

Inspection report

Bonnington Nursing Home Care Home Service

205 / 207 Ferry Road
Edinburgh EH6 4NN

Inspected by: Janet Smith
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 13 November 2007

Service Number

CS2006129493

Service name

Bonnington Nursing Home

Service address205 / 207 Ferry Road
Edinburgh EH6 4NN**Provider Number**

SP2006008444

Provider NameSouthern Cross Operations No 2 Limited T/A
Ashbourne Senior Living**Inspected By**Janet Smith
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

13 November 2007

Period since last inspection

4 months

Local Office AddressStuart House
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Introduction

Bonnington Nursing Home is situated in a residential area on the east side of Edinburgh close to local shops, other amenities and is accessible by public transport.

The Home registered with the Care Commission on 1 April 2002 and is registered to provide care to 77 older people. Accommodation is provided in two buildings - Mathieson House to the front of the property and Garden House to the rear. Accommodation in both buildings is on three floors in a variety of single and shared bedrooms which can be accessed by stairs or a lift.

The Home is situated in private grounds with private parking to the front of Mathieson House and Garden House. There are garden areas which can be accessed from both houses.

In its brochure, the Home states that its aim is "the provision of the highest standard of care in an environment which is both welcoming and homely. We will actively encourage individuality, promoting independence and physical and social well being".

Basis of Report

This report was written following an unannounced inspection which took place over a period of 2 days, 13 and 14 November 2007.

This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a high RSA score and so a high intensity inspection was required as a result. The inspection was then based upon following up on any recommendations and requirements from previous inspections, complaints or other regulatory activity.

The inspection was carried out by Care Commission Officers Janet Smith and Rose Bradley, referred to as the Officers in this report.

During inspection, evidence was gathered from a number of sources including:

- Eight service user personal plans
- Accident/incident records
- Complaint log
- Staff training records
- Staff rotas
- Menus including snacks.

Discussion took place with a range of individuals including:

- The Operation Manager
- The Home Manager
- The Clinical Development Manager
- The Cook
- The Housekeeper

Eight Nursing and Care staff

Six service users individually and others in group settings in lounges and dining areas

Two service user representatives.

Observation of staff practices.

Observation of the environment and equipment.

The Care Commission Officers took all of the above into account and reported on whether the service was meeting a range of National Care Standards for Care Homes for Older People and SSI 2002 /114 Regulations.

Findings are reported on under the relevant following Standards:

Standard 4: Your environment

Standard 5: Management and Staffing Arrangements

Standard 13: Eating Well

Standard 16: Private Life

Standard 19: Support and care in dying and death.

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements in last Inspection Report

Ten Requirements had been made since the last inspection. Six of these were met, five within the timescale for completion, one within an extended timescale and four were partially met.

The Requirements related to interest on finances, staff training, recording of restraint, pressure ulcer prevention, food hygiene training, deployment of staff, infection control practices, maintenance of the premises, nutrition and care of residents' clothing.

The Officers found the following in relation to the Requirements:

Finances – this requirement had been met within an extended timescale for completion.

Staff training – there was sufficient evidence to show that this had been met and a timescale for completion had been achieved.

Recording of restraint - there was sufficient evidence to show that this had been met and a timescale for completion had been achieved.

Prevention of pressure ulcers - there was sufficient evidence to show that this had been met and a timescale for completion had been achieved.

Food hygiene training – there was sufficient evidence to show that this had been met within the timescale for completion.

Deployment of staff - there was sufficient evidence to show that this had been met within the timescale for completion.

Infection control practices – this had been partially met.

Maintenance of the premises – this had been partially met.

Nutrition - this had been partially met.

Care of residents' clothing - this had been partially met.

The Requirements which have been partially met have been carried forward in this report.

Amendments have been made to show the actions that the Provider has taken to achieve the Requirement.

Aspects which have been addressed since the last inspection have been removed.

Additional aspects have been included, where relevant, which reflect the findings at this inspection.

