

Peebles Nursing Home Care Home Service

Tweed Green
Peebles
EH45 8AR

Telephone: 01721 728 180

Type of inspection:
Unannounced

Completed on:
16 January 2024

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Service no:
CS2010271379

About the service

Peebles Nursing Home provides a care home service to 31 older adults. The service is provided by Mansfield Care Limited. The service is situated in Peebles in the Scottish Borders. At the time of inspection 20 people were living in the home.

The rooms are accommodated over two floors. On the ground floor, there is a large spilt sitting room and a separate dining room. The home benefits from a small seating /garden area to the front and a small enclosed rear garden. The home is situated in the heart of Peebles, giving access to shops and community facilities.

About the inspection

This was an unannounced inspection which took place on 16 January between 8.45 am and 11.15am. We also worked remotely accessing the online personal planning system on 10 and 11 January. The inspection was carried out by one inspector from the Care Inspectorate. The focus of this inspection was to assess what action had been taken to meet the requirements made at the inspection completed on 27 July 2023 and subsequently followed up at inspection on 9 October 2023. This report should be read in conjunction with the report dated 27 July 2023 and 9 October 2023.

We reassessed the grades at this inspection for two Key Questions, where the previous outstanding requirements were made, to reflect the improvements noted.

Key messages

- All requirements made at previous inspections had now been met. This showed a commitment to sustained improvement.
- Recruitment of staff had been successful and there was a more stable staff team in place. This would lead to more consistency and would further enhance the quality of care.
- Whilst personal planning was much improved from previous inspections, further work was still needed to ensure daily records of care were accurate and reflected the planned care.

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 staff team?	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

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Personal plans had improved from the previous inspection. Information held in them was accurate and reflected the risk assessments. This meant care provided was based on accurate information. Further reviews of the plans would be beneficial to ensure preferences of care were recorded, as well as changes to demeanour and body language where the person was unable to effectively communicate any concerns about their health. (See area for improvement 1)

Without accurate daily records of care, assessments of health and well-being could not be effectively evaluated. At this inspection whilst these had improved, there were gaps in records for some people. It is important to ensure all records of care were consistently recorded for everyone. (See area for improvement 2)

Please also see information under evaluation of actions taken on previous requirements one and two in the body of this report.

Areas for improvement

1. People should have confidence that staff know how to care and support them, taking accounts of their needs and wishes. To achieve this, the personal plans should be reflective of preferences in personal care. They should also give information to staff where the person is unable to effectively communicate any health concerns. This would include reference to changes in demeanour or body language.

This is to ensure that care and support is consistent with the Health and Social Care Standards which state that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and 4.27 I experience high quality care and support because people have the necessary information and resources.

2. People's needs should be fully met as agreed in their personal plan, to achieve this, all documentation relating to care should be accurately recorded. This includes but is not limited to, oral care, continence, personal care, skin integrity and repositioning.

This is to ensure care and support is consistent with the Health and Social Care Standards which state 1.19: 'I experience high quality care and support based on relevant evidence, guidance and best practice' and 4.27 'I experience high quality care and support because people have the necessary information and resources'.

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Since the last inspection a significant effort had been made to recruit staff to vacant posts. This had been successful and was to the benefit of the people living in the home. However, at the point of inspection the

home was not a full occupancy. On going review of staffing levels to meet assessed needs should continue in the transition period prior to the home having full occupancy. This would ensure accurate staffing ratios based on skills, assessed needs of people supported and nursing care needs identified. (See area for improvement 1)

Please also see information under evaluation of actions taken on previous requirement three in the body of this report.

Areas for improvement

1. Staff must be able to support people to receive care that meets their health, safety and wellbeing needs and enables them to experience respectful, personalised care. To achieve this, there should be an ongoing assessment of people's needs (including nursing care), preferences (including meaningful activity) and assessment of risk to enable people to be safe.

This is to ensure care and support is consistent with the health and social care standards which state: 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like. 3.15 My needs are met by the right number of people and 3.16 People have time to support and care for me and to speak with me.

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

Requirements

Requirement 1

By 18 September 2023, further extended to 22 December 2023, Personal plans must accurately reflect the care provided. To do this the provider must at a minimum ensure:

- Personal plans are reviewed and updated accordingly to reflect all assessed care needs.
- The plans are fully audited to ensure all the information held within them can be cross referenced as being accurate. This includes assessing tools used to determine risk, such as skin integrity, nutrition and dependency.
- The effectiveness of the care provided to service users is measured through feedback from them and those important to them, observation of their care experiences, and other relevant evaluation and review processes, such as, quality audits, external feedback, and clinical governance reviews. All observations must be documented.
- There are clear guidelines and actions on how to support people who exhibit stress and distress.

This is to comply with Regulation 4(1)(a) and Regulation 5 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 that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice

and 4.27 I experience high quality care and support because people have the necessary information and resources.

This requirement was made on 10 August 2023.

