

Benholm Nursing Home Care Home Service

76 Glamis Road
Forfar
DD8 1DS

Telephone: 01307 706430

Type of inspection:
Unannounced

Completed on:
19 November 2024

Service provided by:
Tamaris (RAM) Limited (Cumbernauld)

Service provider number:
SP2007009152

Service no:
CS2003010713

About the service

Benholm Nursing Home is situated on the outskirts of Forfar, Angus, close to Dundee city centre and provides care for up to 34 older people.

The home is a converted, traditional mansion house and retains many original features, including well established grounds.

The building has two floors accessible by a lift. Bedrooms have ensuite facilities. Adapted bathing and showering facilities are available on each floor. The ground floor has a lounge and separate dining room, as well as a conservatory and hairdressing salon. A small area of the garden is secured, with a patio area accessed via the dining room. The upper floor has a communal area comprising of a homely lounge/dining area.

It is close to local shops and public transport.

About the inspection

This was an unannounced inspection which took place on 18 and 19 November 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 15 people using the service and five of their families
- spoke with 11 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals

Key messages

- People were well cared for and told us they were happy.
- The service promoted meaningful activity and people were encouraged to participate and keep active.
- Some areas of the home required upgrading due to wear and tear and to aid effective cleaning.
- Staff were happy and worked well together as a team.
- Infection prevention and control measures such as hand hygiene, needed to improve to meet standards set out in the current guidance.
- The manager was approachable and responsive to any concerns raised.

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

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 this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The service had a homely atmosphere, and people were being treated with kindness. Staff were visible and interacting well with people. We were told, 'The staff are very kind and very helpful' and 'I'm happy in here. I don't think there's any improvements needed. I can't find much to criticise'. People were being supported in a caring environment, which contributed to keeping them well.

Care plans were detailed, with information about individuals care needs. A range of assessments had informed the basis of the care plans and noted what was required to ensure people's safety. This meant that staff could use this information to engage with people to support them to achieve their goals.

People's health needs were being met, with well-established links with healthcare professionals. Appropriate referrals had been made when people required specialist treatment, or there was a change in their health. This meant people's health benefitted from the right care, from the right person, at the right time.

People didn't need to wait for long periods for care and support. People looked well, and were smartly dressed. People were treated with dignity and respect and were encouraged to maintain personal touches to their appearance.

Families and friends were able to visit whenever they wanted. For example, people were encouraged to spend time having meals together regularly and on special occasions such as Christmas day. This meant people were experiencing meaningful connection with their loved ones.

There was an organised process in place for medications. However, medication storage was not clearly labelled, which caused confusion and did not aid safe administration. We discussed this with the manager, and action was taken to rectify this situation. As required (PRN) protocols were in place, however these lacked detail. As a result, it wasn't always clear when this medication should be offered. For example, it was not evident what strategies staff could use to support people with agitation or anxiety, before considering when to administer this medication. The effectiveness of such medications should also be recorded. This would mean that people would receive the maximum benefit from their medication to alleviate any symptoms of discomfort.

Legal documentation such as power of attorney documents were available. This helped to ensure the right people were involved and consulted about people's care and that people's rights were upheld.

Consent forms had been completed for more restrictive measures such as sensor mats, to minimise risk for people, and to maintain their safety. However, we found these to lack detail in line with people's risks, rights and limits to freedom guidance. We discussed this with the manager and will follow this up at our next inspection.

People were benefitting from a variety of different activities both in, and out with the home environment. We were told, 'There's plenty for me to do and always something going on' and 'We get an accordionist every week and we have people playing harps today'. We saw evidence of people enjoying bus trips out to Brechin Castle and Edzell for ice creams. People who chose to spend time in their rooms received one to one time with hand massage, music therapy or a cup of tea and a chat. It was clear to see that the service actively encouraged people to have meaningful activities in their day, and to keep active. As a result, people looked well and this contributed to their overall wellbeing.

Recording in fluid charts and turning charts needed to improve. Documentation didn't reflect people's prescribed care. We discussed this with the manager and this appeared to be a recording issue rather than a concern which was impacting on people's health outcomes. People were well hydrated and had access to drinks and snacks in the home at all times.

Mealtimes were relaxed and people were enjoying meals at their own pace. Choices were offered and people were assisted with their meals appropriately, where required. People told us, 'The food is sometimes good and sometimes not so good' and 'There's always two things on the menu and a pudding. They would get me anything else if I wanted'. We were satisfied that people's nutritional needs were being met.