Detailed information on the Requirements made and the resulting actions taken by the service are reported in the relevant Standard of this report.

Information about complaints that have been upheld or partially upheld can be found on the Care Commission website.

Comments on Self-Evaluation

Not applicable at this inspection.

View of Service Users

Six service users who could express their views verbally were spoken with individually during the course of the inspection. Others were spoken with in group settings in lounges and dining areas.

Service users gave positive comments on staff such as, "Staff are good", "Staff nice" and "staff are good and we can get a laugh".

Food comments were positive and comments included, "food is good" and "everything is fine".

Service users stated that they felt that their bedrooms were nice and comfortable.

There had been one negative comment over the laundry and missing items however, this had been resolved at the end of the inspection.

View of Carers

The Officers did not see many carers at this visit however those that were spoken with did not raise any negative comments or concerns.

Regulations / Principles

Regulation :

Strengths

Areas for Development

National Care Standards

National Care Standard Number 2: Office of Fair Trading - Safekeeping of Money and Valuables

Strengths

The following requirement had been carried forward at the last inspection:

"The service provider must ensure that interest earned on the joint bank account is apportioned equitably over service users individual account records".

The service sends all records to the administrative Manager on a monthly basis and interest is apportioned equitably.

This requirement has now been met.

Areas for Development

None arising as a result of this inspection.

National Care Standard Number 4: Care Homes for Older People - Your Environment

Strengths

All elements of this Standard had not been reported on at this inspection.

The following Requirement was made at the last inspection and the Officers have outlined the actions which had been taken by the Provider to meet this:

"The Provider must ensure that service users risk of infection are minimised in the home and that their dignity is maintained.

In order to achieve this the Manager must:

Implement a system to ensure that adequate supplies of soap and paper towels are available at all times throughout the home.

Ensure that a system of cleaning, including deep cleaning, is implemented and carried out throughout the home.

Ensure that the cleaning of beds and furniture is carried out following vacation of places in the home.

Review the furniture, fixtures and fittings in the home, as detailed in this report, which present as an infection control risk are cleaned and repaired as necessary.”

The Manager stated that two weekly orders were placed for supplies of soap and paper towels. The Officers did not see supplies in all areas of the home however, discussion with staff informed them of how supplies of these would be accessed. This included supplies of gloves.

One of the Officers viewed a vacant room. This was seen to be clean and tidy. Drawers were empty and clean and ready for use.

There was evidence that some progress had been made and the Officers have assessed that this Requirement had been partially met.

The following Requirement was also made at the last inspection and the Officers have outlined the actions which had been taken by the Provider to meet this:

“The Provider must ensure that the premises are maintained to a suitable standard. In order to achieve this the Manager must:
View all of the bedrooms, bathrooms/toilets and communal areas in the home.
Identify any areas which require maintenance, repair or replacement.
Ensure that there is a plan of action with timescales for completion of any work necessary.
Forward the findings and action plan to the Care Commission.”

A ‘Handyman’ had recently taken up post. Areas had been identified that needed repair and he had begun to address some of the issues.

The Officers noted that some decoration had taken place in areas of the home such as lounges. Some new carpets had been laid. Five sets of bedroom furniture had been received.

Action had been taken to ensure that curtains had been put up in the specified room to ensure privacy for the service user.

There was evidence that some progress had been made and this Requirement had been partially met.

Areas for Development

Aspects of the Requirement which had not been met are detailed below:

The Officers continued to find that some of the chairs in lounges were worn and stained. Although staff were able to inform the Officers of the regimes for cleaning in place, there was evidence that deep cleaning was inadequate and routine cleaning needed to be improved as debris was again noted between some chairs and cushions.

The Officers acknowledged that the Provider had purchased some new coffee tables. (The suitability of these is discussed in Standard 13).

There remained some small tables in use which were chipped with debris around the edges.

