

# Holmesview Care Home Service

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**Type of inspection:**  
Unannounced

**Completed on:**  
3 March 2022

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

**Service provider number:**  
SP2003002451

**Service no:**  
CS2010270153

## About the service

Holmesview is a care home providing care and support for up to 60 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, in six living units, each containing ten single en-suite bedrooms, a lounge and dining area, and a communal bathroom. There is also a larger public lounge on the ground floor, 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".

At the time of the inspection there were 57 people using the service.

## What people told us

During the inspection we spoke with people living at Holmesview and some family members. There were a range of positive and negative views about the care home. People told us:

I like living here, there's always plenty to eat.

The care staff are great, absolutely top class.

The afternoon tea is lovely.

I don't really do anything all day, I used to go out on the bus but now I mostly lie here.

I would like a cup of tea when I waken up but sometimes I don't get a drink all morning.

The home is absolutely fantastic, I would move in there myself.

Visiting times are restricted to during the day there are no evening visits, this means I cant visit unless I'm off work.

I'm generally happy with the home and the service my relative receives but there have been a couple of issues and they have not always communicated well with me.

There have been a number of staff changes which have impacted on communication (with relatives).

## 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?	2 - Weak
How good is our care and support during the COVID-19 pandemic?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

2 - Weak

We evaluated this key question as weak. This means that although strengths could be identified, they were compromised by significant weaknesses which substantially affect people's experiences and outcomes. However, quality indicator 1.2 (people get the most out of life) was evaluated as adequate which meant there were some strengths which just outweighed weaknesses.

Interactions between staff and the people who live at Holmesview were kind. People spoke highly of the care staff and staff knew people well and were genuinely fond of them. Overall-people looked well cared for, but care and support was delivered around routines and tasks. Although staff were working hard, they had little time to provide individual additional support to people.

We were very concerned to find that people were mostly living in their bedrooms with their doors closed and some people were locked in their bedrooms by staff. The locked doors were not recorded in people's care plans, the right legal consents were not in place and there was no mechanism or risk assessment in place to consider emergency access for staff if required. Staff told us that bedroom doors were locked to avoid people becoming involved others' stress and distress behaviour. Any restriction placed on someone's freedom must be legally authorised, proportionate and necessary. We considered this to be a disproportionate response to support people experiencing stress and distress. We raised this with the management team on 1 March 2022 and had to seek further assurance on 2 March 2022 when the management team assured us that this practice would stop immediately.  
(See Requirement 1)

Activity staff were in place and we could see from people's care plans that time had been taken to consider what people liked to do and how they would like to spend their day. We were not able to see how this informed activity planning and we heard from people who live at Holmesview and from staff that people had nothing to do all day. There were planned trips out using the home's bus. Two of the people who took part told us they enjoyed the trip, but that they would like to get off the bus and walk around. Staff told us that this was not permitted, meaning people were not able to enjoy the full experience of getting out and about again. We heard from loved ones that the booking system in place for visiting arrangements was restrictive and relatives could not visit in the evenings or at short notice. Relatives should be able to visit during the day and evening, with appropriate testing and checks, and people would also benefit from a range of other visitors to the home, such as entertainers and hairdressers.  
(See Area for Improvement 1)

We saw from the care plans that staff made relevant links to other health care professionals. Medication charts were completed accurately and daily charts completed in a meaningful way. Care plans were in place for people who experience stress or distress, and some had strategies for supporting people. However, staff were not always aware of the planned strategies meaning that approaches were not consistent, and this increased people's distress. Staff completed records of incidents but there was no management oversight of these records and the information gathered did not inform people's care plans. There was no plan in place to manage stress and distress at night or when distress impacts on other health care needs for people. This means that people's health and wellbeing needs were not always met.  
(See Requirement 2)

People told us that there was plenty of food, it was nice, and there were always alternatives to the menu available. Sometimes the food was cold and care staff had to reheat this in the microwave. We saw that special diets were catered for including fortified foods and the pantries were well stocked with snacks. The dining experience varied between different units but few people used the dining areas, which were functional but sparse, meaning that people did not have the opportunity to use mealtimes to socialise. Afternoon tea was always served and people said this was lovely but told us that they did not get offered a drink when they woke in the morning and sometimes there was no mid-morning tea or juice offered, which meant that some people did not have enough to drink.  
(See area for improvement 2)

## Requirements

1. By 1 April 2022 the provider must ensure that where people experience any restrictions or restraint, these are legally authorised, proportionate and necessary; restrictions must be in the person's best interests and take account of their human rights.

