

Tyneholm Stables Care Home Care Home Service

Tyneholm Estate
Pencaitland
Tranent
EH34 5DJ

Telephone: 01875 340 823

Type of inspection:
Unannounced

Completed on:
28 November 2023

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378616

About the service

The service is a care home providing care and support for up to 45 older people, located in Pencaitland, Midlothian. There were 39 people experiencing care with the service during the inspection. The care home was registered with the Care Inspectorate on 30 June 2020 and is managed by Sanctuary Care Group. The service consists of two floors and three separate units with access to lounge and dining areas. 11 of the bedrooms have en suite toilets.

About the inspection

This was an unannounced inspection which took place on 21 to 23 November 2023. The inspection was carried out by two inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, information submitted by the service, complaints and intelligence gathered since the last inspection as well as concerns from East Lothian Health and Social Care Partnership.

We evaluated how well people's health and wellbeing was supported and their personal plans, meaningful activities, the setting, as well as quality of staffing and management.

To inform our evaluation we:

- spoke with 21 people using the service and seven relatives as well as five professionals working with the service
- spoke with 14 staff and two managers
- observed daily life at the service
- observed how well care staff supported people
- considered the cleanliness and quality of the physical environment
- reviewed documents and electronic records.

Key messages

- Staff interacted warmly and respectfully with people.
- Where there were concerns about a person's food and drink intake, the service provided fortified food and drinks to increase their calories taken but this was not always served by staff.
- There needed to be more activities for people to keep them stimulated, engaged with interests and connected to the community.
- The people we spoke to considered that the new management team were accessible and responsive and a thorough action plan had been put in place.
- Recent training to improve practice had been undertaken and received well by staff.
- Managerial observations of staff practice, face-to-face supervision and team meetings needed to occur more regularly.
- The environment was clean and tidy and was undergoing a refurbishment.

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?	3 - Adequate
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?

3 - Adequate

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with the care provided and how this supported positive outcomes for people.

Staff interacted warmly and respectfully with people. People were free to move around the home and make use of communal areas which were clean and welcoming. When assisting people to move about, staff interacted supportively and with encouragement. People experiencing care said "I'm happy with the home, staff are lovely" and "I'm happy to be here, the staff try hard and do the best they can."

The service can improve by engaging in more frequent meaningful conversation with people. This supports people to have a strong sense of their own identity and wellbeing. More one-to-one time with people to chat or undertake an activity was needed, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors.

The service had recently employed two activities coordinators. An activities plan needed to be developed for people to have access to group activities every day and regular outings in the service's minibus. This will keep people stimulated, engaged with interests and connected to the community. People commented "I'm so bored...there is nothing to do" and "would be nice to give some one-to-one time from care staff with my mum rather than just task orientated care."

More detail of people's hobbies and interests was needed to be recorded in personal plans to enable to maintain what is important to them. These opportunities to take part in meaningful activities supports people to be involved and valued (see area for improvement 1).

Mealtimes were not always well staffed and some people were kept waiting for their meals or struggling without support. When support was given with eating and drinking this was undertaken in a dignified way. People who needed to put on weight were not being served their fortified meals prepared by the kitchen and were receiving regular meals instead. There were snacks readily available to people. There were several comments regarding the quality of the food, however permanently employed chefs were now in place and it was beginning to improve (see area for improvement two). Comments of people experiencing care included "the quality of food varies and sometimes not attractive" and "quality of the food is getting better."

Medication administered in the morning was lengthy on one unit and was finishing late morning. We were concerned regarding how this delay could cause issues with the safety and effectiveness of people's medications. We advised that the service needed to prioritise any medication administration which could have adverse health effects if not given in a timely manner. During this inspection, we did not observe any people who had experienced harm due to current medication administration practices.

Staff were seen to wear, use and dispose of personal protective equipment such as gloves and aprons in line with guidance.

There were appropriate positive behavioural support plans in place with personalised details regarding triggers of distress and interventions to reduce distress. However, staff did not always use the specific interventions for individuals to reduce their distress (see previous area for improvement 1).

People had an inventory of their personal belongings completed recently. Equipment to label clothes was available to staff but was not being used consistently. Some people commented on their clothes going missing and there was a considerable amount of unclaimed clothes stored (see previous area for improvement 6).

Areas for improvement

1. To support people's health and wellbeing and improve the quality of their day, the service should improve how they support people to take part in meaningful activities. The service should ensure that:

- a) People are fully involved in developing and reviewing their choice of interests and activities.
- b) Social events, entertainment and group activities are available which meet people's choices and interests.
- c) One-to-one time with people is available to chat or undertake an activity, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors.
- d) A person's choice of activities should be clearly recorded within the personal plan or activity planner which could include how the person enjoyed the activity and what involvement they contributed to the activity.

