

Holmesview Care Home Service

2 Holmes Road
Broxburn
EH52 5JZ

Telephone: 01506 859 660

Type of inspection:
Unannounced

Completed on:
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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 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 upper 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.

About the inspection

This was an unannounced inspection which took place on 26, 27 and 28 September 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 13 of their relatives
- spoke with 22 staff and management
- observed practice and daily life
- reviewed documents
- spoke with three visiting professionals.

Key messages

- People were treated with dignity and respect during meaningful interactions with staff.
- People could be confident that the staff who supported them were competent and skilled and able to follow their professional codes.
- Improvements were required in supporting people with skin integrity concerns and stress and distress.
- Robust systems of quality assurance and audits should be in place and consistently completed.

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
How good is our staff team?	4 - Good
How good is our setting?	5 - Very 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.

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 get the most out of life'. However, improvement was required under the quality indicator 'People's health and wellbeing benefits from their care and support' and we have made requirements about this.

People were treated with dignity and respect during meaningful interactions with staff.

People living in Holmesview told us, *"The staff here are brilliant,"* and *"Everyone is lovely here"*.

People experienced warmth and compassion in the way they were cared for by staff. Relatives told us that staff took time to get to know people and were patient and kind. One relative said *"There's a family feel in here. Staff very quickly wanted to get to know about my relative so that they could start building relationships with them. That encouraged my relative to settle. We love it in here. The staff are really nice. We have no complaints"*.

Many people did not have the opportunity to get the most out of life. There were a wide range of interactions and good quality events organised within and out with the care home, however access was limited to a few people which meant that outcomes for many people were not being met. The service should do more to ensure that everyone's preferences are considered and that everyone is given the opportunity to engage in activities meaningful to them. At our last inspection we made an area for improvement about this (see section: 'What the service has done to meet any areas for improvement we made at or since the last inspection'). Because this had not been met we made a new area for improvement about people getting the most out of life (**see area for improvement 1**).

People who were involved in the activities told us they were very happy living in Holmesview. One person said, *"The staff here are brilliant. I was at Paisley last week for the medals and I'm going to the games tomorrow"*.

Staff were attentive to people's general health and wellbeing. They knew when to contact health professionals and did this without delay. A relative told us, *"[My relative] is respected, and the staff try to allow him his independence while still ensuring that he is washing and eating"*.

Relatives told us they were kept informed on any health concerns and updated on the outcome of any health interventions. A relative told us, *"If there's anything regarding my relative's health or wellbeing the home phone and keep us up to date with how she is. We can relax in the knowledge that my relative is well cared for and safe in her new home"*.

We found nutrition to be good, with a range of different meals which most people told us they enjoyed.

People were being encouraged to eat well. We spoke to the management team about ensuring people had access to fluids throughout each day.

Professionals we spoke to told us they found the home to be relaxed and calm with friendly, kind staff, and spoke highly of their interactions with nursing staff.

When people required support with skin integrity and treatment plans, this was poorly recorded with unacceptable gaps between dressing changes and the records had little detail about the progress of the area being dressed. Although skin integrity risk assessments were completed monthly, not everyone had a corresponding plan of support. This included people for whom their skin assessment identified them as vulnerable. This meant that people could not be confident that their skin integrity care needs would be met. We have made a requirement about this (**see requirement 1**).

Many stress and distress care plans contained limited guidance to support people if they experienced stress and/or distress and those that were in place were not followed by staff. Some people did not receive medication timeously when experiencing distress and others experienced a 'pharmacy first' approach where medication was given without employing any support strategies. This meant that people could not be confident of consistent and effective support from staff at times when they may experience stress and/or distress. We have made a requirement about this also (**see requirement 2**).

Requirements

1. By 8 December 2023, the provider must ensure the health and welfare of people by meeting their needs in relation to wound care, including (but not limited to) pressure ulcers.

In order to achieve this, the provider must:-

- a) carry out assessments of all people in the home which identifies the level of risk with skin integrity
- b) ensure that proactive measures to prevent the development of pressure ulcers are identified and clearly documented in people's care plans and that these are implemented by staff delivering care
- c) ensure appropriate use of daily monitoring charts, wound care assessments and treatment plans
- d) ensure that there is a quality system which monitors the effectiveness of care delivered in relation to both prevention of skin breakdown and any treatment plans in place.

This is to comply with Regulations 4 (1) (a) 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 (HSCS) which state that:

'I experience high quality care and support that is right for me' (HSCS; 1.12, 1.14, 1.15 and 1.24).

2. By 8 December 2023 the provider must ensure that people who experience stress and distress are fully and appropriately supported.

In order to achieve this, the provider must ensure:-

- a) that care plans are in place which identify individual triggers for stress and/or distress episodes and strategies to reduce people's levels of stress and distress
- b) where medication is prescribed to alleviate stress and distress, then there is clear guidance on how and when this should be administered. A record must be kept of when any 'as required' medication has been

administered, the rationale for this and what the outcome was

c) that staff have the skills to support service users by receiving training on how to support people who experience stress and/or distress.

This is to comply with Regulation 4(1)(a) (welfare of service users) and Regulation 15(b)(i) (staffing) 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 (HSCS) which state that:

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

'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).

Areas for improvement

1.

The service should fully support people to get the most out of life.