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

- a) no person should be locked in their bedroom unless they request this
- b) people who want to have their doors locked while in their room have appropriate legal consents in place and this is identified within their personal plan
- c) where people choose to have their door locked, there is a risk assessment in place which includes a mechanism for emergency access to the room
- d) staff are clear about the purpose of obtaining consent from people or their representative, and how this should be used.

This is to comply with: Regulation 4(c) 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 Standards which state: 'My human rights are protected and promoted' (HSCS 1.2) and 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

2.  
By 1 April 2022 the provider must ensure that people's outcomes are not compromised when they experience stress or distress.

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

- a) have up to date personal plans in place for people who may experience stress or distress, that contain established triggers, tried and tested alleviation techniques and strategies to provide support
- b) ensure that staff are familiar with people's personal plans and are able to identify triggers for stress or distress and use alleviation techniques consistently in practice
- c) staff are clear about when health care needs are not being met due to stress or distress and how to record and report that
- d) management have a robust process in place for reviewing all incidents including incidents of stress or distress and that these reviews are used to inform and support staff in the provision of care that meets

people's health outcomes

e) staff and management recognise potential harm and understand their duty to report this under the Adult Support and Protection Act (Scotland) 2007.

This is to comply with: Regulation 4(a) 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 which state: 'My care and support meets my needs and is right for me' (HSCS 1.19) and 'any treatment or intervention that I experience is safe and effective'(HSCS 1.24).

### Areas for improvement

1. To fully support meaningful contact to resume between adult care home residents and their loved ones, the provider should work within the Scottish Government Guidance - 'Open with Care'. They should also support people to get the most out of life by the re-introduction of external activities and entertainers.

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

- a) ensure people benefit from a range of activities that takes account of the current restrictions resulting from Covid-19
- b) ensure staff are available to lead activities and encourage people to remain active on a regular basis
- c) ensure activities are based on people's preferences, wishes and choices and personal plans reflect involvement in meaningful activities and outcomes.

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

'I can maintain and develop my interests, activities and what matters to me in the way I like' (2.22).

This is also to ensure that care and support is consistent with Open with Care, Supporting Meaningful Contact in Care Homes. Published by The Scottish Government, February 2021.

2. To ensure that people can be confident that their nutrition needs are fully met, the provider should ensure that:

- a) Fluids and snacks are offered out-with set mealtimes.
- b) Hot food that is cooked or reheated must be kept at a temperature above 63°C.
- c) Reheated foods must be raised to a temperature of not less than 82°C.
- d) Food probes are available in all serveries and records maintained for auditing purposes.

This ensures care and support is consistent with the Health and Social Care Standards, which state:

"My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected." (HSCS 1.23) and

"My meals and snacks meet my cultural and dietary needs, beliefs and preferences." (1.37).

**How good is our care and support during the COVID-19 pandemic?**

**2 - Weak**

We evaluated how well infection control practices support a safe environment and concluded that this was weak. We also evaluated whether staffing arrangements were right, responsive and flexible and concluded that this was also weak. Whilst some strengths could be identified, these were compromised by significant weaknesses. As these weaknesses concerned the welfare and safety of people, we made requirements for improvement.

Overall the home was clean and tidy, homely and tastefully decorated. Cleaning schedules were in place that included equipment and enhanced cleaning to support infection prevention and control.

