

Carberry House Care Home Care Home Service

Carberry House
Carberry Estate
Musselburgh
EH21 8PY

Telephone: 0131 665 2882

Type of inspection:

Unannounced

Completed on:

6 September 2018

Service provided by:

Carberry House Care Home, a
partnership

Service provider number:

SP2003002609

Service no:

CS2003011120

About the service

Carberry House Care Home is a privately owned care home registered to provide a care service to a maximum of 27 older people. At the time of this inspection the service was being provided to 25 residents.

The service provider is Carberry House Care Home, a partnership.

The accommodation for residents is provided on two floors. Access to the first floor is via a lift or by stairs. On the ground floor there is a dining room, a large lounge and a smaller lounge. There are bathing/shower and toilet facilities on both floors however only the ground floor bathroom is suitable for residents requiring assistance to get into a bath.

There are 21 single rooms and three double rooms and also 15 of the single rooms have ensuite facilities.

The home is set in private grounds in a rural setting. The gardens are easily accessible and there are areas where residents can walk or sit.

What people told us

We saw and spoke with all of the residents during the inspection and respected the privacy of one resident who did not wish to speak with us.

As many residents were unable to hold an extended conversation about their experience of life in the home we spent time observing staff practice and interaction with residents.

We also carried out a Short Observational Framework for Inspection (SOFI 2) to directly observe the experience and outcomes for a few people who were unable to tell us their views.

Residents told us that they were comfortable living in the home and praise was given to the kindness of staff, the range of activities, the food and staff respecting residents' choices to spend time in their private rooms.

In one pre- inspection questionnaire a relative /carer disagreed that they were happy with the overall quality of care provided. However, this questionnaire was received nearly three months before the inspection and concerns raised had been addressed at a more recent care plan review.

Relatives/carers we met at inspection were very complimentary about the care provided and in particular the kindness, professionalism of staff, the quality of meals and how they were always made welcome.

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 staffing?	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

During the inspection we saw, without exception, staff interaction with residents which was warm, caring, compassionate and considerate. All staff knew residents very well and were able to discuss their individual needs and preferences. Residents were also assisted to maintain their independence skills through encouraging and supportive actions of staff and humour was also part of these interactions.

The dependency assessments completed routinely for each resident showed that there were enough staff hours and staff available to provide direct care. We also saw that where there had been changes to dependency assessments due to illness and or stress and distress behaviours. This was therefore reflected in an increase in staffing hours and deployment of staff over 24 hours.

Staff also confirmed that there were enough staff on duty at any given time and that the manager would increase staffing where needed.

We saw that residents were encouraged to take part in activities and events in the home, the local community and further afield. These included regular group and one to one outings, arts and crafts, baking and entertainment and theme events. Residents told us that they enjoyed the activities and we saw a group of residents contribute to the days lunch menu by preparing a fruit crumble from foraged fruit. Different residents were able to contribute to this as some had helped gather fruit when on a walk outdoors whilst others were able to help prepare the fruit and put the crumble together. The ability to contribute to the menu and make something which all residents then enjoyed may assist residents to feel valued and to maintain some personal skills and interests whilst promoting their self-worth. This also meant that residents with a cognitive impairment could contribute to this activity in a meaningful way.

We saw that there were safe practices in place for the management of medicines including the use of topical lotions and creams and a regular audit was undertaken to monitor staff practice and to check medication stocks. We discussed the use of loose leaf charts kept in some resident's rooms and how storage of these records could be improved to reduce the risk of any of these records being lost or misplaced. The manager took immediate action to improve the storage of these records therefore we have not made this as an area for improvement.

Regular assessments of each residents' care needs and following advice from health care professionals meant that care was planned and provided in a person centred approach taking account of individual needs, choices and preferences in care delivery. We saw that residents were all well presented in their appearance, as they wished, and were free to choose how they spent their day. This indicated that residents' independence, preferences and choices were promoted and their dignity protected which may contribute to residents general feelings of well-being.

Health and social care professionals we met with were complimentary about how staff sought and acted upon any advice given to meet individual residents needs.

Overall, involving residents in their care reviews and following professional advice meant that care staff were able to provide care in a way which met individual needs and preference. This may assist in promoting and supporting the rights of the individual and ensure the placement was right for them.

How good is our leadership?

5 - Very Good

Since the last inspection the manager has made progress in developing an improvement plan for the home, including all aspect of service provision and informed by consultation with the residents, relatives and staff. Regular resident, relative/carer and staff meetings take place to gain the views of people to contribute to service development. The "you said" "we did" board was on display to show responses to suggestions and any actions taken from suggestions made at these meetings. In addition the small nature of the service meant that the manager and deputy were able to respond promptly to suggestions, complaints and or areas for future development.

Since the last inspection the manager has also developed the quality assurance systems which have been seen to have had an overall positive impact on service provision. See - Outstanding areas for improvement number 6.

The manager and deputy manager have a visible presence in the home and are available on a daily basis to consult with residents and relatives/carers, to monitor and oversee staff practice, and to undertake quality assurance audits. This means that they have up to date knowledge of daily life of the home and are available to provide supportive leadership.

