

Redmill Nursing Home Care Home Service

Lady Court
East Whitburn
Bathgate
EH47 0PN

Telephone: 01501 745 777

Type of inspection:
Unannounced

Completed on:
3 June 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300850

About the service

Redmill Nursing Home is registered to provide a care service to 68 older people. The service is owned and managed by HC-One Limited. At the time of this inspection 63 people were being supported by the service.

The service is situated on the outskirts of East Whitburn, adjacent to a small private housing estate. The accommodation is a purpose-built, single storey building, situated in private grounds with a central courtyard garden.

All bedrooms are for single use and have en-suite toilet facilities with communal bathroom and showering facilities in each unit. The home is divided into three units, Forth, Clyde, and Lomond. The units are accessed from the main entrance area. Each unit has its own sitting rooms, dining room, communal toilets, and bathrooms. There is a separate kitchen, laundry, staff room, hairdresser, and offices within the home.

The provider states their aim as:

"To provide a high standard of care, support and safety for each resident, in order to meet their individual needs and potential. This will allow the resident to experience a good quality of life whilst maintaining their individuality and self-esteem".

About the inspection

This was an unannounced follow up inspection focusing on requirements made at the previous inspection and took place on 3 June 2024. 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, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with six people using the service and two of their family
- spoke with five staff and management
- observed practice and daily life
- reviewed documents
- spoke with one visiting professionals

Key messages

- Requirements made at a previous inspection had all been met
- We observed kind, caring interactions between people living in the home and staff.
- The quality of record keeping had improved and progress was being made with implementing a new care planning system.
- Quality assurance processes were robust and contributed to improved outcomes for people.
- The management team were knowledgeable about people and were approachable and responsive.

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 staff team?	4 - Good
How good is our setting?	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 carried out an unannounced inspection in April 2024 to follow up on requirements and areas for improvement from a complaint inspection made at our visit in January 2024.

Good progress had been made however, as the requirements were not fully met we extended the timescale to allow the service to make the improvements required. We visited again on 3 June 2024.

Significant improvements had been made to meet the requirement and improvements were being sustained. We re-evaluated this key question overall from adequate to good.

We have reported on our findings under the following sections of this report:

'what the service has done to meet any requirements made at or since the last inspection'

How good is our staff team?

4 - Good

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How good is our setting?

4 - Good

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

Requirements

Requirement 1

By 31 May 2024, the provider must ensure that people receive a service which ensures the dignity, respect and healthcare of people is prioritised and maintained.

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

- a) Ensure people receive personal care that addresses their individual needs at all times
- a) Ensure accurate completion and analysis of daily healthcare charts including, but not limited to, personal care, oral care, bowel records and fluid intake.
- b) Ensure where concerns are identified through the completion of the healthcare charts and other clinical recordings, a clear record is kept of any responsive action(s) taken by the service.

This is to comply with Regulations 4(1)(a) (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 Standards (HSCS) which state that: 'My care and support meets my needs and is right for me'. (HSCS 1.19)

This requirement was made on 11 April 2024.

Action taken on previous requirement

We reviewed documents associated with people's personal care, oral health, and general wellbeing. We found that improvements had been made to ensure that all care was carried out timely and as the person wished. Records of care carried out were documented and there was oversight from the senior management team. Observations of practice had been carried out and any actions from these recorded and discussed with staff. People's personal care was also discussed at the daily huddle to ensure any concerns were raised, addressed with responsive action carried out. Staff were observant of people who may need clothing changed after their meals and offered hand hygiene before and after meals. We observed people to be well presented. People's wishes and choices were recorded within their care plans.

Met - within timescales

Requirement 2

By 15 March 2024, the provider must ensure the health, safety and welfare of people experiencing care.

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

- a) review staffing levels using a method of assessment that includes the involvement of people experiencing care and/or their representatives
- b) undertake observation at various times over a 24 hour period and record the outcome to help inform the assessment of how effectively people's needs are met
- c) ensure there is a sufficient number of staff on duty to meet people's needs and requests for care
- d) ensure staff have the correct knowledge and skills to support people safely
- e) ensure staff have received appropriate induction training with their competency to practice assessed
- f) ensure management have oversight of people's support and staff are effectively led, deployed, and supervised to ensure people's needs are met.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This is in order to comply with section 7(1)(a) of the Health and Care (Staffing) (Scotland) Act 2019.

This requirement was made on 17 January 2024.

Action taken on previous requirement

Consideration was given to the number of staff required to meet the needs of people living in the service. Dependency assessments were carried out regularly and non direct care hours taken into consideration when allocating staff across the shifts. Details within the dependency assessments identified how information was used to inform the staffing levels to meet people's assessed needs.

Staff had participated in a range of eLearning and face to face training. Competency assessments, and practice observations had been carried out and documented to a good standard.

Staff were being effectively led and we could see that staff worked well as a team and were deployed throughout the home to ensure the right number of staff were based in the right areas at the right time to support and assist people.

Staff were visible throughout the home and responded quickly to people when assistance was required.

Met - outwith timescales

Requirement 3

By 15 March 2024, the provider must ensure that people are supported safely with their mobility and transfers, including where equipment is used.

