

Beechwood Park Care Home Service

136 Main Street
New Sauchie
Alloa
FK10 3JX

Telephone: 01259 720355

Type of inspection:

Unannounced

Completed on:

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Service provided by:

Caring Homes Healthcare Group Limited

Service provider number:

SP2013012090

Service no:

CS2013318118

About the service

This service registered with the Care Inspectorate on 30 August 2013.

Beechwood Park care home is provided by Caring Homes Healthcare Group Ltd, who are part of Myriad Healthcare Ltd, with care homes throughout the UK. The care home is registered to provide for 62 older people.

The home is located on the main street of Sauchie and close to local amenities. The home is laid out over two floors and divided into five units providing single room accommodation, with all rooms having en-suite shower facilities. There are also some enclosed garden areas and seating with direct access from ground floor lounges.

The home has shared use of a minibus with designated drivers and day trips take place for people on a regular basis.

What people told us

Prior to our inspection we sent out questionnaires to the service to be distributed to residents and relatives. One survey was returned to us from a resident and four from relatives. These indicated that overall they were confident that staff were meeting people's health needs and that people were treated with respect, however three from the four relatives indicated they did not feel there were enough staff on duty.

We spoke with eight residents and five relatives during our visit. The comments overall were positive, and a selection of these are as follows:

"I am very happy, overall satisfied. My choices are respected."

"Food is alright, I am not asked about menu planning."

"I can't leave my room but I get lots of staff coming in to check and ask if I need anything."

"Food is ok, needs improving."

"I enjoy the bus trips."

"Staff are good but I see the same people sitting about every day I am in."

"Mum is well cared for and enjoys being taken out."

"Communication is very good from staff."

"Staff are quick to respond to mum's needs."

"Always find the environment to be clean and fresh."

"Staff are very kind to me when I come in. Staff are enthusiastic and caring."

'Staff all know my name and this makes me feel part of the team supporting my wife.'

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?	2 - Weak
How good is our staffing?	3 - Adequate

How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

The majority of people living at Beechwood Park receive a level of care that is beneficial to their health. We concluded this after undertaking a number of observations, looking at a variety of records and listening to the views of relatives, residents and visiting professionals. We heard of examples of how people were supported when fellow residents passed away, and how staff could support their attendance at any services should they wish to go. People we spoke with told us their choices were respected, such as getting up in the morning and how they could personalise their room. This told us that overall were treated with kindness, compassion and their wishes and choices were respected.

Assistance was available during meal times and was offered in a kind and attentive way but we noted some people were struggling with the meal choice of one light lunch which was bacon rolls with soup. We did note however, the kitchen had an overview for people who required a variety of textured and fortified diets. We discussed that care staff could be more vigilant as to when people are struggling with the texture or type of meal served and consideration for alternatives to be offered and to communicate this back to the kitchen. Staff should ensure that people can reach food comfortably without unnecessary spillages and should refrain from automatically putting on protective clothing aprons on residents when they are asleep, or providing residents with plastic aprons that are provided for staff. This removes choice and dignity for people.

During our inspection, from the sample of care plans and audit information we looked at, we saw referrals being made to various professionals for further input, for example the community psychiatric nurse and dietician. This ensured that people's health needs were being monitored. However, information was communicated to us after our inspection that indicated this was not a consistent process for everyone. The service had failed to effectively record information alongside obtaining the required guidance and treatment plan for skin breakdown for one person which led to them being hospitalised. **(See area for improvement 1)**

We did not see a care plan for people's mental wellbeing across the service, and we refer to this further under "How well is our care and support planned" later in our report. Also, we did not see in the medication records any guidance to support stress and distress. Medication records should ensure there is a protocol in place for "as required" medication. This should include what steps should be taken to try and support the person and any identified action to de-escalate situations prior to medication being administered. We were not able to see how pain was assessed and medication given in response to this for people who were verbally unable to express pain. Although staff were able to tell us about non verbal cues and body language, it is still necessary to have this evidenced to guide any new or temporary staff who would not be as familiar to peoples' needs to ensure their needs are being met. **(See area for improvement 2)**

People who were at high risk of falls or with a significant falls history were observed frequently by staff, in particular for people who did not leave their rooms. A variety of equipment was provided to people who needed for example a specialist mattress or assistive technology to detect movement during the night. This promotes both the health and the safety of people.