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

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

2. To support people more effectively with their food and fluid intake the provider should undertake the following:

- a) Nursing and care staff are familiar with, and implement, each service user's nutrition and hydration plan, including relevant monitoring and recording.
- b) Nursing and care staff can identify and respond to any change to a service user's nutrition and hydration needs.

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).

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty' (HSCS 3.18).

How good is our leadership?

3 - Adequate

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with the leadership and quality assurance.

The people we spoke to considered that the new management team were accessible and responsive. A thorough action plan had been put in place for the service to plan, make and measure the needed improvements. This was detailed with reasonable timescales and being implemented well. Audits were in place for areas such as medication administration, mealtimes and the environment which included actions to be followed up. The quality assurance system had started to analysis falls and accidents to see if patterns and learning could be gained. There had been managerial auditing of personal plans to improve the quality. There were daily management meetings which included discussions of people's health and wellbeing. We need to see sustainability over a longer period of time before we can be reassured that the improvements we have seen have embedded into day to day practice.

There had been monthly relative and resident meetings due to their concerns regarding care and support. Satisfaction surveys were planned to seek further feedback from service users and relatives. Regular newsletters and a social media presence would be useful to communicate with people. This is to ensure that there is a culture of continuous improvement for people experiencing care.

How good is our staff team?

3 - Adequate

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with the staff training and support.

Staff recruitment processes were thorough. Regular face-to-face supervision sessions and regular team meetings were needed to assist communicating effectively with staff. There needed to be formal managerial observations of staff competence (see area for improvement 1).

Due to recent concerns in practice, training regarding stress and distress, skin integrity, fluid and nutrition had taken place from the East Lothian Health and Social Care Partnership and by the provider's trainer. This had been received well by staff. The training for other essential areas had an acceptable completion rate. This is to ensure people experienced high quality care and support based on relevant guidance and best practice.

There were a lot of new staff, though the service was not short-staffed and had reduced reliability on agency staff. There were no concerns regarding care staff's responsiveness to call bells. We observed that staff worked together well. There was enough housekeeping staff to maintain cleanliness and tidiness. There was still a reliance on agency nurses and a permanent nursing team would assist with better leadership and communication. The service was currently recruiting nurses. Comments of people experiencing care included "staff are changing a bit but usually very nice" and "some of them are lovely, but there are too many agency nurses."

Areas for improvement

1. The provider must ensure that staff are well led and managed. In order to achieve this the service must undertake the following:

- a) Management to undertake regular one to one supervision with staff including a written record and actions.
- b) Management to undertake regular team meetings with staff including a written record and actions.
- c) Management to undertake regular direct observations of staff regarding their practice. Direct observations to have a written record with any actions when issues arise.

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

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

How good is our setting?

3 - Adequate

We evaluated the service as operating at an adequate level for this key question. There were a number of strengths and improvements needed with the setting and facilities.

People's bedrooms were clean and tidy, though a lot of bedrooms needed redecorating and some were plain with little personalisation. The cleaning products for the toilets, baths and showers were effective against Covid-19 as advised in national guidance. The lounges and dining areas were welcoming and comfortable. The enclosed courtyards needed renovation to be more inviting. A relative mentioned "always clean and tidy and staff are helpful and pleasant." There were arrangements in operation for maintenance of the premises and the equipment to ensure residents are safe. Equipment used to assist people to move was in good condition. This is to ensure people experienced an environment that has been adapted, equipped and furnished to meet their needs and wishes.

How well is our care and support planned?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with personal planning.

People's personal plans detailed each area of care, for example, mobility, and set out any needs for support. Physical health issues of people experiencing care were being monitored and actions taken. This included people's nutritional needs, weight, falls risk assessments and skin integrity. This supported the service to respond to signs of deterioration in people's health. There has been managerial auditing of personal plans to improve the quality. Six monthly reviews (as required by legislation) were taking place with people experiencing care and their relatives. This ensured that personal plans remained right for people and that everyone had the opportunity for their views to be heard.

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 support people effectively with stress and distressed behaviours the provider should undertake the following:

- a) Ensure that appropriate positive behavioural support plans continue to be in place for people with stress and distressed behaviours.
- b) Ensure that documenting occurrences of stress and distressed behaviours are sufficiently detailed to inform a person-centred preventative approach.
- c) Ensure staff training regarding positive behavioural support plans for people with stress and distressed behaviours including appropriate recording of the occurrences to inform a person-centred preventative approach.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability and frailty' (HSCS 3.18).

This area for improvement was made on 3 February 2023.

Action taken since then

There were appropriate positive behavioural support plans in place with personalised details regarding triggers of distress and interventions to reduce distress. The service sought support and advice where necessary from East Lothian Health and Social Care Partnership to develop these plans. However, staff did not always use the specific interventions for individuals to reduce their distress.

Documenting occurrences of stress and distressed behaviours needed to improve to inform a person-centred preventative approach. This is to support the service to effectively respond to signs of deterioration in people's health.

