

Inspection report

Trinity Lodge Nursing Home Care Home Service

80 Craighall Road
Edinburgh EH6 4RE

Inspected by: JanetteBishop
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 18 March 2008

Service Number

CS2007143650

Service name

Trinity Lodge Nursing Home

Service address80 Craighall Road
Edinburgh EH6 4RE**Provider Number**

SP2007008882

Provider Name

HPFM (Trinity Lodge) Ltd

Inspected ByJanetteBishop
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

18 March 2008

Period since last inspection

7 months

Local Office AddressUnit 10a, Ground Floor
Galabank Business Park
Wilderhaugh
Galashiels
TD1 1PR

Introduction

Trinity Lodge is owned by HPFM (Trinity Lodge) Ltd and was registered with the Care Commission on 5 March 2007 to provide a care service for 32 older people.

The home is situated in its own grounds with a large, private garden and is located within a popular residential area of North Edinburgh. There are open park areas nearby and local amenities.

The accommodation is set in a large Victorian building over three floors (accessed by stairs or a lift) with an extension to one side.

There are 16 single and 8 double bedrooms. There are three communal lounge areas and bathroom and toilet facilities.

Basis of Report

Before the Inspection

The Annual Return

Not applicable at this Inspection as the Annual Return had been considered during the Inspection in August 2007.

The Self-Evaluation Form

Not applicable at this Inspection as the Self-Evaluation had been considered during the Inspection in August 2007.

Views of service users

Service users who were present in the two lounges were spoken with as a group. Five service users were spoken with individually.

Regulation Support Assessment

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a medium RSA score and so a medium intensity inspection was required as a result. The inspection was then based upon follow up on recommendations and requirements from previous inspections, complaints or other regulatory activity.

During the inspection process

Staff at inspection

This inspection report was written following an unannounced inspection which was carried out on 18 March 2008 by Care Commission Officer, Janette Bishop, referred to as the Officer in this report. The Officer returned on the afternoon of the 19 March 2008 to speak to residents and the manager of the service.

Discussion took place with a range of staff including:

The Manager of the home

Two Registered General Nurses

A member of the domestic staff
The chef and kitchen assistant
Two care assistants
The Activities Coordinator.

Evidence

Evidence was gathered from a number of sources including:

A review of a range of policies, procedures, records and other documentation, including the following:

Service user personal plans
Accident/incident records
Complaint log
Staff training records
Menus
Policies relating to protection of vulnerable adults
Policy on nutrition.

Observation of staff practices.

Observation of the environment and equipment during a brief tour of the building.

Inspection Focus Areas and associated National Care Standards for 2007/08

The Care Commission Officers took all of the above into account and referred to the Regulation of Care (Requirements as to Care Services)(Scotland) Regulations 2002.

The report reflects observations made by the Care Commission Officer on the day of inspection.

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

There were 8 requirements arising from the previous inspection. Progress is reported on below.

1. The Provider must use the available space in the home for the benefit of the majority of residents.

In order to achieve this:

The Manager must review the existing arrangements for the use of the communal areas.

Provide a 'smoke room', if the service plans to, which meets the current legislation.

Inform the Care Commission of the proposed plans including timescales.

This is to comply with:

SSI/114 Regulation 4(1) – a requirement relating to health and welfare of service users.

SSI/114 Regulation 10(1) – fitness of premises.
The Smoking, Health and Social Care (Scotland) Act 2005

Progress - This requirement has not been met and will be carried forward in this report.
Progress is reported on in the body of the report under the corresponding regulation.

2. The Provider must address the odour from the carpet in the lower lounge area and ensure that floor coverings throughout the home do not present as a hazard.

This is to comply with:

SSI/114 Regulation 4(1) – a requirement relating to health and welfare of service users.
SSI/114 Regulation 10(1) and 10(2)(b) – fitness of premises.

Progress - The odour from the carpet in the lower lounge was much improved. There was a regular weekly cleaning routine in place. The domestic staff informed the officer that carpets were also checked daily and any remedial action taken. There remain issues with the condition of the floor coverings throughout the building which will be reported on in the body of the report under the corresponding regulation.

This requirement has only been partially met.

3. The Provider must review items in daily use in the home to ensure that they are fit for purpose and do not present a risk to service users.