The Manager had stated in July 2007 that there had been plans to recruit more domestic

staff and had been awaiting disclosure checks before they took up post.
The number of domestic staff had not increased four months later.
Four domestic staff members were seen to be working in the home at this visit and observations by the Officers showed that this was insufficient.
This was more obvious in the 'Mathieson' building where there was a general air of untidiness and a lack of cleaning.
A broken lamp with unusable lightshade was lying on the floor.
Bathrooms seen in this unit were cluttered with equipment such as hoists and mattresses and there would have been difficulty accessing these areas for use.

The Officers have continued to assess that all of the above constituted an issue of dignity and an infection control and health and safety hazard and have therefore carried forward the requirement. Areas which continue to need to be addressed are detailed. (See Requirement 1).

The Officers found that aspects of the environment in some parts of the home still needed to be addressed such as redecoration, furniture replacement or repair.
The Care Commission had not been forwarded with a plan of action detailing the timescales for completion of any work.
(See Requirement 2).

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

The following Requirement was made at the last inspection:
"The Provider must ensure that sufficient numbers of staff have received training in abuse, restraint, dementia and communication to meet the needs of service users".

The Clinical Nurse Manager had responsibility for the organisation and recording of training. The Officers found that individual training records were in place for each staff member. Staff members were issued with certificates for completion of each training session.
Staff were able to confirm that they had attended relevant training sessions such as 'abuse' and food hygiene.
There was sufficient evidence to show that this Requirement had been completed.

The following Requirement had been made since the last inspection:
" All staff involved in food preparation should receive appropriate food hygiene training".
Training records showed that staff had received basic food hygiene training and further courses had been arranged.
There was sufficient evidence to show that this Requirement had been completed.

The following Requirement was made at the last inspection:
"The Provider must ensure that the use of restraint is reviewed and recorded in personal plans".

The Provider had implemented 'a policy of the week' in the home. This had included restraint. Staff has been given copies and had signed that they had read and understood the

content.

Personal plans sampled showed good recording of restraint measures such as bedrails. Although personal plans did not show recordings of the use of keypad systems in the home to ensure that best practice had been followed in line with the Mental Welfare Commission guidelines to ensure that individuals risks and limitations had been assessed. There was recognition by the Officers that following discussion, the Managers had acknowledged the information which needed to be included in personal plans.

The recordings relating to the keypad system will be monitored at the next inspection however, the Officers found sufficient evidence to show that this Requirement had been completed.

The following Requirement was made at the last inspection:

“The Provider must ensure that procedures are put in place to assess each of the service users’ risk of pressure ulcer development and ensure that appropriate preventative measures are put in place”.

‘Best practice’ guidance in relation to pressure ulcer prevention was available to staff in the home.

Personal plans sampled showed that service users’ risk status had been reviewed.

A range of pressure relieving equipment such as mattresses and cushions were seen to be in use.

The Officers tracked one individual who was assessed to be at moderate risk and found that the equipment used was appropriate.

The Manager had implemented a weekly internal audit of pressure ulcer prevention.

The Officers found sufficient evidence to show that this Requirement had been completed.

The following Requirement had been made since the last inspection:

"The service should deploy staff in sufficient numbers to avoid individuals working numbers of hours and shifts which would mitigate against them providing good quality care".

A review of the duty rotas showed that there was no extensive hours worked by staff. The Manager stated that a system was in place to monitor the amount of hours worked by individuals. There was an expectation that individuals would have one day off in seven days. The Officers found sufficient evidence to show that this Requirement had been completed.

Areas for Development

The following recommendation had been made at the previous inspection:

“ The organisation should review the company policies relating to prevention of pressure ulcers in order to give clear guidance to staff”.

This has not been implemented and the Officers have assessed that this recommendation will remain.

National Care Standard Number 13: Care Homes for Older People - Eating well

Strengths

All of the elements of this Standard have not been included at this inspection.

The following Requirement was made at the last inspection and the Officers have outlined the actions which had been taken by the Provider to meet this:

“The Provider must ensure that the nutritional needs of residents are met.

