

The Beeches Nursing Home Care Home Service

Ladysmill Court
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Dunfermline
KY12 7YD

Telephone: 01383 737 377

Type of inspection:
Unannounced

Completed on:
20 November 2024

Service provided by:
HC-One Limited

Service provider number:
SP2011011682

Service no:
CS2011300764

About the service

The Beeches Nursing Home is registered to provide nursing care for up to 40 people. There are two floors within the home with an accessible lift in place. It is based in the Fife town of Dunfermline. The home has enclosed private gardens for the residents to enjoy. The service provider is HC-One Limited, which is a national provider of private health care.

About the inspection

This was an unannounced inspection which took place on 20 November 2024. The inspection was carried out by one inspector from the Care Inspectorate. This inspection was carried out to follow up on requirements made at a previous inspection. 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 five people using the service and observed daily life for those less able to share their views verbally
- spoke with eight staff and management
- observed practice
- reviewed documents.

Key messages

- The service had made the required improvements.
- Staff expressed improvements in teamwork and communication.
- Good quality assurance and commitment to further improvement were drivers for change.

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

Requirements

Requirement 1

By 16 September 2024, the provider must protect the health and welfare of those who use the service. In particular, ensure that pain experienced by people receiving care is identified and addressed timeously.

To do this the provider must, at a minimum:

- a) Ensure staff have the awareness, skills and knowledge to recognise the signs of symptoms of people experiencing pain.
- b) Develop, implement and regularly review care plans that accurately reflect the possible causes of chronic and/or acute pain people receiving care may experience.
- c) Develop, implement and regularly review pain assessment tools to ensure signs that people receiving care who are in pain are identified and their pain addressed timeously.

This is in order to comply with Regulation 3, Regulation 4(1)(a) and Regulation 4(1)(b) and Regulation 4(1)(b) and Regulation 5(2)(b) 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:

'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).

Timescale was extended to 18 November 2024.

This requirement was made on 19 July 2024.

Action taken on previous requirement

The service had provided all staff with pain assessment training. Staff we spoke with were confident in describing signs and symptoms someone may display if they are experiencing pain. Care staff were clear on their roles and responsibilities around pain management. This gave us confidence that people would be supported to manage their pain timeously and by staff who were competent.

Everyone living in the service had a pain care plan in place, as well as an associated 'as required' (PRN) medication protocol to guide staff as to when pain medication may require to be administered. The pain care plans we reviewed were generic and although did record key signs and symptoms of pain, these would benefit from being person centred. Area for improvement 1 applies (see section 'What the service has done to meet any areas for improvement made at or since our last inspection').

'Health needs' care plans had been implemented for 50% of residents. The service was focussed on completing these for the rest of the people living in The Beeches. These plans highlighted people's health diagnosis and impact this may have on their daily living, including where this may cause pain.

The 'clinical dashboard' monitoring system required nursing staff to record how effective analgesia had been in reducing pain. This helped to ensure that the correct treatment was in place for people. We saw monthly 'resident of the day' reviews and found these effective in reviewing people's health and care needs, making changes to plans, assessments and care delivery, as required.

The use of the 'Abbey pain scale' was in place, as a reactive assessment tool for someone who may be displaying signs of pain, but unable to clearly verbalise this; for example, someone living with a cognitive impairment. The service indicated that they had not had to use this tool since our last inspection. We were able to see this tool was in place, for use as required. Care and nursing staff were able to tell us when and why this tool should be used, as well as its benefit. We were therefore confident that the service had the right resources, skills, and knowledge to support people with their pain management needs.

Met - within timescales

Requirement 2

By 16 September 2024, the provider must ensure people are supported to keep safe and well as their health and wellbeing needs are fully considered.

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

- a) Care and support plans include any relevant risk to them that could affect their health and wellbeing.
- b) Risks and associated support measures are clearly stated and with sufficient detail within people's care and support plans and assessed at agreed intervals.
- c) Care and support plans include information on all important care needs and health conditions.
- d) That all care documentation is kept up to date and used to evaluate and amend people's care as needed.
- e) Quality assurance systems are effective at identifying and monitoring that risks and important care needs for people are suitably responded to in the care and support planning.

This is to comply with Regulation 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 Health and Social Care Standards (HSCS), which state that:

'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); and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

Timescale was extended to 18 November 2024.

This requirement was made on 19 July 2024.

Action taken on previous requirement

Care plans we sampled recorded people's health and wellbeing needs, as well as any associated risks. We saw examples of the service responding appropriately to changes to people's needs. For example, following a choking incident, a risk assessment was carried out and choking care plan implemented. An appropriate period of observation and assessment was also conducted, and recorded, to ensure the person had suffered no ill effects.

Other plans and risk assessments we reviewed gave good person-centred guidance and clear instructions around management of risk. For example, supporting someone with regular position changes, where they were at risk of pressure injury.

We saw implementation of 'health needs' plans which recorded each person's health diagnosis and associated symptoms. This promotes care that is fully considerate of people's health and wellbeing needs.

We found that some handwritten plans were difficult to read, with some duplication of plans also noted. The provider advised that this service is moving to electronic care planning system in 2025. This will help to streamline the plans and ensure information is accessible.