This is to comply with:

SSI/114 Regulation 4(1)(a and (d) – a requirement relating to health and welfare of service users.

Infection Control in Adult Care Homes (2005)

Progress - A planned programme for the replacement of items which posed an infection control hazard had begun. It was noted that small tables had been purchased to replace those that were chipped and badly stained. It was evidenced that an order for ten new beds had been placed to replace the beds identified by the manager as 'bottoming out'. There are future plans to replace all the beds and furniture in the care home as part of the refurbishment process.

This requirement has been met but progress on the replacement programme will continue to be monitored at future inspections.

4. The Provider must ensure that the issue of restraint is understood by staff and daily practice reflects best practice guidance.

In order to achieve this the Manager must:

- a) Review the existing policy on restraint to ensure that all aspects of restraint are included.
- b) Guide staff to the policy relating to restraint.
- c) Ensure that risk assessments are in place for the use of restraint.
- d) Provide guidance on appropriate record keeping in respect of restraint.

This is to comply with:

SSI/114 Regulation 4(1) (a) – health and welfare.
SSI/114 Regulation 19(3) (a) - records of restraint.

Progress - Restraint risk assessments were now in place in service users files. It was evidenced that discussion had taken with service users about the placement of small tables in front of their seats. All staff had received training on of vulnerable adult. This course raised awareness of the wider issues of restraint. The manager had been unable to source training on physical restraint locally however she continues to try to access this. Progress on obtaining suitable training will be followed up at the next inspection.

The restraint policy had been reviewed.
This requirement has been met.

5. The Provider must ensure that procedures are put in place to minimise the service users' risk of pressure ulcer development and ensure that appropriate preventative and treatment measures are implemented.

In order to achieve this, the Manager must:

Ensure that staff have access to and implement best practice guidance on the prevention of pressure ulcers.

Ensure that the tool selected for use is clear and understandable.

Review all service users 'at risk' status.

Access appropriate and sufficient equipment for the service based on the assessments.

Maintain an inventory of the available equipment in the home.

Ensure that a system is in place to access further equipment as necessary.

Ensure that each 'at risk' service user has appropriate preventative measures in place and that this is clearly documented in care plans.

Ensure that best practice in relation to the treatment of pressure ulcers is obtained.

Ensure that plans of care are in place to record and assess the efficacy of treatment.

Ensure that staff are aware of how and where to seek professional guidance in relation to tissue viability.

This is to comply with:

SSI/114 Regulation 4(1) – a requirement relating to health and welfare of service users.

SSI/114 Regulation 12(b) – a requirement to ensure that there is suitable and sufficient equipment.

Best Practice Statement – Pressure Ulcer Prevention, November 2005.

NHS QIS Best Practice Management of pressure ulcers.

Progress -This requirement has been partially met and will be reported on in the body of the report under the relevant regulation.

6. The Provider must ensure that staff are trained to carry out their duties.

In order to achieve this the Manager must:

a) Ensure that identified training needs take into account the findings of this inspection.

b) Secure training in restraint, abuse, dementia care, tissue viability, nutrition and palliative care.

c) Ensure that staff are supported in receiving this training, including time off.

d) Develop a system to ensure that the learning from the training is implemented into practice.

This is to comply with:

SSI/114 Regulation 4(1) (a) – health and welfare.

SSI/114 Regulation 13 - Staff competency and training.

National Care Standards Care Homes for Older People – Standard 5.1 Management and Staffing Arrangements.

Progress - A record of staff training evidenced that a training programme had commenced and staff had received training on dementia care, manual handling, fire training, infection control and the protection of vulnerable adults. A training programme which would ensure that all care staff had attained a minimum recognised qualification in care was well advanced. There was planned approach to accessing further training for staff in the coming year.

This requirement has been met.

7. The Manager must ensure that the nutritional needs of residents are met.

In order to achieve this the Manager must:

Ensure that there is management of mealtimes.

Review the contents of the policies relating to nutrition ensuring they reflect 'best practice'.

Ensure that staff are directed in the implementation of the policies.

Implement menus, including snacks and drinks, which have been nutritionally assessed.

Ensure that all service users' nutritional needs have been assessed.

Ensure that service users with identified needs have appropriate plans of care which include guidance for staff.

Ensure that referrals are made to appropriate professionals where this has been identified.

