

Peacock Nursing Home Care Home Service

Garden Place
Eliburn
Livingston
EH54 6RA

Telephone: 01506 417 464

Type of inspection:
Unannounced

Completed on:
28 February 2024

Service provided by:
Peacock Medicare Ltd.

Service provider number:
SP2003002457

Service no:
CS2003010659

About the service

Peacock Nursing Home is owned and managed by Peacock Medicare Ltd. The care home is registered with the Care Inspectorate to provide care and accommodation for 80 older people. At the time of inspection, 75 people were using the service.

The home comprises of two houses, Peacock (House 1) and Primrose (House 2). Each of the houses has two floors, the upper floor can be accessed by either a lift or stairs. There are separate dining facilities on the ground floor of both houses.

All bedrooms have en suite toilet and washing facilities. There are bathing and additional toilet facilities on both floors. The home is situated in a residential area and has its own parking and well-maintained gardens.

About the inspection

This was an unannounced inspection which took place on 26, 27 and 28 February 2024, to follow up requirements that were made during a previous inspection in August 2023. We also visited the service on 10 October 2023. The inspection was carried out by two inspectors from the Care Inspectorate.

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 10 people using the service and 11 of their relatives
- spoke with 16 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- Recruitment of staff was now being informed by all aspects of safer recruitment guidance.
- There was substantial improvement in the opportunities for meaningful activity and engagement for people living in the home.
- Training and supervision was much improved, however, supervision content required improvement
- Observations of practice had not yet been planned or carried out.

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

Requirements

Requirement 1

By 24 November 2023 the provider must provide a varied programme of meaningful activities.

To do this the provider must at a minimum:

- a) provide opportunities for all residents to have access to the garden
- b) provide an activity plan developed from people's interests and hobbies
- c) provide a range of meaningful activities for people living in the service
- d) provide opportunities for people to be out in the community.

This is to comply with Regulation 4 - Welfare of users 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 Standard (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

This requirement was made on 20 September 2023.

Action taken on previous requirement

We visited the service on 5 December 2023 to follow up on this requirement, however, there was limited evidence of improvement at that time. We extended this requirement to 23 February 2024.

At our follow-up inspection on 26, 27 and 28 February 2024 we found that there was substantial improvement in the opportunities for meaningful activity and engagement for people living in Peacock Nursing Home. A new system was being implemented to enable better oversight of meaningful activity and engagement for people and work was ongoing to ensure this area was further developed, including access to the garden when weather permits, for all people living in the home.

This requirement has been met and we will continue to monitor improvements at our next inspection.

Met - outwith timescales

Requirement 2

By 6 October 2023, the provider must ensure that people can be confident that staff have been recruited and employed safely.

To do this, the provider must, at a minimum:

- a) ensure that the recruitment of staff has been informed by all aspects of safer recruitment guidance as detailed in 'Safer Recruitment Through Better Recruitment' (Care Inspectorate November 2016)
- b) ensure that staff do not start work until all pre-employment checks have been concluded.

This is to comply with Regulation 9(2)(b) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I am confident that people who support and care for me have been appropriately and safely recruited' (HSCS 4.24).

This requirement was made on 20 September 2023.

Action taken on previous requirement

We followed up this requirement at a visit to the service on 10 October and found that the recruitment of staff was now being informed by all aspects of safer recruitment guidance.

A process was in place to ensure that staff would not start work until all pre-employment checks had been concluded. This meant that people could be confident that the people who support them had been appropriately and safely recruited.

Met - within timescales

Requirement 3

By 23 February 2024, the provider must ensure that staff receive appropriate training and support and are competent in their role.

To achieve this, the provider must, at a minimum;

- a) implement a mandatory training programme that addresses a review of training needs. This should include as a priority, but not be limited to, training in the following areas:

- i. Dementia care, including stress and distress;
 - ii. Whistleblowing;
 - iii. Adult support and protection;
- b) ensure that records are maintained detailing which training events have been attended by whom
- c) develop a system to ensure that the learning from the training is implemented in practice and there is a record of staff competency
- d) ensure staff supervision is carried out in accordance with the provider's policy and procedures to ensure staff are supported to discuss and develop their roles and reflect on practice
- e) ensure that the daily deployment of staff across the service takes into account the knowledge, skill mix, and experience of staff.

This is to comply with Regulations 4(1)(a) and 15(b)(i) 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 Health and Social Care Standards (HSCS) which state that: '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).

This requirement was made on 20 September 2023.

Action taken on previous requirement

We followed up on this requirement when we visited the service on 26, 27 and 28 February 2024.

We saw comprehensive records of training for staff and could see that training in dementia care, including stress and distress, and both whistleblowing and adult support and protection training had also been attended by all staff.

Supervisions had been carried out in accordance with the provider's policy, however, these did not contain discussions with staff regarding their development or reflection on their practice. There was not yet a system to ensure that learning from training was implemented in practice, for example, in the form of practice observations to ensure that staff are competent and confident in their role.

We discussed this with the management team who plan to improve supervisions with the inclusion of a discussion with each member of staff regarding their development and reflection on their practice, and putting in place regular observations of practice.

This requirement was not met and we have extended the timescale to 10 April 2024.

