

Pine Villa Nursing Home Care Home Service

4 Hawthorn Gardens
Loanhead
EH20 9EE

Telephone: 01314 403 324

Type of inspection:
Unannounced

Completed on:
20 June 2023

Service provided by:
Mansfield Care Limited

Service provider number:
SP2005007720

Service no:
CS2005112999

About the service

Pine Villa Nursing Home is registered to provide a care home service to 19 older people. The provider is Mansfield Care Ltd.

The service is located in Loanhead, Midlothian. The property is a converted and extended house and the accommodation is provided on two floors. A stairlift gives access to the upper floor. There are 13 single bedrooms, one of which is en-suite and three double bedrooms. Double rooms are only registered to support people in relationships to live together if they wish. The home has a garden and limited off-road parking at the side and rear of the house.

About the inspection

This was an unannounced inspection which took place on 12 June between 12:15 pm and 4:30 pm and then 7.15 pm and 9.45 pm and 14 June between 7 am and 1.45 pm. Remote working to online systems was also part of the inspection process. The inspection was carried out by one inspector. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with people living in the home and visiting family members. We also gave family members an opportunity to give feedback who were not visiting over the two-day inspection, through email contact
- talked with members of staff and the management team
- observed staff practice and daily life
- reviewed a range of documents.

We have used the short observational framework for inspection tool (SOFI). SOFI is an approved, internationally recognised tool for regulators. It provides a framework to enhance the observations about well-being and staff interactions that we already make on inspection, especially for service users unable to communicate their views.

Key messages

- Improvements made at the previous inspection had been embedded into practice and sustained.
- Staff were knowledgeable about care needs and showed genuine caring attitudes and empathy towards people living in the home. This meant they and their relatives felt confident in the care.
- Improvements had been made in documentation, with more consistent information, assessment and recording.
- Some improvements were needed in records keeping and in evidencing the good practice of staff.
- Shared rooms should not be used for people to share who are not known to each other or have no relationship/friendship.
- Further evidence was needed to show that fire evacuation procedures were robust enough during the night.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
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?

5 - Very Good

We evaluated this key question as very good where we found significant strengths in aspects of the care provided which supported positive outcomes for people.

Staff treated people with dignity and respect, there were meaningful, caring and nurturing interactions between staff and residents. Staff supported residents' at their own pace and no one was rushed or hurried. Personal belongings were respected and there was very good practice when caring for items essential to people, like hearing aids and glasses. Everyone looked well presented and care was taken to ensure people's appearance was how they would have done so themselves. One relative told us 'mum had never been in respite before but would be happy to visit again at Pine Villa. Although short mum enjoyed her stay. The staff were wonderful. Caring and helpful'.

People had access to a range of opportunities for activities throughout the day. There was a range of outings, events and entertainment. Everyone was asked if they wanted take part in the activity being offered. An activity worker was employed three days per week, however from the date of inspection this was to be increased to full time. This would greatly enhance the lives of people living in the home and give an opportunity for individual engagement for those who prefer one to one activities.'

Families and friends were welcomed to the home at any time and were invited to events and entertainment, 'The team have hosted some excellent theme afternoons both indoors and in the garden throughout the year, putting a great deal of preparation time and effort into ensuring these are successful and enjoyed by all involved',

Because staff knew people so well, they were able to quickly see if something was wrong or the person wasn't feeling themselves. There were very good relationships with external health professionals. Access to external healthcare such as dentists was actively promoted. There was a very good overview of peoples changing health needs by both registered nurses and senior staff. Information was shared during staff handovers. These were of a very high quality and reflected discussions about what was best for individual's where health or welfare had shown signs of change. This meant that people could be confident their health and wellbeing needs were being met

Staff had received training in assessing signs of early deterioration in a person's health. This meant there could be prompt and targeted healthcare interventions which would benefit the person supported.

There were protocols in place to support someone experiencing stress and distress. Staff knew people very well and were able to redirect them effectively. This meant that they had support to manage their anxieties and experience a good quality of life.

Medication was well recorded, effectively audited and administered. This meant people could be confident medication was being appropriately managed for them.

The online care planning system contained very good information about people's healthcare needs and preferences for support. These were reviewed monthly and updated as needed. Personal plans were well written, person centred and gave a very good insight into the person. Further work was needed to ensure daily notes completed by staff were reflective of individual assessed care. This is further discussed under key question five.

How good is our leadership?**5 - Very Good**

We evaluated this key question as very good where we found significant strengths in aspects of the care provided which supported positive outcomes for people.

It is important services have effective systems to assess and monitor the quality of the service and environment/equipment. This helps drive service development and improvement which results in good outcomes for people living in the home.

There were a range of audit tools that were used to inform the manager and senior management about how well the service was performing. A detailed home improvement plan was in place which was supported by specific action plans to drive continuous improvement.

Audits linked to healthcare were regularly completed. This enabled overview of any actions needed to be put in place to improve individual health. This led to positive outcomes for people living in the home.

