

Benarty View Care Home Care Home Service

Four Seasons Health Care
Benarty View Nursing Home
17 Rowan Lea
Kelty
KY4 0FY

Telephone: 01383 440240

Type of inspection:
Unannounced

Completed on:
14 June 2024

Service provided by:
Four Seasons Beechcare Limited

Service provider number:
SP2022000265

Service no:
CS2022000401

About the service

Benarty View Care Home is a purpose-built two storey nursing home situated in the village of Kelty, near Dunfermline town. The care home is owned and managed by Four Seasons Beach Care Ltd, part of the Four Seasons Health Care family.

Residents have a choice of lounge and dining areas, and a passenger lift allows access to both floors. There are 10 bedrooms downstairs and 30 upstairs all that have en-suite facilities. There is an attractive large, enclosed garden to the rear of the home which can be accessed directly from the upstairs floor. There is also a smaller garden to the front of the property.

About the inspection

This was an unannounced inspection which took place on 10 and 11 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 seven people using the service and four of their family members
- spoke with 13 staff and management
- observed practice and daily life
- reviewed documents.

Key messages

- People experienced care that was personalised.
- Clinical oversight was effective.
- Management and leadership within the service was strong.
- Care and support staff were skilled.
- The setting was comfortable and well presented.
- People were kept active and engaged.

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?	5 - Very Good
How good is our leadership?	5 - Very Good
How good is our staff team?	5 - Very Good
How good is our setting?	5 - Very Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We evaluated this key question as 'very good,' where there were major strengths which support positive outcomes for people.

People should expect care and support that is comprehensive, with health care assessments that are based on best practice guidance. We found high standards of clinical care of needs such as weight, skin integrity and falls. Weekly meetings led by the nursing team were effective in monitoring and reviewing care needs of people living in the service. One relative we spoke with told us staff "go out of their way" to give people the care that they need. Another told us that their loved one's life had been "turned around" for the better since moving to Benarty View. A person living in the service told us, "I am quite satisfied" with the care given. Another said, "I am quite comfortable here". This evidenced that people were receiving the care and support they needed.

Our review of the medication management system in Benarty View found good standards were in place. The service had recently moved to an E-MARS (electronic medication administration recording system), and we found no concerns with practice in this area. As required medication protocols were in place for people. The service was aware of the need to enhance the detail in these protocols and evidenced prioritising this improvement. We were assured people were being safely supported with their prescribed medications.

People's wellbeing should be enhanced by a person-centred approach to being engaged and active. We found significant strengths in the program of activities and engagement available in the service. This included various links with local communities, for example, nursery visits, coffee clubs, tea dances, church services and adapted cycle clubs. The service utilised a "Magic Moments" system for planning, delivering, and evaluating how well they kept people physically and mentally active. We reviewed resident and relative meeting minutes, which evidenced feedback being sought on the program of events and engagement being delivered. This promotes people being central to how their support needs are met.

Life story work was completed by the service, with residents and family's involvement. This helped to ensure that people's preferences and interests were respected. We discussed with the service ways in which this life story work could further inform the program of engagement on offer, supporting people to have outcome focussed, meaningful days. We were confident that the service was supporting people to feel safe, be active and happy.

It is essential that people have access to a balanced diet. We observed mealtimes that were unhurried, respectful, and overall, a pleasant experience for people. People's preferences were accommodated and feedback from people in the service was used to inform menu planning. We found best practice guidance being used in meal preparation for people who had special dietary requirements, such as diabetes and soft diets. Food and fluid charts, for people who needed them were consistently completed and used to inform clinical care decisions. This meant people's health benefitted from the attention given to nutrition.

How good is our leadership?**5 - Very Good**

We found significant strengths in relation to the leadership of the home and how this supported positive outcomes for people, therefore we evaluated this key question as "very good".

Quality assurance should be used to ensure good standards of practice and the improvement plan for the service. We found a wide range of well-established audits in place to monitor people's experiences. It was evident that promoting high standards of care and support were the priority of the leadership team. Outcomes from audits clearly supported improvement. The leadership team evidence being both proactive and reactive to supporting improved outcomes for people in the service. One relative commented, "There is nothing that the manager does not know about the home". We had full confidence in the continued improvement of the service under the current leadership team.

Systems were in place, such as clinical meetings, flash meetings and observations of staff practice, to support the leadership team drive improvement and maintain standards. Visibility of the manager gave residents, relatives, and staff confidence in the management of concerns. Another relative told us that the manager "had nothing to hide". We observed relatives, residents and staff coming and going from the manager's office throughout this inspection. It was clear that an open-door policy was a standard practice. Staff we spoke with felt well supported. We discussed with the manager ways in which more people could be involved the quality assurance systems that were in place. This would promote a wider understanding of the standards of care people should expect.

Management of people's finances and recruitment of staff were well managed by the administration team within the service. We were confident of safe practice.