We were very concerned that the home was not properly prepared to support people who had tested positive for Covid-19. Staff did not have access to the correct personal protective equipment (PPE) or knowledge of how to keep themselves and others safe. We made management aware of this on the first day of our visit, but appropriate infection prevention and control measures were not introduced until we raised this for a second time with management on the following day. The infection prevention and control measures that we asked to be put in place had been completed by the time we concluded the inspection. (See area for improvement 1)

Staff and management were not up to date with current guidance and practice. Staff told us they had received a talk by the home manager on personal protective equipment (PPE) and handwashing but had not had this updated or their practice assessed. Training is usually provided in a classroom situation and because there was no alternative arrangement made during the Covid-19 pandemic, staff were not up to date with training. Some staff who had started in the last 2 years had not received essential training. (See requirement 1)

Staff and management told us that people's dependency levels had increased recently, which meant that people needed more help, but we were not able to see that this had been assessed or considered when deciding on staff numbers. We were very concerned that the home did not have enough staffing to respond to people's increasing care needs. Staff told us that at times people had to wait for care and support as there were not sufficient staff to provide this. We saw examples of when this resulted in poor outcomes for people. (See requirement 2)

## Requirements

1. By 1 April 2022, the provider must ensure that people can be confident that staff receive training appropriate to the work they are to perform.

To do this the provider must, at a minimum, ensure staff receive up to date training in:

- a) Infection Prevention and Control, Covid-19, safe use of personal protective equipment (PPE) and hand hygiene.
- b) Practical moving and handling.
- c) Adult support and protection.
- d) Supporting people with stress and distress.

This is to comply with Regulation 4(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011/210.

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

2. By 1 April 2022, the provider must ensure that people are supported at all times by enough staff to meet their health, safety and wellbeing needs. This must include, but is not limited to, ensuring people's emotional wellbeing needs are met, including when people experience stress and distress.

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

- a) that daily direct care hours are sufficient to support good outcomes for people
- b) that dependency levels are assessed, at least every 28 days, and take account of the layout of the building, current care needs of people and feedback from staff.

This is to comply with Regulation 15(a) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is also to ensure that care and support is consistent with the Health and Social Care Standards, which state:

'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).

### Areas for improvement

1. To support good infection prevention and control practices, the provider should ensure that:

- a) The service is outbreak-ready and that any outbreak of Covid-19 is managed as per the National Infection Prevention and Control Manual: Winter (21/22), Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum.
- b) There is a process in place for the safe management of contaminated linen.
- c) There is a procedure for the safe management and disposal of personal protective equipment (PPE) and clinical waste.

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).

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

### Requirements

#### Requirement 1

By the 14 February 2022 the provider must demonstrate that the service has systems in place to ensure that the health needs of individual service users are adequately assessed, monitored and met. In order to do this, you must:

Demonstrate that staff will contact a GP or other relevant healthcare team member when people's health condition is not improving and continues to deteriorate.

Ensure that staff have the necessary skills and experience to implement effective systems of monitoring people's health and wellbeing if their condition changes, or there has been a significant event.

Ensure that care and support plans are in place detailing the person's needs and preferences and how these are to be met.

Ensure that staff have the necessary skills and experience to give key information to other healthcare professions, to allow for an accurate overview of a person's health and wellbeing.

Ensure that planned support is fully implemented for people whose health has changed and close monitoring of their health is implemented, including frequent observations, risk of dehydration, skin integrity and the assessment of their capabilities.

Ensure that managers monitor and audit health needs robustly.

**This requirement was made on 28 January 2022.**

#### Action taken on previous requirement

This requirement was made as part of complaints inspection and was not assessed at this inspection. This will be followed up at the next inspection.

#### Not assessed at this inspection



## 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

Registered nurses are required to keep accurate and detailed records. This includes assessment, observation and treatment planning for those in their care. Nurses should be adhering to the Nursing and Midwifery Councils record keeping guidance.

**This area for improvement was made on 28 January 2022.**

#### Action taken since then

Discussions have taken place with registered nurses and for them to reflect on their practice with regards to effective and accurate record keeping and the use of appropriate documentation. Training for staff has commenced on observations and recording.

This area for improvement has been met

#### Previous area for improvement 2

People's hydration should be monitored and recorded in order to minimise the risk of becoming dehydrated. Information should be assessed and reviewed by staff and further action taken if risks are identified.

**This area for improvement was made on 28 January 2022.**

#### Action taken since then

This area for improvement was not met and a new area for improvement, that includes hydration has been made (See KQ 1, area for improvement 2)

#### Previous area for improvement 3

To ensure safe outcomes for people, the manager should improve quality assurance audits to ensure that they effectively identify areas for improvement in the service. Including, but not limited to, spot checks of equipment and the environment. An action plan should be developed to address any areas for improvement identified.