Staff felt comfortable to make suggestions about improvements which could enhance resident care and in particular one member of staff commented that " the manager is very supportive to enable me to do my job to make residents' life enjoyable." This endorses the expressed wish of the manager and deputy manager "to provide an excellent standard of care to residents" which is informed by consultation with residents, relatives/ carers and staff and the outcomes of quality audits.

How good is our staff team?

5 - Very Good

As noted under quality indicator 1.1 we saw that resident dependency assessments informed staffing in the home and we saw that there were enough staff on duty at any given time to meet residents assessed needs and to attend to other duties, such as record keeping, key working and having social time with residents.

Staff spoke about supportive team working in the home and of being flexible in their work patterns and filling any gaps in the duty rota. This was to ensure that residents care was provided by familiar staff, consistency of care was maintained and the use of agency staff was minimised.

Ancillary staff were also able to cover care staff deficiencies as they undertook the mandatory training and training required by legislation in addition to training specific to their role. This meant again that residents were familiar with staff providing their care.

Improvements had been made to staff recruitment practices since the last inspection. This helped to ensure that appropriate staff were employed and the on-going training provided including SVQ training helped staff to keep

up to date with good practice and develop their skills. Staff were appropriately registered with their professional body for example SSSC and records showed that these were up to date.

We saw effective exchange of information at staff handover meetings where staff arriving on duty were given an update about each resident and any changes to their health care needs and or care delivery.

Health care professionals we spoke with also confirmed that care staff were informed and able to discuss residents care needs when asked. This assisted them to assess residents' care needs and any changes which may be needed.

The staffing levels, skill mix of staff , flexibility of staff and supportive team working meant that staff were motivated to provide a high quality of care to residents. This not only assisted in meeting residents' needs but helped to enhance their experience of life in this home.

How good is our setting?

5 - Very Good

Although an old building the home was clean, well maintained and comfortable throughout. There were a choice of sitting areas in and outdoors and residents could also spend private time in their room if preferred.

Residents were able to furnish their bedroom as they wished with their own belongings including furniture. Bedrooms we looked at had been made personal and where needed residents were assisted to look after their belongings. Having a comfortable bedroom and familiar and personal items at hand may also give residents a sense of comfort and reassurance.

Whilst in a quiet rural setting with limited public transport access the home had links to local community amenities, clubs and events which residents were supported to attend. Frequent visitors, outings to a café within walking distance and outings to activities and interests further afield helped keep residents in contact with their interests and with family and friends.

How well is our care and support planned?

5 - Very Good

We looked at a sample of care plans to see if these gave accurate and up to date information to staff on how each residents' care was to be effectively provided.

We saw that although care plans followed the same format the contents were individual to the resident and reflected their preferences in how their care was provided. Information in care plans showed that staff liaised with GP's and other health and social care professionals such as social workers, psychiatric nurses and a dietician to ensure residents' social and healthcare needs were assessed and managed.

Care plans assessed the individuals' everyday living skills and health care needs supported where necessary by risk assessments. For example management of falls, prevention of pressure ulcers, moving and handling, mobility and management of nutrition needs - Malnutrition Universal Screening Tool (MUST).

We saw a very good care and management plan in place to support a resident who experienced stress and distress. Staff from the community team commented that staff knowledge of residents in the home meant that they were able to manage stress and distressed well and that they acted on advice given.

Keyworkers took the lead in care planning and reviews for nominated residents. This gave the resident and their relative/carers a named member of staff they could speak with about their or their relatives/carers needs.

Very good systems were in place to regularly evaluate and review assessments and the overall care plan. This also gave the resident and, or, their representative the opportunity to discuss and agree the care to be provided and also helped to ensure staff practice was based on up to date and accurate information. .

The manager had an overview of residents' legal status to ensure residents' legal rights were protected and the appropriate people could be contacted on behalf of each resident.

We concluded that regular reviews, staff knowledge of residents and involvement of health care professionals assisted staff to be responsive to residents care needs and ensure they were able to provide care which reflected the wishes of the individual.

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 ensure that the health, wellbeing and safety needs of all residents are met. In order to do so, the manager should:

- a) review all personal plans to ensure appropriate personal and professional details and contact information is recorded. This should include circumstances where relatives/carers are to be contacted and should be done in consultation with the resident and, or their representative.
- b) review all care plans to make sure that they address all of the each resident's assessed needs, choices and preferences in how their care is to be provided including expected personal outcomes and actions required of staff.

This should include but not be limited to:

- management of stress and distress
- personal hygiene/grooming
- nutrition
- skin/pressure area care
- continence care
- management of falls
- mobility
- communication
- legal and DNACPR status leisure, social and spiritual preferences

- c) ensure that outcomes of risk assessment inform care planning and how care is to be provided to help minimise any risks
- d) supplementary records such as monitoring charts are maintained and used to help to evaluate the care plans
- e) put in place a system to audit and monitor the quality of care planning.

This area for improvement was made on 15 February 2018.