Audits of care plans were successful in supporting improvement. We saw where areas for improvement had been identified as a result of a care plan audit and it was evident that actions were being followed up on.

Resident of the day, daily flash and clinical dashboard systems were all additional quality assurance measures in place to review people's current needs and ensure that actions had been taken to address these needs. We were confident that there was overall improvement to the monitoring of care delivery and that continued improvement were drivers for change.

Met - within 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

To support the health and wellbeing of people who use the service, the provider should ensure records relating to people's health contain enough information to inform staff of how best to meet their needs. This should include but is not limited to, ensuring PRN (as required medication) protocols state how and when to use the medication to achieve the best outcomes for people. Where relevant, they should include any other interventions to be employed when the medication should only be administered as a last resort.

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 is provided in a planned and safe way, including if there is an emergency or unexpected event' (HSCS 4.14).

This area for improvement was made on 19 July 2024.

Action taken since then

PRN protocols we sampled detailed how and when the medication should be used. We saw associated pain care plans, for someone who may require regular or 'as required' (PRN) analgesia. These plans recorded generic signs and symptoms of pain and would be improved by detailing people's person-centred needs in relation to pain management.

Health plans had been introduced and were complete for 50% of residents. These were helpful in detailing people's specific diagnosis and how this impacted their daily lives. The service was committed to implementing these plans for all residents.

This area for improvement remains in place as the service transitions to electronic care planning and to allow for continued improvement to care records.

Area for improvement is NOT MET.

Previous area for improvement 2

To support the dignity, respect and independence of people who use the service, the provider should ensure they are supported to always exercise their human rights.

This should include but is not limited to, ensuring people are supported to vote in local and national elections if they wish to do so.

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

'I am supported to participate fully as a citizen in my local community in the way that I want' (HSCS 1.10).

This area for improvement was made on 19 July 2024.

Action taken since then

The service has created a voting register, recording each person's wish around voting in local and general elections. Where people had indicated their wish to vote, their support need to do this was also recorded.

People living in the service were on the electoral register.

Area for improvement is MET.

Previous area for improvement 3

To ensure people get the right care and support, staff should have ready access to the right information about people's current care needs. The service should ensure a system is in place to give care staff sufficient hand over and updates about people's care needs and outcomes, prior to them delivering care.

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

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any known vulnerability or frailty' (HSCS 3.18).

This area for improvement was made on 19 July 2024.

Action taken since then

NOT assessed at this inspection. Remains in place.

Previous area for improvement 4

People should benefit from a whole staff team that work well together, with a mix of skills and experience. The service should continue to promote and develop good teamwork and communication.

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

'My care and support is consistent and stable because people work together well' (HSCS 3.19).

This area for improvement was made on 19 July 2024.

Action taken since then

Improvements to staff culture, teamwork and communication was evident. We spoke with staff who reported that everyone worked well together and were focussed on 'promoting the best quality care for residents'.

The service reported being confident in the improvements made here. Changes to rotas had meant more flexibility across care teams. Care staff reported being more confident in approaching the senior care team to convey people's care needs. One staff member told us, "Managers and clinical leads are really excellent." Another stated, "We all work as a team now."

Staff teams were consistent with no agency use at the time of the inspection.

Area for improvement is MET.

Previous area for improvement 5

To support the health and wellbeing of people who use the service, as part of the pre-admission and post admission assessment period all necessary steps should be taken to include the person and their representatives in gathering information about their needs. This is to ensure all required information is available to inform staff on how best to meet the person's needs.

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 the right people are fully informed about my past, including my health and care experience, and any impact this has on me' (HSCS 3.4).

This area for improvement was made on 19 July 2024.

Action taken since then

NOT assessed at this inspection. Remains in place.

Previous area for improvement 6

In order that people experience good outcomes and quality of life, the provider should ensure all people are supported to spend their time in ways that are meaningful and purposeful for them. The service should develop the assessment and support planning process to clearly detail people's preferred activities and interests, and the support they need to take part in these.

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

'I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors' (HSCS 1.25).

This area for improvement was made on 25 July 2024.

Action taken since then

NOT assessed at this inspection. Remains in place.

Previous area for improvement 7

To keep people safe and promote their wellbeing, the service should be able to evidence that staff have the necessary skills, experience, and competence in relation to the work they are expected to do. The service should be able to demonstrate monitoring and oversight of staff practice on a regular basis.

This is to ensure that care and support is consistent with the 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 organizational codes' (HSCS 3.14).

This area for improvement was made on 5 August 2024.

Action taken since then

NOT assessed at this inspection. Remains in place.

Previous area for improvement 8

To keep people safe and support their wellbeing, the provider should improve staff understanding of falls prevention and make sure that assessments and care plans are up to date and accurate. Known risks should be identified and planned for, and staff should be aware of their roles and responsibilities in keeping people safe.

This is to ensure that care and support is consistent with the 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 organizational codes' (HSCS 3.14).

This area for improvement was made on 5 August 2024.

Action taken since then

NOT assessed at this inspection. Remains in place.

Complaints

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

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