Ensure that records are accurately maintained for monitoring of food and fluid intake.

This is to comply with:

SSI/114 Regulation 4 (1)(a)(b) - Health and Welfare and Dignity

SSI/114 Regulation 4 (2 - Accessing services from other professionals

National Care Standard Number 13: Care Homes for Older People - Eating well

Progress - Staff were noted to be present in the lounges during mealtimes and appropriate assistance given to service users.

A new menu was in the process of being introduced. The changes were regarded as positive by the residents who could contribute their views to the inspection process. They also confirmed that alternative choices were available if requested. Residents also confirmed that adequate snacks and drinks were available. The newsletter informed service users and their relatives about the changes to the menus and invited feedback at the next service user meeting.

Nutritional assessments were present in care plans.

Six staff had attended a course on nutrition needs of service users in care homes and as a result of this had requested that the nutritional assessment tool currently being used be changed to the MUST tool. Progress in implementing this will be reviewed at the next inspection.

The manager and staff spoken with were confident that referrals to the appropriate professionals would be made if they had concerns about a residents nutritional needs.

Records were in place for residents whose intake required monitoring.

This requirement has been met.

8. Medications must be managed in a manner to protect the health and welfare of service users.

In order to achieve this the Provider must:

Ensure that staff implement best practice in relation to medication management.

This is to comply with:

SSI/114 Regulation 4 - Health and Welfare

Nursing and Midwifery Council, Guidance on the administration of medication, April 2004

Progress - The care service had reviewed the administration of medications. The service had recently introduced a monitored dosage system for the administration of medication. All staff involved in the administration of medication had received training on the system and regular monthly reviews with the pharmacist were taking place.

Administration records and discussion with registered staff evidenced that adequate time lapses were being adhered to between doses.

Staff spoken with stated that medication rounds were taking less time.

This requirement has been met.

Comments on Self-Evaluation

Not applicable at this inspection.

View of Service Users

The service users confirmed that there was a choice of food at mealtimes and that an alternative would be offered if they didn't like the choices on the menu. None of the service users spoken with had asked for this. The Officer was told that the home baked cakes are good." Comments were made that some of the pieces of meat were too large to chew comfortably. The officer noted that the stew had been left on a few of the plates. This was raised with the manager who agreed that she would ask staff to monitor this and offer to cut the meat up into smaller pieces if requested.

Staff were spoken of as being kind and respectful. Service users were confident that if they rang for assistance, staff would respond quickly.

Service users, who were unable to clearly express their views, were observed during the course of the inspection. Staff engagement during mealtimes was appropriate and respectful. The activities coordinator actively encouraged and assisted less able service users to join in activities which they appeared to enjoy.

View of Carers

There were no family carers available to contribute their views to this inspection.

Regulations / Principles

Regulation 4: SSI 114 Regulation 4 (1) Welfare of Users

Strengths

Progress on meeting Requirement 5 made at the last inspection is reported on under this regulation.

All registered nurses had received training on ulcer prevention. The manager had introduced the Braden risk assessment tool for all service users. Staff training had been provided on the implementation and application of the tool. Wound assessments for all at risk residents were in place and regularly reviewed.

Registered staff had been enrolled on a pressure ulcer prevention course which was due to take place at the end March.

The Manager was aware of how and where to seek professional guidance in relation to tissue viability and planned to disseminate this information to staff.

Areas for Development

There was no information on the local wound management formulary which would guide staff regarding the appropriate product choice. This was discussed with the manager at inspection who planned to take this forward.

Service user's daily recording notes recorded that a service user had experienced pain due to their wounds and had the appropriate pain relief administered. It was noted that a pain risk assessment had not been carried out and a corresponding plan for the management of pain put in place.

Treatment plans would benefit from further expansion to include frequency of inspection of the wound, positional changes, information regarding skin cleansing and prescribed products in use. It was noted that two wounds were reported on in the same care plan. A separate plan should be devised for each wound.

On examination of the recording sheets for the administration of medication, it was noted that the application of prescribed dressing products were not recorded.

The requirement made at the previous inspection will be amended to take account of progress and continued areas for development.
(See requirement 1)

Regulation 10: SSI 114 Regulation 10 Fitness of Premises

Strengths

The Manager informed the Officer that discussions with architects were taking place to finalise plans for refurbishment. It was hoped that the work would begin during the summer. New admissions to the home had been suspended in anticipation of this and double rooms were now available for single occupancy if required.

