

Tranent Care Home Care Home Service

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Tranent
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Telephone: 01875 616 560

Type of inspection:
Unannounced

Completed on:
7 June 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300790

About the service

Tranent Care Home is located in the town of Tranent. It sits close to the local amenities, shops and bus routes. The home can accommodate and care for up to 60 people, the provider is HC-One Limited. The building is over two floors, access to the second floor is via a lift or stairs. The communal areas include lounge, dining areas over both floors. A kitchen, laundry and staff facilities are also located onsite. People have their own ensuite bedroom. An outdoor secure garden space to the rear is available for people and families to use.

About the inspection

This was an unannounced inspection which took between the dates of the 29th May till the 3rd June. The inspection was carried out by three 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 nine people using the service and eleven of their family
- Spoke with twelve staff and management
- Observed practice and daily life
- Reviewed documents
- Spoke with visiting professionals

Key messages

- People knew the staff team that provided their care and support.
- People had a choice of activities to attend.
- Personal plans for some people needed review and updates.
- Documentation and recording of information needed some improvements for people.

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
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

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 made an evaluation of good for this key question. We recognised the strengths which outweighed the areas where improvements were identified.

During the inspection we observed that people were supported by a staff team that knew them. A family member told us 'I know staff well and they keep me updated'. The service used agency staff at times, and those staff used were generally known to the service. Interactions with people were kind and caring. People were supported with personal care and oral care, staff had access to personal protective equipment (PPE) to support this. This meant people experienced care from a team they knew.

The home had a new chef, who was aware of people's preferences and any dietary requirements. The chef offered a varied menu to people. People had access to morning drinks and afternoon tea included homemade cakes, which people enjoyed. We observed that all drinks and foods were being fortified and asked the service to review this for some people to support a healthy well-balanced intake and weight.

We observed the mealtime experience for people. Show plates were circulated to allow people to choose options and alternative options were available for people. Where people required support with meals, staff sat with them and provided this in a kind and dignified way. People were able to choose the music type they wished to listen to.

However, we observed staff did not always have a co-ordinated approach over the full period of lunch. For some people this meant missed opportunities to monitor their food intake, offer food alternatives and to then maintain accurate records of what people had eaten or drank. We spoke with the manager of the service during the inspection about this. A recent complaint investigation also found nutritional support was an area where improvements were required and an area for improvement was issued. See Area for Improvement 1.

The care home team visited the service weekly and with staff monitored people's health and wellbeing needs. The team told us they had a positive working relationship with the service who escalated concerns appropriately. Other involved professionals included podiatry and dieticians. Family members we spoke to told us the home contacted them if their loved one had a change in their health or were unwell.

An electronic medication system (EMAR) was used to administer people's medications. Monthly audits were in place and the service had identified the need to modify the process including a review of the medication policy. We will monitor this at our next inspection. The service had a plan to undertake some joint work with professionals to look at the links between falls and medications. The involved professionals told us they were 'confident they would work together well'. These approaches meant people got the right care and support from the appropriate professionals when it was required.

A range of group and one to one activities took place Monday to Friday. These included entertainers, local walks out to the park and community, craft, beauty treatments and dominoes. One person we spoke to told us they enjoyed having their nails painted and liked the bright colours they could choose. Some people went out with families and friends to the local pub which they enjoyed. The home had access to a bus for trips out and cycle with age bikes.

The secure back garden provided outdoor space, which was in the process of having a makeover, for those who wished to use it.

We observed people taking part in group activities, this included a singer which people enjoyed dancing to and others going out for a group walk. Where people preferred to watch TV in their own space this was supported. The range of activities meant people could take part in things that were meaningful and mattered to them.

The activity planner offered activities each weekday however, weekends had no planned activities for people. We spoke with the service and asked them to consider how to support activities for people over weekends. The service told us it had reviewed its rota and made changes to cover activities over weekends moving forward. We will monitor this at our next inspection.

Areas for improvement

1. To support people's health and wellbeing, the provider should ensure that people's nutritional needs are effectively assessed, reviewed and action taken to address any concerns. This should include, but is not limited to, ensuring effective monitoring of people's weight, analysis of food and fluid intake records and onward referrals to appropriate professionals.

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.

How good is our leadership?

4 - Good

We made an evaluation of good for this key question. We recognised the strengths which outweighed the areas where improvements were identified.

The service used an online system to monitor quality assurance and audit activity. Additional support was available from a team of Regional Quality Assurance Leads (RQAL). An audit calendar directed the service to which audits were due and action plans were generated when required. The service had recognised areas for improvement in their audit activity and were working with the RQAL to make improvements. The service had begun to self-evaluate against the Dementia Quality Standards Framework. Policies were in place to support staff training including adult support and protection and other training aligned to policies. As a result, people benefited from a service that had quality assurance processes in place.

Safer recruitment processes were in place. This meant people were cared for by a team that had been appropriately recruited. We discussed at inspection ensuring all the information relating to recruitment was held on file to be used when supporting staff during probation and supervision meetings.

Team meetings were regular for all staff teams, for those unable to attend minutes were accessible. The service could further develop by producing more formalised notes of any actions and outcomes from all meetings. Daily handover at shift changes and huddles, which were well led, were held with the head of service and carers / nursing teams each day. These provided opportunity to address any concerns and make improvements needed. Staff were given the opportunity to complete surveys with ideas for the service, there was evidence that these ideas had been acted upon and staff had received feedback.