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

a) consistently offer personalised, meaningful activities and engagement that meets and develops people's interests

b) ensure all people living at the care home can benefit from a range of activities both within and out with the care home

c) ensure that staff who lead activities encourage people to remain active on a regular basis where appropriate

d) ensure activities are based on people's preferences, wishes and past hobbies and that 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 that:

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25); and

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

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh positive experiences, and outcomes for people may be reduced

significantly because key areas of performance need to improve.

Feedback from relatives was mostly very positive although some people felt communication could be better, particularly around planned events and family meetings. There were residents' and relatives' meetings which covered a range of relevant discussions and people and their families had the opportunity to take part in feedback surveys. Although these approaches were undertaken regularly, they could be more inclusive by widening the invitation through improved communication to people and their families.

There were a range of regular meetings with all grades of staff, which were well attended and covered relevant topics. When we spoke to staff, they said they enjoyed working in Holmesview. Some said they felt well supported by the management team and felt listened to, however most staff did not find the management team approachable or visible in the home. We saw that staff received supervision from senior members of staff, including senior carers and principle carers. When we asked staff about this, one staff member told us "We do get supervision and support from the senior carer but we don't see management".

The service had a development plan in place with a range of actions planned to support improvement. Although a number of audits had been carried out, they were not full and did not always hold the correct information, and we could not see how they supported better outcomes for people. Management oversight needed to include a more robust and accurate understanding of clinical information and environmental audits needed to improve. We made an area for improvement about this (**see area for improvement 1**).

Areas for improvement

1. The provider should ensure people are safe and receive care and support that is well led and managed and which results in better outcomes for people through a culture of continuous improvement, with robust and transparent quality assurance processes.

This should include but is not limited to ensuring that:-

- a) robust systems of quality assurance and audits are in place, enabling areas for improvement to be promptly and accurately identified. This should include systems for feedback from people and relatives which is accessible to all people using the service and their relatives
- b) systems of quality assurance and audits are consistently completed and measure outcomes for people
- c) where areas for improvement are identified, an action plan is developed which details actions required, timescales and the person responsible
- d) regular oversight and discussions take place regarding clinical information about people living in the home.

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

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

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Recruitment was carried out in line with safer recruitment guidelines and induction and training were good. Reflective accounts were regularly carried out to ensure the content of training had been understood. All appropriate staff were registered with the appropriate professional body. This meant that people could be confident that staff were competent and skilled and able to follow their professional codes.

Staff were clearly committed to ensuring people were well cared for and this was evident to relatives when they visited also.

Levels of staffing were appropriate to ensure that people could be well cared for.

Most staff told us they enjoyed working at Holmesview and told us the staff team work well together. One member of staff told us, *"It's great here. Staff treat residents well and I think they're happy"*.

How good is our setting?

5 - Very Good

We found significant strengths in how people experienced high quality facilities within the home and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

The home was clean and rooms were nicely personalised. Maintenance was very good and people were able to move freely around the home, choosing where to sit and who to chat with.

People's names were on their bedroom doors, with photographs of their main interests so that new staff or visiting professionals could immediately know a bit about the person and what they enjoy or like to talk about.

The facilities within the home were of very good quality and it was a calm, clutter-free but homely, comfortable environment for people to live in.

How well is our care and support planned?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Care plans were personalised and well laid out. They included relevant information to ensure that staff could support people with what they needed in the way that they wished.

Care plans could be further developed with improvements to some of the language used and more information about what is important to people to support meaningful outcomes being achieved. Management were responsive in beginning to make these improvements during our inspection.

We have made reference to care plans being improved in relation to stress and distress strategies and skin integrity concerns, in the requirements we made in the section 'How well do we support people's wellbeing?'

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

The service should fully support people to get the most out of life. To do this, the provider should, at a minimum:

- a) ensure all people living at the care home benefit from a range of activities both within and out with the care home
- b) ensure that staff who lead activities encourage people to remain active on a regular basis
- c) ensure activities are based on people's preferences, wishes and past hobbies and that 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 that:

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

This area for improvement was made on 23 June 2022.

Action taken since then

There were a range of activities within and out with the home, however, it appeared that only a small number of people were contributing to choosing which activities were on offer, and engaging in these activities. We could not see any evidence that other people's preferences were being taken into account.

Some people benefitted from regular physical activity, but not all people who would benefit from this were being encouraged or supported to do so.

Available choices of activities were documented on a 'tick list' but we could not see evidence of activities being added which reflected people's preferences, wishes and past hobbies.

We will therefore make a new area for improvement in relation to people getting the most out of life.

Previous area for improvement 2

To ensure that people are supported to enjoy their meals, the service should review the mealtime arrangements to ensure that there are no unnecessary lengthy gaps between courses.

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

'My meals and snacks meet my cultural and dietary needs, beliefs and preferences.' (HSCS1.37).

This area for improvement was made on 23 June 2022.

Action taken since then

There were comfortable gaps between courses for people seated at the dining tables, with meals being relaxed and unrushed. People chatted over coffee or tea after lunch, still seated at dining tables. We saw that people enjoyed their meals and benefitted socially from this dining arrangement.

There were some concerns on day one of our inspection about people in their bedrooms having to wait lengthy times for lunch and we spoke to management about this. This was resolved on days two and three of our Inspection.

This area for improvement has been met.

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 and wellbeing benefits from their care and support	3 - Adequate

How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate

How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good

How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good

How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

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