Holmesview was just right. I worked in care so knew what to look for, so that helped."

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

Previous requirements

Requirement 1

The provider must, having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of the service users ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210) Regulation 15 Staffing.

Timescale : For completion by 31 May 2018

This requirement was made on 13 March 2018.

Action taken on previous requirement

There has been an increase in staffing provision in the home since the last inspection. This has been informed by outcomes of resident dependency assessment.

We saw that the staffing provided met or slightly exceeded the hours identified in the assessment.

Staff reported an improvement in staffing provision in the home, better team working and communication. However, there was some concerns about the role and responsibilities of nursing staff. Therefore, we asked that duty rotas clearly show the staff on duty and for the dependency assessment to take account of the role of the Registered Nurse.

Met - within timescales

Requirement 2

The provider must ensure that the nutritional needs of residents are being met. In particular you must:

- (a) Assess the nutritional needs of all residents.
- (b) Record the identified nutritional needs of residents and how they will be met taking account of individual choices and preferences.
- (c) Ensure that the strategies identified for meeting resident's nutritional needs are put into practice.
- (d) Ensure that staff support the dining experience of residents in accordance with the strategies identified to meet nutritional needs.
- (e) Ensure that there is a system in place to monitor residents who are assessed at high risk of malnutrition and that action is taken promptly to minimise such risks.

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

At this inspection we saw that:

- (a) assessment of resident's the nutritional needs was included in care plans.
- (b) nutritional needs of residents were identified and took account of individual choices and preferences.
- (c) strategies identified for meeting resident's nutritional needs were put into practice including the offer of a visual choice at each meal
- (d) staff supported the dining experience of residents in accordance with the strategies identified to assist them to meet nutritional needs.
- (e) a system was in place to monitor residents who are assessed at high risk of malnutrition and prompt actions implemented to minimise any risks.

In addition, we saw from audits of weight monitoring that there had been a decrease in weight loss and concluded that the assessments, strategies and systems in place had resulted in positive outcome for residents in this area of care.

Met - within timescales

Requirement 3

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

At this inspection we saw in a care plan a resident who spent most of the time in bed reference to some agreement with relatives about this. However, there was no record of any discussions about risks associated with prolonged bed rest or any subsequent agreements about how this should be managed.

From discussion with the manager it appears that the rationale, discussion and agreement with relatives took place some time ago and records relating to this had been archived. We suggested that a summary of discussions and agreements should be kept in the care plan to clearly show that risks had been discussed, actions agreed and that these were updated at each care plan review.

We also asked that misleading information given to relatives/carers in a care review record that the resident "had to" get up and out of bed on advice of the Care Inspectorate is corrected.

Not met

Requirement 4

The Provider must ensure that no resident is subject to unnecessary restraint.

In order to achieve this the Manager must:

- a) Assess the care needs of residents who currently use lap straps and/or recliner chairs
- b) Ensure that risk assessments are in place for the use of restraint.
- c) Ensure care plans clearly set out the rationale for use of restraint if appropriate.
- d) Provide staff with guidance on appropriate record keeping in respect of restraint.

This is to comply with Regulations 3 and 4(1)(a), 4(1)(c) 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

At this inspection we saw that;

- a) Care plans included an assessment of care needs for residents who currently use lap straps and/or recliner chairs
- b) Risk assessments were in place for the use of restraint.
- c) Care plans clearly set out the rationale for use of restraint if appropriate.
- d) Guidance was in place for appropriate record keeping in respect of restraint.

However, whilst we saw improvement in this area of care, to consider the requirement to be met we suggested how records could be further improved. We also asked that misleading information given to relatives/carers suggesting use of lap straps was discontinued on advice of the Care Inspectorate is corrected.