The service was visibly clean in most areas, and cleaning records were in place, and up to date. However, some areas were not as clean as they should be, due to some areas requiring upgrading due to condition and age. For example, some ensuite bathrooms flooring had curled at the edges away from the walls and round toilets, making it difficult to keep clean. One shower room had a strong smell of urine which made it an unpleasant space to use. Some bedrooms and corridors including woodwork, required repainting due to chips and scuffs. Some bedrooms had baths in their ensuite bathrooms, which were not in use and being used as storage. **See area for improvement 1.**

Some areas of improvements were required in relation to infection prevention and control. For example, spray top bottles used by domestic staff were not single use for cleaning products. The clinical waste disposal area outside was not locked as were some of the bins. The enclosure required cleaning due to products being left on the ground around the bins. Some staff were observed to have nail products and jewellery such as rings, watches and drop earrings in place which does not comply with the guidance on hand hygiene set out in National infection prevention and control manual (NIPCM). **See area for improvement 2.**

Areas for improvement

1. In order to ensure that people experience an environment that is clean, safe and minimises the risk of infection, you the provider should ensure practices in the home comply with current infection prevention and control guidance.

This includes but is not limited to ongoing monitoring of hand hygiene processes including nail products and jewellery, satisfactory standard of cleanliness in bathrooms and appropriate use of cleaning equipment. This is to support people's health and wellbeing.

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

"My environment is secure and safe". (HSCS 5.19);

"I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment". (HSCS 5.24).

2. In order that people are treated with dignity and respect and experience a well maintained, safe and clean environment, you, the provider should provide the Care Inspectorate with an updated environmental assessment and improvement plan. This should include, in detail, all internal works planned.

You should also include expected commencement and completion dates of all planned work.

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

"My environment is secure and safe". (HSCS 5.19);

"I experience an environment that is well looked after with clean, tidy, and well maintained premises, furnishings, and equipment". (HSCS 5.24).

How good is our staff team?**4 - Good**

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People could be confident that new staff had been recruited safely and the recruitment process reflected the principles of 'Safer Recruitment, Through Better Recruitment' guidance. New staff had been interviewed with employment references, protection of vulnerable group checks and right to work checks. The service ensured that registration of professional bodies checks was being undertaken. This meant people could feel reassured that the service was working hard to keep people safe.

The staff were working well together as a team and told us, 'The carers are excellent' and ' We work well together as a team'. The use of agency staff had reduced which meant there was more consistency within the staff team. Where agency was used, the manager tried to use the same staff where possible. This meant people were experiencing care on the whole, by staff that knew them well.

Staff were clear about their roles, and were deployed effectively. Staff helped each other by being flexible in response to changing situations, to ensure care and support was consistent and stable. The flexible, additional 9-1pm shift worker was overall seen as a positive addition to the staff rota. As a result, staff morale was good.

Staff were working hard and demonstrated values that were in keeping with the health and social care standards. We observed caring interactions and kindness towards people which made the environment feel friendly and warm.

Staff told us they felt supported. Planned meetings with managers meant that staff could prepare for discussion about their work performance, and their wellbeing. As a result, they felt happy in their roles and felt valued.

Staff observations can help to support staff in their roles and identify where additional training and development or guidance is required. It was disappointing to see that some staff were not adhering to current guidance about hand hygiene. Some staff were observed with nail products and jewellery which impacted on effective hand washing. This meant that there was an increased risk of spreading infection.

We did not see consultation about staffing arrangements which had contributed to the overall staffing arrangements in the home. Offering different methods for feedback would be beneficial for staff, in order to seek their opinions and involve them in being part of the overall service development. We discussed this with the manager who will make this a development moving forward. We will follow this up at our next inspection.

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 ensure people are supported in a comfortable environment, you, the provider, must ensure that the temperature is comfortable in all areas of the home, in particular the conservatory.

This should include, but is not limited to, ongoing monitoring and increasing the temperature should it fall below a comfortable range.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state: 'My environment has plenty of natural light and fresh air, and the lighting, ventilation and heating can be adjusted to meet my needs and wishes' (HSCS 5.21).

This area for improvement has been met.

This area for improvement was made on 24 January 2023.

Action taken since then

The temperature in all residents' communal areas and bedrooms was satisfactory at the time of inspection.

The conservatory temperatures were being monitored by the maintenance person, and were maintained at a comfortable level for people. All other areas were monitored throughout the day, and seasonally, and adjusted accordingly. The maintenance person was competent and knew the home well, and other areas that required monitoring. Temperatures were evidenced in a logbook, held in maintenance files.

The laundry was very cold, due to several vents in the door and window as a gas tumble dryer was in situ. The laundry staff member told us that it was always freezing in the winter, and was visibly shivering. We discussed this with maintenance and the manager, as this was not a safe or healthy working environment for staff. No residents have access to the laundry. Although a gas dryer was in place, the door and window provided a means of ventilation. A carbon monoxide monitor was also in place. A heater had been placed in the laundry; however, it was having no effect on the temperature. The maintenance person and manager agreed that they would check the legislation and move towards a resolution to improve the situation as soon as possible. We had confidence that this would be done promptly and will follow this up at our next inspection.

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
1.3 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

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