Monthly organisational meetings considered the risks for people. Actions were agreed at meetings to manage risks appropriately. There was a system in place to audit personal plans however these needed to be improved. Action was needed to ensure that any changes were assigned to a responsible person to complete.

Cleaning schedules were in place and the team were supported by a head housekeeper. Maintenance was supported by a handy person and external contractors. Weekly, monthly and annual checks were in place. All the checks for specialised equipment were recorded.

People were able to access their monies as they wished and there was a clear process in place for finance.

The service had a process in place to monitor complaints and concerns. However, improvements could be made to ensure appropriate people were updated with appropriate actions identified and implemented. A recent complaint investigation had issued an area for improvement in relation to the management of concerns. During the inspection relatives provided positive feedback on actions the service took after concerns were raised.

We saw the service used a variety of methods to engage with people and relatives. A social media page showed posts of relative's activities. Family members we spoke to told us they liked to see this. A newsletter was shared each quarter. Invited events for relatives included a cheese and wine night and meet the chef event. Resident council meetings were regular, and the new chef was trying new dishes at mealtimes and getting feedback from people. This meant people were included in menu choices and development.

A new resident committee also met quarterly where residents from the providers (HC-1) care homes met and discussed meals, activities and outings. A new community participation committee had been established to look at how to make local community connections. We were reassured there were processes in place to support people and their families to be involved and to provide feedback on their care and support and how to improve the service for them.

How good is our staff team?

4 - Good

We made an evaluation of good for this key question. We recognised the strengths which outweighed the areas where improvements were identified.

There was a system in place to assess people's needs and these reflected staffing levels over a 24 hour period. Staff told us that the rota system in place worked well for them and that it was a good team.

Training was either face to face or online, the service benefited from a training room onsite. Training records showed staff had completed training. We were reassured that the manager had oversight of the training staff had completed. A staff member told us about their annual training and spoke positively about dementia training to better understand people's experiences. This meant people were supported from a staff team who had been trained.

Supervision was in place for staff, although this could be enhanced by including clear action plans for review at next supervision. Staff competencies were being checked and recorded, staff should sign these checks to indicate they have understood the process and any associated learning. We spoke with the service during the inspection about these points. By making these additions people can then be confident staff have had time to reflect on their practice and develop and learn.

Staff were registered with their professional bodies. The manager undertook monthly checks to monitor this. Staff had access to an employee benefit scheme. A staff member said 'they can speak to their supervisor about anything, would go to the nurse if I had any issues'.

Other staff comments included, 'I enjoy working here', 'happy at work fond of this place', staff told us that they received good support from the leadership team.

How good is our setting?

4 - Good

We made an evaluation of good for this key question. We recognised the strengths which outweighed the areas where improvements were identified.

People's rooms contained items personal and special to them. A relative told us the handy person helped with hanging pictures and helped set up their relative's room. One family member told us they liked to see the photos of staff on duty when they visited. Communal lounges and dining areas as well as a Namaste room and outdoor areas allowed people to have a choice of spaces to use. This meant people had access to private and communal spaces, outdoor space as they wished in a setting within the local community.

Staff and external professionals we spoke to had made comment on the need for refurbishment. The home manager had begun this process by having some of the communal carpets replaced and some rooms painted. A planned programme of upgrades was in place whilst awaiting the full refurbishment by the provider.

An open garden area and seats were situated to the front of the building. At the rear a secure enclosed garden area with a large patio offered further outdoor space. Gardener's were employed to maintain the grounds, residents meetings showed that people had identified items to be purchased for the garden. We observed people using the garden and potting plants that had been bought to enhance their space. One family member told us they had noticed the changes in the garden and work was still ongoing.

How well is our care and support planned?

3 - Adequate

We made an evaluation of adequate for this key question. The service had some strengths and had recognised areas where improvements were needed to achieve positive outcomes for people being supported.

People had a personal plan in place. We were able to see people had been having regular reviews and that families had been included. A family member told us, at reviews we can discuss anything we need to and are involved. The service had a planned move early 2025 to a new computer-based system called Nourish for people's personal plans. Plans contained information relating to people, their preferences, likes and dislikes. Risk assessments in place did not always identify appropriate risk reduction measures or detail how people were to be supported to manage these.

We observed that some people's personal plans lacked sufficient details that fully reflected their daily care and support needs. We noted some personal plans where information had been recorded inconsistently. Plans require to contain up to date details on how people's identified needs are to be supported and should contain clear guidance for staff to provide this support.

Personal plans should be reviewed regularly and updated when people's needs change. Where some people needed additional support at mealtimes and where monitoring documentation was used to support this, we observed that the records were not always timeously or completed fully to capture people's nutritional intake. Over time this could lead to people's health and wellbeing being affected. We spoke to the service about this during the inspection and they responded to this by introducing daily leadership checks.

Care plan audits were being completed but it was unclear who was responsible for undertaking any actions that had been identified. The service had recognised this and had the support of the Regional Quality Improvement Lead who had provided some training as well as ongoing support for staff. See Area For Improvement 1

Areas for improvement

1. To support people's health and wellbeing the provider should ensure that personal plans, risk assessments and all supporting documents detail how people are to be supported are kept up to date and reviewed regularly.

This should include, but is not limited to, training staff in personal plan completion and any related additional documentation.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

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.

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?	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
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
4.2 The setting promotes people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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