**This area for improvement was made on 16 June 2021.**

#### Action taken since then

Quality audits are completed monthly and an action plan is in place to address improvement. This area for improvement has been met.

#### Previous area for improvement 4

To ensure safe outcomes for people, the manager should ensure that shared care equipment is managed in accordance with current infection prevention and control guidance. This includes, but is not limited to, moving and assisting equipment.

**This area for improvement was made on 16 June 2021.**

## Action taken since then

Equipment was in good repair and each piece of shared equipment had completed cleaning schedules attached. This area for improvement has been met.

## Previous area for improvement 5

To ensure safe outcomes for people, the manager should ensure that PPE and alcohol-based hand rub is easily accessible to staff throughout the living units.

**This area for improvement was made on 16 June 2021.**

## Action taken since then

Further concerns have been identified with access to required PPE and a new area for improvement has been made (See KQ7 AFI 1)

## Previous area for improvement 6

In order to ensure good outcomes for people experiencing care, and their families/carers, the manager should improve record keeping to clearly show when, and under what circumstances, family wish to be contacted. Staff should be made aware of the expectation to contact families, in line with their agreed wishes for contact.

**This area for improvement was made on 2 September 2019.**

## Action taken since then

Relatives feedback identified that communication was still a concern and two relatives asked that we raise these concerns with management. Management have agreed to explore this further.

## Previous area for improvement 7

In order to ensure good outcomes for people experiencing care, the manager should be able to demonstrate that staff failings have been fully addressed and that required improvements have been achieved. Supervision and/or training records should clearly demonstrate how practice has been improved, monitored and assessed as competent.

**This area for improvement was made on 2 September 2019.**

## Action taken since then

Further concerns have been identified around staff training and a requirement has been made (See KQ7 Req 1)

## Previous area for improvement 8

In order to ensure good outcomes for people experiencing care, the manager should review accident reporting procedures. Management should consider how staff who have been directly involved in accidents and/or incidents, particularly the first person on the scene, should be involved in completing accident/incident reports. This would help to ensure that a full account of circumstances is gathered. It is the responsibility of all staff to be accountable for their acts and omissions.

**This area for improvement was made on 2 September 2019.**

## Action taken since then

Staff are completing incident reports but further concerns have been identified about management oversight and how reports impact of care planning. A new requirement has been made (See KQ1 Req 2).

### Previous area for improvement 9

In order to ensure good outcomes for people experiencing care, and their family/carers, the manager should ensure that people receive an adequate explanation of events following accidents and investigations taking place. Management should consider how a more complete response can be provided to family.

**This area for improvement was made on 2 September 2019.**

#### Action taken since then

Relatives feedback identified that communication was still a concern but not specifically accidents and incidents. The management team agreed to explore relative communication further.

### Previous area for improvement 10

In order to ensure good outcomes for people experiencing care, and their relatives/carers, the manager should review how this investigation has been carried out. Gaps should be identified and where possible, appropriate information should be sought to more fully explain the events surrounding the accident.

**This area for improvement was made on 2 September 2019.**

#### Action taken since then

Relatives feedback identified that communication was still a concern but not specifically accidents and incidents. The management team agreed to explore relative communication further.

### Previous area for improvement 11

In order to support good outcomes for people experiencing care, the manager should ensure that people's need are effectively reassessed on a regular basis and when their presentation changes. Care plans should be current and should accurately reflect people's needs and how they should be met.

**This area for improvement was made on 2 September 2019.**

#### Action taken since then

Further concerns have been identified that involve care planning and good outcomes for people experiencing care A new requirement has been made (See KQ1 Req 2)

## Complaints

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

## Detailed evaluations

How well do we support people's wellbeing?	2 - Weak
1.1 People experience compassion, dignity and respect	2 - Weak
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	2 - Weak

How good is our care and support during the COVID-19 pandemic?	2 - Weak
7.2 Infection control practices support a safe environment for people experiencing care and staff	2 - Weak
7.3 Staffing arrangements are responsive to the changing needs of people experiencing care	2 - Weak

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