Met - within timescales

Requirement 5

The provider must ensure that residents who exhibit symptoms of stress and distress or whom staff report as having behaviours that challenge them has a personal plan to guide staff. In order to achieve this, the provider must:

- a) Ensure there is a personal plan which sets out the triggers that may contribute to stress and distress.
- b) Include in the personal plan signs of stress and distress and how this is displayed in each individual.
- c) Include guidance for staff on how to support residents by early intervention, minimising distress and helping residents feel calm, safe and secure.
- d) Ensure that staff are guided on when and how to document when residents show signs of stress and distress. 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

At this inspection we saw that

- a) Personal plans set out the triggers that may contribute to stress and distress.
- b) Personal signs of stress and distress displayed was included in individual care plans.
- c) Guidance was in place for staff on how to support residents by early intervention, minimising distress and helping residents feel calm, safe and secure.
- d) Guidance was in place for staff on how to document when residents showed signs of stress and distress.

In addition, staff we asked were able to demonstrate the needs of residents in this area of care and the strategies to help minimise stress and distressed behaviours.

Met - within timescales

Requirement 6

The provider must ensure that the health and welfare needs of residents in relation to pressure ulcers are met. In particular you must:

- (a) Carry out an assessment of all residents in the home which identifies the level of risk posed in respect of pressure ulcer development.
- (b) Ensure that measures to help prevent the development of pressure ulcers are identified and clearly documented in care plans and that these are implemented by staff delivering care.
- (c) Ensure that residents who have wounds have clear plans of care developed and implemented to evidence how these are assessed and managed.
- (d) Ensure that there is a system which monitors the effectiveness of care delivered in relation to prevention and treatment of pressure ulcers.

This is to comply with Regulations 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

at this inspection we saw that

- (a) Care plans included assessment to identify the level of risk of pressure ulcer development for each resident .
- (b) Measures were in place to help prevent the development of pressure ulcers again these were included in care plans
- (c) Wound care plans evidenced how any wound care needs were assessed and managed.
- (d) System were in place to monitor the effectiveness of prevention, care and treatment of pressure ulcers.

Met - within timescales

Requirement 7

The provider must ensure that medications are managed in a manner to protect the health and welfare of residents. In particular you must:

- a) Ensure that prescribed topical medical preparations are dated to show that they remain fit for use.
- b) Ensure that handwritten entries of medications have information on who had authorized the prescription.
- c) Ensure that where medication is used in the management of stress and distress, that protocols are in place to guide staff in practice to manage symptoms before using the medication.
- d) Ensure that where covert medication administered is carried out that there is clear documentation of involvement of professionals and that guidance is given to staff.
- e) Carers' notes must show the effectiveness of any medications which are given on a 'as required' basis. This is to comply with Regulations 4(1)(a) and 5 of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 13 March 2018.

Action taken on previous requirement

At this inspection we saw that

- a) Improvement had been made to show the opening date for prescribed topical medical preparations to ensure that they remain fit for use.
- b) Handwritten entries of medications had information on who had authorized the prescription.
- c) Protocols were in place to guide staff in practice to manage symptoms before using "as required" medication.
- d) There was clear documentation and guidance for staff on the administration of covert medication taking account of advice of professionals .
- e) Improvements were noted in the use of Carers' notes to show the effectiveness of 'as required' medicines.

We also saw differing quality in the information in "as required" protocols which we shared with the manager in order to further improve these.

Met - within timescales

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

Previous recommendations

There are no outstanding recommendations.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings
13 Mar 2018	Unannounced	Care and support 2 - Weak Environment 5 - Very good Staffing Not assessed Management and leadership Not assessed
23 Dec 2016	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 5 - Very good Management and leadership 5 - Very good
23 Mar 2016	Unannounced	Care and support 5 - Very good Environment 5 - Very good Staffing 4 - Good Management and leadership 4 - Good

Date	Type	Gradings
16 Dec 2014	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 4 - Good Management and leadership 4 - Good
19 Feb 2014	Unannounced	Care and support 4 - Good Environment 5 - Very good Staffing 4 - Good Management and leadership 5 - Very good
30 Jan 2013	Unannounced	Care and support Not assessed Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
8 Nov 2012	Unannounced	Care and support 4 - Good Environment 4 - Good Staffing 4 - Good Management and leadership Not assessed
6 Mar 2012	Unannounced	Care and support 4 - Good Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
26 Aug 2011	Unannounced	Care and support 3 - Adequate Environment 4 - Good Staffing 4 - Good Management and leadership 3 - Adequate

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