During our inspection, we observed that there was not a lot of stimulation or daily structure being offered to people. Some people were sleeping in the same position in the same area for long periods of time. Staff told us they found it difficult to find time outwith tasks to spend with residents to undertake other activity, for example, chats, reading or playing a game for example. During a short observation we undertook for five people, there was little in the way of staff presence for the half hour and any interaction we did see was in relation to tasks. We did not see evidence in care plans of meaningful activity for people, in particular for people who were unable to leave their rooms. Although some people had detailed life histories, these were not linked to how someone could spend their day that would be of personal value or interest. It is important that people have opportunities for meaningful activity and other forms of social interaction to promote positive mental wellbeing. **(See area for improvement 3)**

Areas for improvement

1. In order to keep well, and ensure health needs are met, people who require external health input from other health care professionals should receive this expediently.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states 'I am assessed by a qualified person, who involves other people and professionals as required' (HSCS 1.13) and 'My care and support meets my needs and is right for me.' (HSCS 1.19)

2. Improvements need to be made in medication procedures for people who are unable to express pain, and who display high levels of stress and distress. This is in order to guide staff to ensure they respond to people's needs effectively.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states 'My care and support meets my needs and is right for me.' (HSCS 1.19)

3. People should have opportunities for social interaction and inclusion to promote positive mental wellbeing, provided in a way that is of personal benefit.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which states: 'If I experience care and support in a group, the overall size and composition of that group is right for me' (HSCS 1.8) and '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)

How good is our leadership?

2 - Weak

The organisation has a quality assurance system in place that monitors the important areas of service delivery. This includes the recording of a variety of clinical information, such as concerning weight loss, skin breakdown and infection and illness. The system also records accidents and incidents. The responsibility of the monitoring and updating of these areas lies with the management team.

At the time of our inspection we found the recording, monitoring and response to any accidents and incidents to be of a good standard and these were appropriately reported to the Local Authority and the Care Inspectorate as required. This meant that the safety and wellbeing of people was being monitored.

There was a complaint's procedure in place alongside the gathering of thank you cards from relatives which we were able to see. This demonstrated relative's satisfaction with the care that was given to people.

We received information after our inspection, that quality assurance information had not been updated using organisation procedures required by the home management team. This meant that the monitoring of clinical areas of care and responsive action were not undertaken consistently, resulting in poor experiences for some people. **(See requirement 1).**

We have been assured by senior management that immediate steps were taken to rectify this and ensure all information is currently up to date for every resident. We have received evidence relating to this. We will continue to communicate with the service in this regard.

The majority of staff told us they felt supported by the management team and that they received regular supervision. We also noted that there was an overview in place to ensure staff were up to date with their professional registration and were supported to obtain relevant qualifications. This ensured that residents were cared for by staff who were competent and skilled.

Meetings for staff, residents and relatives were patchy and not all discussions at these meetings had been recorded in a meaningful way. The management team should try to ensure that time is allowed for such meetings to share information but also to allow people to provide their views and any ideas on improvement of practice.