All accidents, incidents and concerns had been appropriately recorded and actioned. This included notifications to the Care inspectorate. The manager ensured where needed, that any identified risk led to changes in planned care.

Relatives we spoke with told us that they felt that they could speak to one of the staff, or the manager if they had any concerns. They told us that when any issues were raised these were addressed promptly. Relatives' meetings were held three monthly, to which all relatives were invited. Yearly surveys had also been sent out to all relatives to enable people share their views of the home and care provided.

There were regular residents' meetings, where people could raise any issues or ask questions. Standing items such as activities and meals were also discussed. To further improve the meetings, actions identified could be in a format easy to understand and easily accessible for people living in the home, for example 'you said we did' . This would allow people to quickly see what actions had been completed and how.

The manager did regular home walkarounds, taking into account staff practice and the environment. The manager clearly communicated the standards expected and these were effectively monitored. This demonstrated that the manager had understanding of their role in identifying and directing improvement.

The on line care planning system meant the operations managers had access to an overview of care provided remotely. This enabled a further layer of quality assurance.

How good is our staff team?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff were knowledgeable about people's needs and knew their preferences well. Staff had spent time getting to know the person which enhanced each persons' experience of the home.

Staff attended daily meetings, including handovers at the start of each shift, to share information and plan each day. These gave staff feedback on care and any actions or support needed for each person, leading to a consistent approach to care. This enabled effective communication between management and staff and supported positive outcomes for residents'.

We saw that personal supervision records were completed for staff on a regular basis. This included supportive feedback from the manager as well as areas to improve on practice. Training and development was part of the supervision agenda. This could be further enhanced by encouraging staff to reflect on any training undertaken and aspects of care they did well or found more challenging.

There was a range of training available to staff, this included some face to face training. Promoting excellence dementia training was being rolled out to all staff. This would enable a fuller understanding of dementia care to benefit people living in the home.

Systems were in place to show that staff were appropriately registered with regulatory bodies such as the Nursing and Midwifery Council (NMC) and the Scottish Social Services Council (SSSC). These were up to date and assisted the service to keep people safe and promote a professional staff team.

In summary, people could be confident that staff were knowledgeable about their needs, competent in their role and were able to discuss any changes to health and welfare with senior staff. Staff were confident in their caring abilities and this came across very well at inspection.

Staffing was assessed using a recognised dependency tool. The outcome and monitoring of this showed that there was sufficient staff to meet the assessed needs of the residents. Care was relaxed, at the person's own pace and person centred. However, there were concerns that in the evening only two staff were on shift and this would include overseeing people sitting up later. One staff member had responsibility for medication administration and this left one other staff member to support people to bed and respond to call bells for people in their room. Care at night was not rushed and people were still supported at their own pace. Staff fed back that whilst each night was variable, on some occasions it was more difficult, and this meant that the safety of people who sit up later in the lounge area could not always be overseen. On discussion with the operations manager there was an agreement to reassess staffing and look to increase staffing at the busiest times during the night. Because the operations manager has agreed to an increase in staffing we have not made an area for improvement.

Staffing should continue to be regularly re-evaluated, given that people do use the home for respite and this may increase the number of people living in the home at short notice.

At present there is one shift per day for laundry and one shift for domestic duties, should one person be on annual leave this is reduced as one person carries out both duties. This should continue to be assessed. However, there were no issues with the cleanliness of the home or laundry at inspection.

How good is our setting?

3 - Adequate

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

The home is in the heart of the community and as such had full access to local shops. The sitting/dining room was used by most residents during the day, and this was where activities also took place. There was another lounge area where residents could sit or meet with visitors. There were both single and shared bedrooms, bedrooms were decorated with personal affects and looked homely and comfortable. Equipment was well maintained. Residents were able to walk freely on the ground floor while assistance was needed to use the chairlift to upstairs and for residents to access the outdoors.

There was an inventory of equipment in the service to confirm that safety checks in accordance with Lifting

Operations and Lifting Equipment Regulations 1998. (LOLER). The home was well maintained.

Residents did not all have independent access to the garden as there were stairs to the front of the property and wheelchair access was from the rear of the property. Residents did have access to the garden as staff facilitated this. However, consideration should be given to improving access to allow residents to independently enjoy outdoor space.

The home is inviting, homely and well decorated overall. Peoples bedrooms, whilst small were personalised and very well maintained. The home was clean, and the manager carried out regular walk rounds to ensure standards were as expected. People could be confident that where improvements were needed, these were actioned.

Pine villa is an older building, with a lack of staff facilities, storage for equipment and lack of ensuite facilities. The laundry area was far too hot to be able to comfortably work in during the hotter summer months. In saying this the home has been made to be the best it can be, given the limitations.