The manager had identified one of the vacant rooms as an opportunity to create a quiet room and was progressing this at the time of inspection.

Areas for Development

The main sitting rooms were still being used throughout the day for meals as there were, no formal dining areas in the care home. The sitting areas were also used for planned activities, watching television and quiet pursuits such as reading.

The smoke room arrangements were not compliant with the 'smoking legislation'. The conservatory was used as the smoking area with the open patio door providing ventilation. This was discussed with the manager who was aware of the current limitation in the environment. The aims and objectives for the refurbished service would ensure that the care home was a non-smoking environment. As the issues noted at the last inspection remained for the existing service users, the requirement will be repeated.

(See requirement 2)

The carpets in the main corridors are uneven and could pose a potential trip hazard for the current service users with reduced mobility. The carpets have been identified for replacement during the refurbishment however the risk to existing residents should be assessed and any remedial action taken.

(See requirement 3)

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

Two recommendations were made at the last inspection.

1. The Provider should obtain a copy of the local Area Inter-agency Adult Protection guidance and incorporate these into the existing adult protection policy.
National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.
This has been met.

2. The child protection policy for children visiting the service should be expanded to include the steps to be taken and the contact numbers of relevant agencies.
National Care Standards, Care Homes for Older People, Standard 5, Management and Staffing Arrangements.
This has been met.

The Officers acknowledged that the Manager had achieved a considerable amount in the short time she had been in post. Staff felt supported and that they worked well as a team. They were enthusiastic about the changes that had taken place and felt their training needs were being met.

It was noted during examination of the personal plans that they would benefit from expansion to take account of service users cognitive and social needs. For example, one service user was described as having difficulty finding the bedroom but there was no description of the actions that would be taken to orientate her. This was discussed with the manager who stated that they were in the process of developing the personal plans. This will be followed up at the next inspection.

Requirements

1. The Provider must ensure that procedures are put in place to minimise the service users' risk of pressure ulcer development and ensure that appropriate preventative and treatment measures are implemented.

In order to achieve this, the Manager must:

Access appropriate and sufficient equipment for the service based on the assessments.

Maintain an inventory of the available equipment in the home.

Ensure that a system is in place to access further equipment as necessary.

Ensure that best practice in relation to the treatment of pressure ulcers is obtained including the local wound management formulary.

Treatment plans would benefit from further expansion to include frequency of inspection of the wound, positional changes, information regarding skin cleansing and prescribed products in use.

A separate plan should be devised for each wound.

Pain risk assessment should be carried out and corresponding care plans for the management of pain put in place.

The application of prescribed products should be recorded in the service users medication recording sheet.

This is to comply with:

SSI/114 Regulation 4(1) – a requirement relating to health and welfare of service users.

SSI/114 Regulation 12(b) – a requirement to ensure that there is suitable and sufficient equipment.

Best Practice Statement – Pressure Ulcer Prevention, November 2005.

NHS QIS Best Practice Management of pressure ulcers.

Timescale: For completion within 4 weeks of receipt of the draft report.

2. The Provider must use the available space in the home for the benefit of the majority of the current residents.

In order to achieve this:

The Manager must review the existing arrangements for the use of the communal areas.

Provide a 'smoke room' which meets the current legislation and is adequately ventilated.

Plans on how this will be implemented including timescales should be submitted to the Care Commission.

This is to comply with:

SSI/114 Regulation 4(1) – a requirement relating to health and welfare of service users.

SSI/114 Regulation 10(1) – fitness of premises.

The Smoking, Health and Social Care (Scotland) Act 2005

Timescale: For completion within 8 weeks of receipt of the draft report.

3. The Provider must carry out an audit of the condition of the floor coverings throughout the care home to ensure they do not present as a hazard to service users. A plan for any remedial action that requires to be taken and timescales for implementation must be submitted to the Care Commission.

This is to comply with:

SSI/114 Regulation 4(1) – a requirement relating to health and welfare of service users.

SSI/114 Regulation 10(1) and 10(2)(b) – fitness of premises.

Timescale: For completion within 4 weeks of receipt of the draft report.

Recommendations

There were no recommendations made at this inspection.

JanetteBishop

Care Commission Officer