Action taken on previous requirement

Since the last inspection personal plans had improved. Information within them could be cross referenced to risk assessments and care. There was clear monthly review of the information held under each section of the plan. This meant that health care was updated to reflect any changes and people received the care they needed. There was a management overview of the personal plans, and audits had continued to be used to ensure the information was up to date and reflective of the care provided.

Where people required specific support with stress and distress, the personal plans reflected this well. Information was well written; person centred and gave a strong insight into how to support the person through any episode of stress and distress. This included what upset the person, how staff could support them and what actions should be taken to ensure all staff were consistent in their approaches.

Whilst the requirement was met, further reviews of the plans would be beneficial to ensure preferences of care were recorded, as well as changes to demeanour and body language where the person was unable to effectively communicate any concerns about their health. For this reason, we have made an area for improvement under Key Question one in the body of this report.

Met - within timescales

Requirement 2

By 18 September 2023, further extended to 22 December 2023 daily records of care, based on the personal plans must accurately reflect the care agreed. To do this the provider must at a minimum ensure:

- Daily records of care are improved to reflect preferences and identified needs, this includes personal care, health and social activities.
- Staff are trained in the completion of daily records on the online care planning system.
- There is a management audit and overview of daily records, which links into the quality assurance process.

This is to comply with Regulation 4(1)(a) and Regulation 5 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 that: 1.19 I experience high quality care and support based on relevant evidence, guidance and best practice and 4.27 I experience high quality care and support because people have the necessary information and resources.

This requirement was made on 10 August 2023.

Action taken on previous requirement

For most people daily records of care had improved, however this had not been consistently achieved for everyone. For some there were gaps in records for fluid intake, repositioning, topical creams, oral care and personal care. Training in the online care planning system had been undertaken by staff, but this had not yet led to consistently accurate records for all people. Because we could see improvement of daily records for most people and that the management team carry out ongoing audits of care, we have met this

requirement. However, we have replaced this with an area for improvement under Key Question one in the body of this report.

Met - within timescales

Requirement 3

By 18 September 2023, further extended to 22 December 2023 staff must be able to support people to receive care that meets their health, safety and wellbeing needs and enables them to experience respectful, personalised, and compassionate care. The provider must at a minimum ensure:

- There are enough staff on each shift who are appropriately trained, skilled, and competent in the role they are to perform at all times.
- The numbers and skill mix of staff deployed is based on an accurate assessment of each service users' needs, including needs arising from living with other service users in a group, taking the layout of the building into account.
- Make certain there are enough staff to ensure that service users experience meaningful engagement and occupation.

This is in order to comply with regulations 4(1)(a) and 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to ensure care and support is consistent with the health and social care standards which state: 2.22 I can maintain and develop my interests, activities and what matters to me in the way that I like. 3.15 My needs are met by the right number of people and 3.16 People have time to support and care for me and to speak with me.

This requirement was made on 10 August 2023.

Action taken on previous requirement

The staffing in the home had been re-evaluated at the previous inspection. Whilst there had been sufficient staff on shift to meet peoples care needs, there were several staff vacancies in the home. Since the last inspection recruitment had been a priority in the home, this had been successful in filling all staff vacancies. Whilst bank staff were used, these were staff recruited to the home and were consistently used. There was also an improved skills mix of staff in the home, which was beneficial for positive team working and for people's care. However, it was noted that the home was not at full occupancy at the point of inspection. Whilst the requirement was met we have made an area for improvement under Key Question three in the body of this report to follow up staffing at the next inspection, where there should be full occupancy.

Met - within timescales

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

To ensure medication is appropriately administered, assessed and audited, there should be a full review of all medication practice. This would include a full stock take, a review of medication administration in the mornings and reassessment by a GP of medication that has not been administered in the last 6 months. A review of communication and handover for medication where the registered nurse does not know the home well should also be undertaken.

This ensures care and support is consistent with the Health and Social Care Standard, 4.11 which states "I experience high quality care and support based on relevant evidence, guidance and best practice".

This area for improvement was made on 10 August 2023.

Action taken since then

There was a designated lead nurse in the home to oversee medication stock, orders and reviews. Since the last inspection, the GP has started the process of reviewing medication for each person living in the home. A full pharmacy review of medication had been completed since the last inspection and all actions had been completed. This area for improvement was met.

Previous area for improvement 2

Six monthly reviews of support, as good practice, should give detail on discussions and reflect all aspects of care, including outcomes and activities. Outcomes of what people want from their life in the home (including relatives views) should be reflected in the review of care.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: 4.8 I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve 2.17 I am fully involved in developing and reviewing my personal plan, which is always available to me.

This area for improvement was made on 10 August 2023.

Action taken since then

As all people living in the home have been involved in a review by social work, and this would be the six-monthly review of care and support. Although the reviews undertaken by the home will not be embedded until after this process, everyone living in the home has had the opportunity to be consulted about their care and support. This area for improvement was 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
1.2 People get the most out of life	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate

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