'As required' medication to support distressed behaviours had documentation of when and why these medications should be administered. As with good practice, non-pharmacological alternatives were being tried first, but medication was being underused for some people as staff were not observing signs of escalating distress.

Staff training regarding positive behavioural support plans for people with stress and distressed behaviours had been provided earlier in the year with support from East Lothian Health and Social Care Partnership. This training had not embedded into practice, this is partially due to a high turnover of staff.

This previous area for improvement has not been met.

Previous area for improvement 2

Personal plans should be accurate and up to date, providing guidance for staff on how individuals are to be supported to have their needs met. Plans should be further developed to be more individualised, and recordings should be detailed and evaluative.

To support this the service should:

- a) Ensure that all assessment tools must be accurately completed by staff to ensure precise monitoring of individuals well-being.
- b) Formalise how they plan for future changes in individuals' health and care in a way that can be recorded, shared and reviewed.

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

'My future care and support needs are anticipated as part of my assessment' (HSCS 1.14).

'My personal plan (sometimes referred to as care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

'I am protected for harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm' (HSCS 3.21).

This area for improvement was made on 7 September 2021.

Action taken since then

People's personal plans detailed each area of care, for example, mobility, and set out any needs for support. Physical health issues of people experiencing care were being monitored and actions taken. This included people's nutritional needs, weight, falls risk assessments and skin integrity. This supported the service to respond to signs of deterioration in people's health. There had been managerial auditing of personal plans to improve the quality. Six monthly reviews (as required by legislation) were taking place with people experiencing care and their relatives. This ensured that personal plans remained right for people and that everyone had the opportunity for their views to be heard.

This previous area for improvement has been met.

Previous area for improvement 3

In order to ensure good outcomes for people experiencing care, the manager should ensure that there is an adequate skill mix of staff on a daily basis in order for people's health needs to be monitored and responded to.

This is in order to comply with Health and Social Care Standard 3.15 'My needs are met by the right number of people.'

This area for improvement was made on 3 November 2022.

Action taken since then

The service was not short-staffed and had reduced reliability on agency care staff. There were no concerns regarding care staff's responsiveness to call bells. We observed that staff worked together well. There was enough housekeeping staff to maintain cleanliness and tidiness. There was still a reliance on agency nurses and a permanent nursing team would assist with better leadership and communication. The service was currently recruiting nurses.

This previous area for improvement has been met.

Previous area for improvement 4

In order to ensure good outcomes for people, the service should have an individualised and detailed falls risk assessment and management plan in place. This should be reviewed regularly, and after falls, to ensure that this continues to reflect the person's changing needs and reduces the risk of falling.

This is in order to comply with Health and Social Care Standard 4.11 'I experience high quality care and support based on relevant evidence, guidance and best practice.'

This area for improvement was made on 3 November 2022.

Action taken since then

People with a high risk of falls had a thorough, personalised risk assessment and management plan in place which was up to date. Management also undertook regular falls analysis in the care home to see if there were themes such as a certain person, time of day or location in the home where falls were re-occurring.

This previous area for improvement has been met.

Previous area for improvement 5

In order to ensure good outcomes for people experiencing support, the manager should ensure that all sensor equipment is in working order and regularly tested and maintained. Tests and repairs should be recorded.

This is in order to comply with Health and Social Care Standard 1.19 'My care and support meets my needs and is right for me.'

This area for improvement was made on 3 November 2022.

Action taken since then

We tested a number of sensor equipment and found them all to be in good working order. The sensor equipment was placed effectively apart from one item. The use of the sensor equipment items was recorded appropriately.

This previous area for improvement has been met.

Previous area for improvement 6

To ensure good outcomes for people experiencing care, the service should ensure that everyone has an inventory of their personal belongings completed and maintained and marked appropriately as belonging to the person. Equipment to label clothes should be available to staff and be in working order.

This is in order to comply with Health and Social Care Standard 1.19 'My care and support meets my needs and is right for me.'

This area for improvement was made on 3 November 2022.

Action taken since then

People had an inventory of their personal belongings completed recently. Equipment to label clothes was available to staff but was not being used consistently. People commented on their clothes going missing and there was a considerable amount of unclaimed clothes stored.

This previous area for improvement has not been met.

Previous area for improvement 7

In order to ensure good outcomes for people, the service should acknowledge complaints, investigate, and respond to them. This should be logged to include the nature of the complaint, how this has been acted upon and the response to the complainant.

This is in order to comply with Health and Social Care Standard 4.21 'If I have a concern or complaint, this will be discussed with me and acted on without negative consequences for me.'

This area for improvement was made on 3 November 2022.

Action taken since then

Recent complaints had been investigated promptly and thoroughly. There were apologies where necessary and appropriate actions undertaken to resolve the complaints and improve practice.

This previous 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	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 leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	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
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	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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Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

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