The manager had attempted to put a development plan in place, but this was limited and needed to focus more on the findings of audits. In addition, we did not see a great deal of meaningful engagement with residents and relatives that showed areas of improvement or that their wishes had been considered and acted upon. The service should look at ways to obtain people's feedback if they do not attend meetings or use the electronic surveys, with consideration being made to the Health and Social Care Standards. A variety of methods was discussed with the manager to improve in this area and we will follow this up again at future inspections. **(See area for improvement 1)**

Requirements

1. The provider must demonstrate that the service has systems in place to ensure that the health needs of individual service users are adequately assessed and met. In order to do this you must:

- Demonstrate that staff will contact relevant healthcare professionals promptly when people who use the service require treatment or their health condition is not improving;
- Ensure that staff have the necessary skills and experience to assess when people who use the service require further assessment, investigations or treatment;
- Ensure that family members, in particular those who hold Welfare Power of Attorney, are kept fully informed by staff with regard to any deterioration of health of service users so that if necessary, decisions can be made regarding their care and treatment
- Ensure that planned support is fully implemented for people with specific health needs including skin care and weight loss;
- Ensure that managers monitor and audit health needs robustly.

This is in order to comply with: The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations, Scottish Statutory Instruments 2011 No 210: 4(1)(a) - make proper provision for the health and welfare of service users; and regulation 4(2) the provider must make such arrangements as are necessary for the provision to service users of adequate services from any health care professional.

To be in place for all residents no later than 30 September 2019.

This is also to ensure that care and support is consistent with the Health and Social Care Standards which states: 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19)

Areas for improvement

1. The meaningful involvement of people is a significant area of importance to ensure voices are heard and acted upon. Residents, relatives and professionals should be encouraged to provide their views and be more involved with the development and improvement of the service.

This is to ensure that care and support is consistent with Health and Social Care standards which states: 'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6) and 'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership.' (HSCS 4.7)

How good is our staff team?

3 - Adequate

Overall we found the staff team were of an adequate standard. We concluded this after taking into account the views of residents and relatives as well as looking at a variety of records, including rotas and staff availability across the home. We also spoke with a variety of staff in the home during our inspection to ascertain their views.

Nearly all staff told us they felt they worked well as a team and could rely on each other for support. During our observations staff were kind and respectful in their interactions with residents. Staff told us there is good training opportunities, and the training records confirmed that all required training was up to date for people. This verified that the residents could be confident that the skills staff obtained ensured their care needs would be met.

In discussion with staff, they told us that sometimes the practical tasks they undertook meant there was little time to support residents with meaningful activity. The management team should analyse the level of staff tasks and what times there is available to spend more meaningfully with residents. We assessed in particular, that staff were very busy on the Wallace and Craighleith units leaving staff feeling overwhelmed at times. We have asked the manager to undertake a full analysis of staffing in these units and what time is being spent doing tasks outwith care so that this is fully considered. **(See Area for Improvement 1)**

We looked at staff rotas and found that any staff sickness was covered quickly and it was also pleasing to note that an additional staff member had been appointed to the upper floor after we raised some concerns at previous inspections around staff presence. This meant that increased staff availability offered residents additional care and security.

Relatively new staff told us they had positive inductions and were well supported by management, colleagues and in addition were allocated a mentor to support them. All staff we interviewed felt confident that induction and training offered enabled them to carry out their jobs.

We suggested to the manager that training should be sourced for all staff with regard to meaningful activity, and the importance of linking this to life history work. New co-ordinators in post should be up-skilled in this area without delays to ensure best practice is being followed. This will ensure the needs of people will be met in a manner that is of value to them. **(See Area for Improvement 2)**

Finally, we heard after our inspection concluded that key staff members had not been updating relatives when an individual's health deteriorated. We have made reference to this in our requirement we made under "How good is our leadership."

Areas for improvement

1. The service should ensure there are enough staff to respond to people's needs when they need this.

This is to ensure that care and support is consistent with the Health and Social Care Standard which states: 'My needs are met by the right number of people.' (HSCS 3.15)

2. Staff should be equipped with the training, knowledge and skills in order to meet the needs of people.

This is to ensure that care and support is consistent with Health and Social Care Standard that states '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)

How good is our setting?

3 - Adequate

We found that the essential and everyday maintenance of the home was carried out efficiently to ensure the overall safety and security of people and the home. It was pleasing to note that additional staff were appointed in this area to ensure the smooth running of the home and environment.