Not met

Requirement 4

By 16 February 2024, the provider must ensure that the approach to managing and responding to falls is improved to keep service users safe. To do this, the provider must, at a minimum:

- (a) Ensure that resident's fall risk assessments and fall reduction plan are fully completed, frequently reviewed and effectively implemented;
- (b) Risk control information must be made available to all staff members to ensure they have a knowledge of what support is required to be provided in order to minimise the fall risks. This assessment must also consider the use of appropriate aids;
- (c) Ensure that staff are aware of the information contained in Best Practice guidance;
- (d) Post fall assessment should be undertaken and recorded within the care plan. This should include all observations taken and the frequency of monitoring the person's condition, where necessary;
- (d) Ensure that the manager is involved in the monitoring and audit of falls and falls prevention and for action to be taken in order to minimise risk;
- (e) Demonstrate that appropriate advice is sought promptly from health professionals to assist in minimising the risk.

To be completed by: 16 February 2024

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

This requirement was made on 13 November 2023.

Action taken on previous requirement

This requirement was made following a complaint investigation. Upon receipt of the complaint report, the provider submitted an action plan detailing how this requirement would be addressed to ensure good outcomes for people experiencing care.

Multifactorial Falls Risk Assessments (MFRAs) were being regularly reviewed. These informed the care plans. Information had been added to some MFRAs over time and it was, at times, difficult to identify the most up to date information. These required to be rewritten to ensure that the most recent information was identifiable to prevent confusion.

Care plans had been updated to reflect people's support needs to effectively reduce falls. However, some care plans contained conflicting information between mobility and sleeping care plans. This meant that falls reduction actions could be overlooked by staff and place people at an increased risk of falling.

Recorded falls were being reviewed through quality assurance processes on a monthly basis

Whilst we could see improvements in this area, further time was required to embed this approach throughout the service. This included management oversight of falls and the actions taken to further reduce the risk to people.

This requirement was not met and we have extended the timescale to 10 April 2024.

Not met

Requirement 5

By 16 February 2024, the provider must ensure any restriction to people's right to freedom of movement is fully assessed and agreed prior to implementation. To do this, the provider must, at a minimum:

- a) develop and implement a policy for the use of bedrails. This should be based on best practice guidance;
- b) ensure that the consideration of bed rails is based on a thorough and individual risk assessment with appropriate records to reflect decisions made. This should involve the person and/or their representatives and other professionals as appropriate;
- c) ensure that the use of bedrails is regularly reviewed and reflects any changes to the person's health and wellbeing.

To be completed by: 16 February 2023

This is to ensure care and support is consistent with Health and Social Care Standard 4.11: I experience high quality care and support based on relevant evidence, guidance and best practice.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 13 November 2023.

Action taken on previous requirement

This requirement was made following a complaint investigation. Upon receipt of the complaint report, the provider submitted an action plan detailing how this requirement would be addressed to ensure good outcomes for people experiencing care.

A Bed Rail Policy had been developed and implemented. Risk assessments for the use of bed rails had been completed and evidenced the involvement of people and/or their representatives. Staff were aware of the new policy and were able to discuss the safe use of bed rails.

People's care plans recorded when the bed rails were to be used where these had been assessed as required. They detailed the need for the two bedrails to be used with bumpers. Some care plans contained conflicting information between mobility and sleeping care plans. This meant that staff could miss the need to use bedrails for some people. Where bedrails were assessed as not safe to use, some care plans noted they could be used in emergency situations. However, there was no guidance to advise in what circumstances they should be introduced or what monitoring should be implemented to ensure they were monitored for the person's safety.

Bed rail safety checks were being undertaken and recorded on a regular basis as part of the quality assurance processes. Some bedrail bumpers were showing signs of wear and tear making it difficult to

clean thoroughly. This required to be monitored more closely.

Whilst we could see improvements in this area, further time was required to embed this approach throughout the service.

This requirement was not met and we have extended the timescale to 10 April 2024.

Not met

Requirement 6

By 16 February 2024, the provider must ensure that all staff, including those employed through an agency, have the skills and competence needed to manage emergency situations safely. To do this, the provider must, at a minimum:

(a) ensure all staff have received training, appropriate to their role, to enable them to manage emergency situations competently and safely.

(b) ensure all nursing staff are familiar with the provider's policies and procedures for the management of emergency situations.

(c) ensure details of accidents and incidents are accurately recorded at the time of the event, and shared with other agencies as appropriate.

(d) ensure that emergency services are informed of all relevant information, including observations taken and the person's wishes regarding end of life care.

To be completed by: 16 February 2024

This is to ensure care and support is consistent with Health and Social Care Standard 3.14: 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.

This is in order to comply with:

Regulation 15(b)(i) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 13 November 2023.

Action taken on previous requirement

This requirement was made following a complaint investigation. Upon receipt of the complaint report, the provider submitted an action plan detailing how this requirement would be addressed to ensure good outcomes for people experiencing care.

No evaluation of staff knowledge or practice in the event of an emergency situation had been undertaken. Whilst staff we spoke with were knowledgeable on action they would take and information they would share with emergency services, it was difficult to ascertain if there was a shared understanding through the nursing team, including agency staff. This was a missed opportunity to identify where there were gaps in knowledge and how this could be most effectively addressed.

Accident and incident reports contained relevant information of the actions taken in the event of an emergency. This included details of clinical observations taken, when required. However, there was no record of information or records shared with emergency services upon their arrival.

This requirement was not met and we have extended the timescale to 10 April 2024.

Not met

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

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