In order to achieve this the Manager must:

Ensure that staff are updated on the use of the risk assessment tool in place.

Review all of the personal plans in relation to nutritional needs and ensure that staff are directed in the care to be delivered.

Ensure that service user preferences are clearly documented.

Ensure that the steps to take following identifying needs are carried out.

Review the current menus.

Ensure that menus show the range of snacks which are available and when and how to access these.

Ensure that staff have access to food to prepare a range of snacks and Drinks”.

Fortnightly meetings were held with the cook. The menus seen included a ‘snack’ menu.

Fruit, fluids and cooked breakfast options were included.

A selection of snacks were seen to be available in each of the units in the home.

Areas for Development

Aspects of the Requirement which had not been met are detailed below:

A review of personal plans showed that nutritional risk assessments were being carried out. However, the information was often seen to be conflicting for some individuals as staff used two assessment tools. One was the Provider’s assessment and the other the MUST (Malnutrition Universal Screening Tool) tool. This was discussed with the Managers and the Operations Director who advised staff that the MUST tool should be used alone.

Guidance to staff in the personal plans sampled did not always provide relevant information. This was seen in instructions to give a nutritionally balanced diet – there was no explanation as to what this constituted.

Information on preferences of service users was scant at the last inspection and remained the same.

Individuals who were identified as needing referral to the dietician did not have documented evidence to show that this had been done.

(Requirement 3).

During the course of this inspection the Officers noted aspects of care relating to this Standard which needed to be addressed.

Observation of the mealtime showed that practice varied in the units.

One of the units was well organised and meals were delivered promptly using good hygiene practices. It was evident in some of the units that practices needed to be improved.

There was no routine temperature probing of food prior to serving in the units and in one area the food was left uncovered throughout the meal. In one unit Officers were informed that the temperature food probe was broken.

In both ‘houses’ the practice of using small tables for service users to take meals from was common.

The Officers noted that in many cases this represented a safety issue. New tables which had been purchased were unsuitable for use at meal or snack time. Service users were noted to lift hot bowls of food or hot drinks from these as the tables were too low for comfortable

eating.

The Officers were informed that these tables would be replaced.

At the last inspection, the use of the dining room in the Garden unit had been discussed. This facility was underutilised despite this being a pleasant and spacious area. The Manager stated that there had been attempts to encourage service users to use this area throughout the day but this had not been successful.

The need to promote a positive dining experience for service users was discussed.

(Requirement 4).

National Care Standard Number 16: Care Homes for Older People - Private Life

Strengths

All of the elements of this Standard had not been reviewed at this inspection.

The following Requirement was made at the last inspection and the Officers have outlined the actions which had been taken by the Provider to meet this:

“The Provider is required to ensure that residents' personal clothing is for their sole use and that it is clearly marked and properly cared for.

In order to achieve this the Manager must:

Review the contents of all of the service users' clothing storage areas.

Ensure all areas are clean and tidy.

Ensure that all items are replaced, clearly marked to identify the owner.

Implement a system whereby clothing can be checked regularly and items which are deemed to be unwearable are removed following discussion with service users/carers/representatives.”

The Manager had implemented a system in the home where resident's drawers and wardrobes were checked and tidied on a weekly basis.

Clothing seen by the Officers were marked with the owner's name.

At the inspection visit one of the washing machines had broken down. There had been a contingency plan in place in the event of breakdown of the washing machine. However this had not been implemented as the home now had a double capacity machine which was in operation at this time.

Areas for Development

Aspects of the Requirement which had not been met are detailed below:

The Officers found that there remained items of clothing which were unwearable.

The quality of some of the laundered items was inadequate with woollens crushed and misshapen.

At the time of this inspection the laundry had a vacant position.

(Requirement 5).

National Care Standard Number 19: Care Homes for Older People - Support and Care in Dying and Death

Strengths

All of the elements of this Standard had not been reviewed at this inspection.

The service provided care to individuals with life limiting illnesses.