Some of the areas of the home were pleasantly decorated, with other areas being shabby in comparison. We also noted in feedback from people this had been highlighted. This meant not all residents enjoyed pleasant surroundings as we would expect. We did hear that the service were planning to improve the décor of these areas. We recommended that residents be involved in this process.

We found that during our inspection, we did not see residents moving around much (as highlighted in 1.2 of our report) and that some areas of the home could be utilised more effectively, for example the conservatories. We did highlight to the manager that people were sitting for long periods in the same chair without any encouragement to move to another location or part of the building. We would like this to improve going forward, and for the principles of the CAPA (care about physical activity) programme to be embedded in practice. Any form of physical activity that people can manage is highly beneficial and improves both physical and mental wellbeing.

We noted that upstairs bathrooms were being used as storage, this meant that people were limited in their choice in having a bath or independently accessing these areas. The bathrooms were cleared during our inspection but this area should be monitored to ensure that this does reoccur. For a large home, it would appear

that the majority of people have a shower, we concluded that more people would enjoy a bath if they were provided with the opportunity and clutter free facilities to do so.

In discussion, we found that some residents were using the telephones in the nurses' station to contact relatives. This was not always feasible due to the practicality of this. We suggested to the manager that consideration should be given for residents to have their own access to a telephone to support this, therefore promoting independence. Some areas of the home are problematic in receiving a WI-FI signal. It would be empowering for residents if management were to consider if areas that do have a signal could offer Skype or facetime facilities for residents to communicate with relatives, in particular for those who live in other part of the country. **(See area for improvement 1)**

Areas for improvement

1. Where possible, people living in care homes should be able to maintain contact with others independently.

This is to ensure that care and support is consistent with Health and Social Care Standard which states "I am supported to maintain relationships with my family, friends or partner in a way that suits my wellbeing" (HSCS 2.18) and 'If I experience 24 hour care, I am connected, including access to a telephone radio, TV and the internet.' (HSCS 5.10)

How well is our care and support planned?

3 - Adequate

We found that in general, care planning was of an adequate standard for most people, where this has been less than adequate we have addressed this under "How good is our leadership" theme.

The service undertook pre-admission assessments for people to ensure that the needs of people could be met by the service. Overall these were of a good standard and people received medication and necessary equipment upon their arrival without unnecessary delay. This was an improvement we noted from previous inspections.

Care plans we sampled were regularly evaluated and risk assessments were also adjusted when required, in particular in relation to falls and accidents ensuring the safety of residents was paramount.

We were unable to see care plans in place that considered mental wellbeing for any of the residents. We discussed the importance of this so that intervention could be planned should someone's mental health deteriorate. We did not see enough information at all for people who were living with dementia who may display stress and distressed reactions or what techniques or distractions informed staff practice. We have asked the management team to implement this and we will follow up on this again. **(See area for improvement 1)**

The sample of reviews of people's care we looked at were lacking in detail and care should be taken to ensure all are within the required six monthly frequency. A focus should be made regarding forward planning and how this improves quality of life for people and considers meaningful input from people receiving care, or their welfare appointees. Other health professionals involved in their care should also have their views recorded. We found the six monthly reviews could be further enhanced by focussing on the aims and identified goals for people, taking into account the Health and Social Care standards. **(See area for improvement 2)**

Areas for improvement

1. A plan of action should be in place in anticipation of people's declining mental wellbeing in order that people's needs are met effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states 'I am supported and cared for sensitively by people who anticipate issues and are aware of any plan for any known vulnerability or frailty.' (HSCS 3.18)

2. The care needs for people needs to be regularly reviewed, monitored and updated to reflect any changes in care provision and are therefore anticipated, planned and responded to effectively.

This is to ensure that care and support is consistent with the Health and Social Care Standards which states 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1.6) and 'I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when needs change.' (HSCS 1.12)

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	3 - Adequate
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate
How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak
How good is our staff team?	3 - Adequate

3.3 Staffing levels and mix meet people's needs, with staff working well together	3 - Adequate
How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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