

Belhaven Nursing Home Care Home Service

Belhaven Hospital
Hospital Road
Dunbar
EH42 1TR

Type of inspection:
Unannounced

Completed on:
28 February 2024

Service provided by:
East Lothian Council

Service provider number:
SP2003002600

Service no:
CS2004062389

About the service

Belhaven Nursing Home (also known as Blossom House) is a care home providing care and support for up to 11 older people situated in the grounds of Belhaven Hospital in Dunbar, East Lothian. There were 10 people experiencing care with the service during the inspection. The care home was registered with the Care Inspectorate on 22 March 2004. The provider for this service is East Lothian Council, however the home is managed by NHS Lothian. Accommodation is provided in single bedrooms with en suite facilities. All facilities are in one unit on ground level. There are shared lounge and dining areas. Pleasant landscaped garden and patio areas are easily accessible.

About the inspection

This was an unannounced inspection which took place on 22 and 23 February 2024. The inspection was carried out by one inspector 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 and intelligence gathered since the last inspection.

We evaluated how well people's health and wellbeing was supported as well as their leadership and quality assurance processes.

To inform our evaluation we:

- spoke with eight people using the service and four relatives as well as one professional working with the service
- spoke with seven 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

- People were satisfied with the quality of the care and support.
- Staff actively encouraged people to engage in meaningful activities.
- Quality meals and snacks were available for people and mealtimes were well staffed.
- The environment was clean, tidy and homely.
- Staff were supported, though face-to-face supervision needed to occur more regularly.
- People's personal plans were thorough and up to date.

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?	4 - Good
How good is our leadership?	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?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the care provided and how this supported positive outcomes for people.

Staff interacted warmly and respectfully with people and knew their history, routines and preferences. Staff would assist people who were anxious in a caring and calming way. When assisting people to move, staff interacted supportively and with encouragement. People experiencing care told us "I am very well treated here" and "it's good staying here." Relatives said "staff are polite and respectful" and "mum was upset and anxious as she wanted to go home, but more recently mum is happy and telling us how much she loves the place." This meant people could build trusting relationships at the service.

There were some people in their rooms but were choosing to have privacy rather than feeling isolated or had clinical reasons to be in bed. The staff interactions were kind and patient; they actively encouraged people to engage in meaningful activities. Staff were spending one-to-one time with people 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. There were gentle exercises in the morning to assist people's flexibility and mobility. The service was engaged with the local community by having visits from community groups, the local high school and entertainers. More regular outings will improve the activities further. This keeps people stimulated, engaged with interests and connected to the community.

To ensure the activities are meaningful to people, the service was evaluating if people were attending and enjoying them or not. These opportunities to take part in meaningful activities supported people to be involved and valued. Comments included "staff are always engaging with her and really good at what they do" and "staff are great at encouraging her."

Mealtimes were well staffed and people were not kept waiting for their meals or being rushed. Support with eating and drinking was undertaken in a dignified way. Good quality meals and snacks were available for people.

Medication administration was well organised with regular audits. This ensured that people experienced safe and effective medication. Health issues of people experiencing care were being well monitored and actions taken. This supported the service to effectively respond to signs of deterioration in people's health.

Staff were seen to wear, use and dispose of personal protective equipment such as gloves and aprons in line with guidance. People were kept safe from the risk of infection as staff had the necessary skills, training, and competence in infection prevention and control. We saw that the service had suitable quality assurance processes in place that included the observation of staff practice.

Bedrooms and communal areas were clean and tidy, though retained a welcoming and homely setting. The furnishings and equipment were in good condition. People's rooms were comfortable with personal decoration. There were arrangements in operation for maintenance of the premises and the equipment to ensure people are safe. This ensured people experienced an environment that has been adapted, equipped and furnished to meet their needs and wishes.

How good is our leadership?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with the leadership and quality assurance.

People we spoke to considered that managers were accessible and responsive. If there were any concerns regarding people's health and wellbeing, relatives were communicated with quickly. Relatives said "really good at keeping me informed," "if anything wrong they will phone me" and "always been in touch if any health issues."

Any incidents were reported thoroughly. Regular quality audits were taking place, such as medication, dining experience and the environment. The service sought feedback from people experiencing support through regular group meetings, although involving relatives in the meetings would be useful. To improve further, the service can use satisfaction surveys for people experiencing care, relatives and staff. There needed to be a service improvement plan in place to assist the service to plan, make and measure improvement. This ensures that there is a culture of continuous improvement for people experiencing support.

Staff reported good informal support available from their managers, although face-to-face supervision sessions needed to take place. There were team meetings held to assist communicating effectively with staff though these needed to be more regular. Training was of good quality with a high level of completion. There needed to be formal managerial observations of staff competence on different practices rather than only infection prevention and control. This ensures people experienced high quality care and support based on relevant guidance and best practice.

We observed that staff worked together well, in a positive and calm manner. Staff had time to provide support with compassion and engage in meaningful conversations. This ensured people benefited from a warm atmosphere because there are good working relationships. A person experiencing care commented on "the gentleness and kindness and care" of the staff. Relatives said "staff are available if need them" and "there is always staff there; always someone to speak to."

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

The provider should clearly evidence that residents skin care needs are assessed and care delivered. In order to achieve this, the provider must:

- make sure that risk assessments are completed to identify the level of risk to the resident
- make sure that guidance is set out for staff in the care needed to maintain healthy skin. This should include the application of topical preparations, equipment used and frequency of repositioning
- make sure that records can evidence that care has been given or a reason for omission noted.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11).

This area for improvement was made on 12 December 2019.

Action taken since then

There were regular assessments in place for people's skin integrity. When people had developed pressure sores and wounds, the service was seeking professional support and advice in a timely manner from the NHS.

People had access to pressure relieving cushions and mattresses which were used appropriately. Repositioning charts (for when a person needs assistance with changing their position in bed or a chair to protect their skin) were being recorded.

The service was managing people's skin integrity well, therefore this area for improvement has been met.

Previous area for improvement 2

The provider should ensure that residents' personal plans are right for them and set out how all their needs will be met, as well as wishes and choices. Particular focus should be on:

- ensuring accurate and consistent information about residents' support needs
- ensuring the evaluation of the care and support provided is meaningful to make sure that the care provided fully meets residents' needs
- fully implementing the audit systems used to monitor care plan content to make sure that they meet the provider's own expected standards.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state: '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' (HSCS 1.15). 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

This area for improvement was made on 12 December 2019.

Action taken since then

People's personal plans detailed each area of care, for example, mobility, and set out any needs for support. Updates were recorded regularly and promptly as were any changes in actions needed. However, these were not always written in a personalised way. There needed to be more focus regarding what people consider is important to them and the related outcomes they want to achieve.

The service was making referrals to health professionals in a timely manner and following advice given. Six monthly reviews (as required by legislation) were taking place with people experiencing care, but the service needs to make sure that relatives and representatives are always included in these reviews. This ensures that personal plans remained right for people and that everyone had the opportunity for their views to be heard.

As the personal plans are accurate and are being reviewed, this 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?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.