How good is our staff team?**5 - Very Good**

We found significant strengths in relation to the staff team and staffing arrangements and how these supported positive outcomes for people, therefore we evaluated this key question as "very good".

We reviewed the dependency assessment tool used by the service to inform staffing levels. This tool was effective in continually measuring the needs of residents and deploying care staff in response to this. We observed good staffing levels during our inspection. Staff we spoke with told us staffing levels were good, allowing them to spend quality time with people. Team meetings and daily handovers meant care and nursing staff were well informed of people's current care requirements. This supported good outcomes for people as care staff were available and observant to their needs.

Staff should work well together as this supports delivery of good experiences for people. A person living on the service told us, "They [staff] are all so lovely". Staff we spoke with told us that moral was high and they worked well as a team. We noted a whole staff team approach to supporting good outcomes for people. For example, housekeeping staff supporting with mealtimes and activities where this was required. The maintenance team played a vital role keeping people active. For example, residents taking part in running errands and or carrying out tasks around the home. This showed a commitment by the whole staff team to supporting people to enjoy life.

How good is our setting?

5 - Very Good

We evaluated this key question as 'very good,' where there are major strengths which support positive outcomes for people.

People should benefit from high quality facilities which are homely and comfortable. The service was clean and free of clutter, with attractive decoration throughout. People could choose to spend time in their own bedrooms which were maintained to a high standard and had been laid out and decorated according to people's individual taste. Communal areas were bright and attractive, with a variety of seating options and views of the outdoors.

Relatives reported that the service appeared consistently clean over time and at all times of the day. One relative said, 'they have nothing to hide,' and was confident in the high standards which they had observed over time. People in the upper units were able to directly access an attractive, secure garden. Relatives reported that on nice days the doors to the lounge/diner could be left open for people to enjoy free access to the outdoors. Care was provided flexibility between the units upstairs, allowing people to have their meal and spend their time wherever they chose.

The lounge/diners contained drinks dispensers, which people could access at any time. This meant that some people could be independent in meeting their hydration needs. Further provision of accessible fruits and snacks would encourage choice and independence out with mealtimes.

People had been involved in decisions around the interior decoration of the service and regular meetings were held in which people could share their views. This meant that people could be confident that they would retain some control over their environment and that it would reflect their preferences.

A recognised audit tool had been used to assess the internal environment and its suitability for people with a cognitive impairment. Although attention had been paid to many areas the service should consider whether further work on signage and creating visual indicators would help with people's orientation through the corridors. This could help people to independently orientate the home.

The service had clear maintenance systems which were closely monitored and recorded. The staff team worked together to ensure that any maintenance issues were reported promptly. Both the domestic and care teams contributed to the high environmental standards which were observed. We were overall confident in the environment supporting good outcomes for people.

How well is our care and support planned?**5 - Very Good**

We evaluated this key question as 'very good,' where there are major strengths which support positive outcomes for people.

Care plans should be dynamic and reflect people's needs, wishes and outcomes. Plans we reviewed were detailed and regularly reviewed to reflect people's current care and support needs. This included people's end of life wishes and preferences. It was evident that residents, relatives, and relevant professionals were involved in reviewing and formulating care plans. This supports care that is directed by people receiving care and those closest to them.

Risk assessments we reviewed were comprehensive and informed health and wellbeing outcomes. For example, plans clearly reference actions required by staff to reduce risk factors such as falls, choking and distress. Plans referenced recognised assessment tools and guidance. Professional input was evident where there were specific care needs. We suggested the service review how they present essential information within plans, to ensure that this is easily accessible and clear for support staff to reference. This would also help in evaluating agreed outcomes.

Overall, we found care plans were effectively supporting care delivery.

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 manager should further develop robust processes to ensure that changes to peoples care and support are fully discussed and agreed with them and/or their relative /representative and detailed in care plan documents to support and guide staff practice.

This is to ensure care and support is consistent with Health and Social Care Standard 2.11: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decisions.

This area for improvement was made on 23 October 2023.

Action taken since then

We found good evidence within care plans of communication between peoples next of kin and relevant professionals when there was a change to care needs. Relative feedback was overwhelmingly positive, reporting high standards and being fully involved in care planning.

Care plans were regularly reviewed and reflected peoples current care needs.

This area for improvement is met.

Previous area for improvement 2

As an area for improvement the service could further develop the admissions checklist to identify what type of pain relief medication people would normally use, so that this can be prescribed.

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 area for improvement was made on 23 October 2023.

Action taken since then

We found appropriate pre assessment paperwork that identified medication needs. Review of medication systems within the service found appropriate as required pain relief in place for those who required this. Service evidenced developing a pain check system for all residents, with nursing staff carrying out a daily pain check. This ensures a responsive and proactive approach to pain management.

This area for improvement is met.

Complaints

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

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	5 - Very Good
2.2 Quality assurance and improvement is led well	5 - Very Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good
How good is our setting?	5 - Very Good
4.1 People experience high quality facilities	5 - Very Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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