Further thought should be given to completing fire drills/evacuation during the night when two staff are on duty. This would then give a clear picture of risk, how many staff can effectively support people, what the plan would look like and would alleviate relatives concerns around staffing during the night. (See area for improvement 1)

At inspection one of the shared rooms was being used by two people who had no relationship with each other. Despite an area for improvement being made at the last inspection which was clear this was not seen as acceptable practice. This situation arose through an unplanned emergency situation, however it limits the independence and choices of the person staying in the room and also the person on the emergency placement. This was a short term placement and the operations manager has agreed that this will not happen in the future, whilst we have not made a requirement as we have a verbal agreement this will not happen in the future, the previous area for improvement cannot be met and will be carried forward. (See area for improvement 2)

Areas for improvement

1. The provider should ensure appropriate fire safety systems are in place to safeguard the health, safety and wellbeing of residents and staff. This should include:

- an up-to-date fire evacuation plan
- suitably detailed personal emergency evacuation plans for all residents, including people on respite placements
- night time fire evacuation drills, to inform staffing and risk during the night. Where any risk is identified through the drills/evacuation, staffing must be increased to ensure the safety of people living in the home.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes" (HSCS 4.19) and ' My environment is secure and safe" (HSCS 5.17).

2. To make sure people have privacy, dignity, safety and a bedroom of their own, double rooms should only be used when:

- i) Two people are in a pre-existing relationship before moving into the care home and choose to share, or
- ii) Two people form a relationship while living in the home and specifically request to live together in a double room.
- iii) If isolation of a person sharing a room is needed there should be appropriate contingencies and agreements in place that help keep people safe, this might include the two people agreeing to be isolated together.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend" (HSCS 5.26). "My environment is secure and safe" (HSCS 5.17).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Comments under key question 1 and key question 3 are also relevant to this key question.

People benefitted from a comprehensive assessment of health and care needs which informed detailed support plans and risk assessments. Prior to moving into the home an assessment was completed to enable a picture to be built of their needs. The plans contained good information to lead and guide staff on how to support people living in the home to maintain their health and emotional wellbeing.

Anticipatory care plans were in place for everyone (ACP, is a tool to discuss what matters most when making plans for care in the future). The home was working with external health professionals to improve ACP discussions. This would ensure that the plans reflect best practice and include relevant details from discussions with the person and their family/representative.

Whilst there was a comprehensive and well written plan of care, further work needed undertaken on daily records. Staff would often record food and fluids for individuals that were not identified at risk. As this was inconsistently achieved it gave an inaccurate account of the persons care. Staff were also not always recording when choices were given for baths or showers, which again led to inaccurate information and outcomes. Staff were very attentive to people's needs and knew them very well, however records should accurately reflect the care given. As this had also been highlighted through audits of the care planning system, we have not made an area for improvement, however further training should be considered for staff.

Reviews of care with family members, were regularly carried out and recorded. This included discussions on health, changes to care, risks and activities. Whilst the reviews included discussion on activities, these did not directly link to recorded outcomes. This meant that activities were sometimes not evaluated in a meaningful way through review.

The care planning process was effective in ensuring peoples health needs were regularly reviewed and where changes identified these were actioned. Relatives said they were informed of any changes to care and this gave them confidence in the support provided.

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 make sure people have privacy, dignity, safety and a bedroom of their own, double rooms should only be used when:

- i) Two people are in a pre-existing relationship before moving into the care home and choose to share, or
- ii) Two people form a relationship while living in the home and specifically request to live together in a double room.
- iii) If isolation of a person sharing a room is needed there should be appropriate contingencies and agreements in place that help keep people safe, this might include the two people agreeing to be isolated together.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: "As an adult living in a care home, I have my own bedroom that meets my needs but can choose to live with and share a bedroom with my partner, relative or close friend" (HSCS 5.26).
"My environment is secure and safe" (HSCS 5.17).

This area for improvement was made on 28 July 2020.

This area for improvement was made on 28 July 2020.

Action taken since then

The Care Inspectorate expects that double rooms are only used for people in relationships who want to live together. People's relationship and subsequent choice to live together should be clearly documented. At inspection one of the shared rooms was being used by two people who had no relationship with each other. Despite this area for improvement being clear this was not seen as acceptable practice. This is discussed further in the body of the report under key question four. This area for improvement has been carried forward for the next inspection.

Previous area for improvement 2

To make sure people remain safe with good infection prevention and control measures, staff should have adequate facilities to get changed. This helps to reduce the risk of spreading COVID-19. The provider should look at solutions to the staff changing facilities. Whilst we recognise that at present one of the vacant bedrooms was being used, this was not a long term solution or sustainable.

This is to ensure care and support is consistent with the Health and Social Care Standards which state: "If I live in a care home there are separate facilities for people who support and care for me, these are in keeping with the homely environment" (HSCS 5.14).

This area for improvement was made on 31 August 2020.

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Action taken since then

There is a small room that enabled staff to get changed one at a time, as the home has limited space, this was the only solution and whilst not ideal, it does allow a room where staff can get changed. 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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	4 - Good
4.2 The setting promotes people's independence	3 - Adequate
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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