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

- a) ensure staff have undertaken practical moving and handling training delivered by a suitably qualified person
- b) ensure the moving and handling practice of staff is observed and evaluated regularly with records kept to evidence this
- c) ensure that every person who receives support with moving and handling has been appropriately assessed by a suitably qualified person to determine the support they require

d) ensure risk assessments and support plans are completed appropriately and contain detailed information on how people are to be supported.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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 17 January 2024.

Action taken on previous requirement

All staff had participated in moving and handling training and observed practice competency assessments carried out. Clear records of actions required were documented and outcomes noted. Assessments had been carried out to ensure people were receiving the right support for their mobility needs. Care plans had been updated with any changes required and mobility assessments carried out and staff informed of any changes.

We observed staff carrying out moving and handling using the appropriate aids and found their practice to be safe. Staff were patient and engaged well with people while assisting them to transfer or mobilise.

Met - outwith timescales

Requirement 4

By 15 March 2024, the provider must ensure that the environment and equipment is clean and well maintained to ensure people's health and wellbeing.

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

- a) ensure that the physical environment and furnishings are kept clean and hygienic in line with current best practice standards
- b) ensure that equipment is fit for purpose and checked it is appropriate for use regularly
- c) ensure there is an effective auditing system in place to review the cleanliness of the environment and cleanliness/suitability of equipment, with effective management oversight.

This is to ensure care and support is consistent with Health and Social Care Standard 5.22: I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment.

This is in order to comply with: Regulation 10(2)(d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This requirement was made on 17 January 2024.

Action taken on previous requirement

At our visit we found the home to be clean, fresh and not malodorous. New chairs and furnishings had been purchased for the lounges. The setting of armchairs in lounges gave a homely feel and opportunities for people to engage and chat with each other.

Housekeeping and infection prevention and control audits were being carried out regularly and we saw that any concerns arising from these were being addressed timely.

Equipment was being checked and regularly deep cleaned. Equipment was in good condition, fit for purpose and stored appropriately.

Housekeeping staff received training in line with their role and observed practice carried out with records identifying areas for improvement which were addressed timely.

Met - outwith timescales**Requirement 5**

By 15 March 2024, the provider must ensure that people are being supported to eat and drink well, and their nutritional and hydration needs are being met.

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

- a) ensure malnutrition risk assessments are accurately completed and used to inform practice
- b) develop and implement clear treatment plans for people who are at risk of weight loss and/or dehydration
- c) ensure people's nutrition and hydration needs are being monitored, recorded, and evaluated as required
- d) ensure people are supported and encouraged to eat and drink well, and are offered appropriate food and fluids in line with their assessed needs and preferences
- e) ensure staff have completed training in relation to nutrition and hydration and have the necessary skills and knowledge to support people safely with their nutrition and hydration needs, including fortifying meals and snacks
- f) involve people experiencing care and/or their representatives in giving feedback about the quality and choice of food
- g) undertake observations of dining experiences and implement any actions required to ensure people are being supported effectively
- h) ensure management have oversight of people's eating and drinking needs and records and the use of this information to inform actions as part of continuous quality improvement.

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

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 17 January 2024.

Action taken on previous requirement

Improvements that had already been made were embedded and sustained to ensure people received a pleasant mealtime experience. Tables were nicely set with tablecloths, cups saucers, condiments, cutlery and flower arrangements. People chose where they wanted to sit and there was good humoured conversations taking place with people and staff. Staff were knowledgeable about peoples nutrition and hydration needs and had received training in nutrition and hydration including assessing peoples needs. People who required a modified diet were supported with this in accordance with their assessed needs. Staff were patient, kind and engaged in conversation with people.

Nutrition and hydration charts were in place for people who had been assessed as requiring support with their daily hydration and nutrition. There was an exemplar chart which staff were following to ensure that all information was consistently recorded on the charts and any actions identified acted upon.

Observations of the dining experience were taking place on a regular basis and actions undertaken and completed. Surveys were also taking place regularly to ensure people had their meals at their chosen time, their meal preferences and what improvements could be made to enhance the mealtime experience.

Met - outwith timescales

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

People should be supported to get the most out each day and live a good quality life.

To do this, the provider should ensure that they:

- a) implement a process to understand how people prefer to spend their day
- b) introduce meaningful activities specific to peoples likes and wishes
- c) undertake a review of the environment to ensure all areas are functional, accessible and provide a nice place for people to socialise.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'I get the most out of life because the people and organisation who support and care for me have an enabling attitude and believe in my potential' (HSCS 1:6); and 'I am empowered and enabled to be as independent and as in control of my life as I want to be and can be' (HSCS 2.2).

This area for improvement was made on 20 June 2023.

This area for improvement was made on 20 June 2023.

Action taken since then

Peoples views were taken into consideration when arranging activities within the care home and in the community. New staff were in post and they were getting to know people, their choices and wishes around participation and engagement. The service had introduced a wishing tree and people were able to write their wishes and for some people these had been met.

In addition to the organised group activities there were various activities set out on tables in lounges which people could dip in and out of. We saw visitors taking part in these activities with their loved ones. Photographs of activities were displayed on notice boards along with planned events. As the activity staff were quite new in post and developing the roles we will continue to review engagement and participation at future inspections.

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
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	4 - Good
4.1 People experience high quality facilities	4 - Good

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