The Officers found from a review of the personal plans that symptoms such as pain, agitation and aggression were recognised and addressed by the service.

Referrals to other professionals and agencies were seen to be recorded.

Areas for Development

None arising from this inspection.

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

Since the last inspection the Provider had forwarded a copy of the dependency levels in the home. The results of this had suggested that there could be a reduction in staffing. The Officers discussed the findings and interpretation of the tool used as this did not reflect the observational assessments made on the day of the visit. The Manager planned to carry out an up to date assessment of dependency levels in the home in order that a staffing schedule could be progressed by the Care Commission.

Requirements

1. The Provider must ensure that service users risk of infection are minimised in the home and that their dignity is maintained.

In order to achieve this the Manager must:

Ensure that there is sufficient numbers of domestic staff in post to maintain the cleanliness of the premises.

Ensure that a system of cleaning, including deep cleaning, is implemented and carried out throughout the home.

Review the furniture, fixtures and fittings in the home, as detailed in this report, which present as an infection control risk and clean and repair as necessary.

This is to comply with:

SSI/114 Regulation 4(1)(a) - a requirement relating to health and welfare.

SSI/114 Regulation 4(1)(d) - a requirement relating to infection control.

SSI/114 Regulation 4(1)(b) - a requirement relating to dignity of service users.

SSI/114 Regulation 13 (a) – staffing to meet health and welfare of service users.

Timescale: Within two weeks from receipt of this report.

2. The Provider must ensure that the premises are maintained to a suitable standard.

In order to achieve this the Manager must:

View all of the bedrooms, bathrooms/toilets and communal areas in the home.

Identify any areas which require maintenance, repair or replacement.

Ensure that there is a plan of action with timescales for completion of any work necessary.

Forward the findings and action plan to the Care Commission.

This is to comply with:

SSI/114 Regulation (10)(2)(b) - a requirement relating to the condition of premises.

Timescale: To commence on receipt of this report and for completion within 4 weeks.

3. The Provider must ensure that the nutritional needs of residents are met.

In order to achieve this the Manager must:

Ensure that staff are updated on the use of the risk assessment tool in place.

Review all of the personal plans in relation to nutritional needs and ensure that staff are directed in the care to be delivered.

Ensure that service user preferences are clearly documented.

Ensure that the steps to take following identifying needs are carried out.

This is to comply with:

SSI/114 Regulation 4(1) (a) Welfare of Users - a requirement to ensure the proper provision for the health and welfare of service users.

National Care Standards Care Homes for Older People, Standard 13 – Eating Well,

Timescale: To commence on receipt of this report and for completion within 4 weeks.

4. The Provider must ensure that safety aspects are addressed in relation to the dining experience in the service.

In order to achieve this the Provider must:

Ensure that food is served at the correct temperatures.

Ensure that food hygiene is maintained at all times.

Ensure that service users have safe and appropriate facilities from which to take meals.

This is to comply with:

SSI/114 Regulation 4(1) (a) and (b), Welfare of Users - a requirement to ensure the proper provision for the health and welfare of service users.

National Care Standards Care Homes for Older People, Standard 13 – Eating Well.

Timescale: For completion within 24 hours of receipt of this report.

5. The Provider is required to ensure that residents' personal clothing is for their sole use and that it is clearly marked and properly cared for.

In order to achieve this the Manager must:

Implement a system whereby clothing can be checked regularly and items which are deemed to be unwearable are removed following discussion with service

users/carers/representatives.

This is to comply with:

SSI/114 Regulation 4(1)(b) - a requirement relating to the dignity of service users.

Standard 16(8), (9) and (10) - Private life.

Timescale: Within 4 weeks.

Recommendations

1. The organisation should review the company policies relating to prevention of pressure ulcers in order to give clear guidance to staff.

National Care Standards Care Homes for Older People – Standard 5.1 Management and Staffing Arrangements.

Best Practice Statement – Pressure Ulcer Prevention, NMPDU November 2005.

Janet Smith

Care Commission Officer