Action taken since then

At this inspection we saw that:

- a) all personal plans had been reviewed and the sample we looked at had details for personal and professional contact including circumstances where relatives/carers should be contacted. These were done in consultation with the resident and, or their representative.
- b) all care plans had been reviewed to make sure each resident's assessed needs, choices and preferences was included. Care plans noted expected outcomes and actions required of staff.

This included but was not be limited to:

management of stress and distress
 personal hygiene/grooming
 nutrition
 skin/pressure area care
 continence care
 management of falls
 mobility
 communication
 legal and DNACPR status leisure, social and spiritual preferences

- c) outcomes of risk assessment informed care planning and actions required of staff to help minimise any risks
- d) there were no supplementary records such as monitoring charts in use at this inspection
- e) a system was in place to audit and monitor the quality of care planning.

This recommendation had been implemented.

Previous area for improvement 2

The manager should provide sufficient and suitable equipment for the general use of service users within the care service. In particular, the manager should;

- a) maintain a record of the maintenance of any equipment used in the provision of care is checked and fit for use including equipment under LOLER regulations
- b) develop an action plan approach to show what work/checks were undertaken , by whom, the timescale and records signed and date to confirm completion.

This area for improvement was made on 15 February 2018.

Action taken since then

At this inspection we saw that:

the manager had reviewed the equipment in place to ensure that this was suitable for the general use of service users and had completed an inventory of equipment.

Systems and records were in place to show

- a) the maintenance of any equipment used in the provision of care was checked and fit for use including equipment under LOLER regulations
- b) an action plan approach to show what work/checks were undertaken, by whom, the timescale and records signed and date to confirm completion.

These records were up to date.

This recommendation had been implemented.

Previous area for improvement 3

The manager should review the systems for recording of accidents and incidents to make improvements to include:

- a) full details of the event, follow up actions and clear instructions for staff to inform any changes needed to their practice
- b) recording if relevant events have been reported to other authorities, for example Social Work and the Care Inspectorate.

This is in order to meet The National Care Standards - Care homes for older people, Standard 5 Management and staffing and Standard 6 Support arrangements.

Records that all registered care services (except childminding) must keep and guidance on notification reporting a Care Inspectorate publication.

This area for improvement was made on 15 February 2018.

Action taken since then

At this inspection we saw that:

the manager had reviewed and made improvements to the systems for recording of accidents and incidents. This included ensuring each log included:

- a) full details of the event, follow up actions and clear instructions for staff to inform any changes needed to their practice
- b) recording if relevant events have been reported to other authorities, for example Social Work and the Care Inspectorate.

This recommendation had been implemented.

Previous area for improvement 4

The manager should review recruitment practices in the home to ensure that these follow safe recruitment practices in line with the Care Inspectorate and SSSC guidance "Safer Recruitment through better Recruitment".

This area for improvement was made on 15 February 2018.

Action taken since then

At this inspection we saw that:

the manager had reviewed the staff recruitment practices in the home and these were now in line with safe recruitment practices.

This recommendation had been implemented.

Previous area for improvement 5

The manager should develop an overview of staff training (training matrix) to show that all staff have undertaken mandatory training, training required by legislation and any other training undertaken to assist staff to meet residents' needs. This should include refresher dates for any time limited training, for example, moving and handling.

This area for improvement was made on 15 February 2018.

Action taken since then

At this inspection we saw that the manager had an overview of staff training and this included mandatory training, training required by legislation and any other training undertaken to assist staff to meet residents' needs. Refresher dates for time limited training, for example, moving and handling was recorded. Records showed that staff training was up to date.

This recommendation had been implemented.

Previous area for improvement 6

The manager should develop a quality assurance system to show what quality audits would be undertaken, the timescales for any improvements identified and should include but not be limited to:

- a) Safety audits: safety checks of the home environment to identify any repairs, maintenance and risk assessment to ensure the safety and comfort of residents and staff.
- b) Environment audits: cleanliness of the environment and management of infection control.
- c) Pharmacy/medication: audits of the management of medicines to assist staff to follow best and safe practice in this area of care including application of topical medicines and recording systems.
- d) Staff recruitment /staff training: to ensure that staff recruitment met best practice guidance and the training provided met that required by legislation and aided staff in the work they were to do in the home.
- e) Meals/menu planning and dining experience: to gain the view of residents and to assist catering staff to provide meals taking account of individual preferences and dietary needs.

f) Care planning/reviews: to assist staff to ensure accurate information was recorded, evaluations contributed to care planning and to ensure staff practice was based on up to date and accurate information.

This area for improvement was made on 15 February 2018.

Action taken since then

At this inspection we saw that as a result of the development and implementation of a quality assurance system, the following audits were complete.

a) Safety audits: safety checks of the home environment to identify any repairs, maintenance and risk assessment to ensure the safety and comfort of residents and staff.

b) Environment audits: cleanliness of the environment and management of infection control.

c) Pharmacy/medication: audits of the management of medicines to assist staff to follow best and safe practice in this area of care including application of topical medicines and recording systems.

d) Staff recruitment /staff training: to ensure that staff recruitment met best practice guidance and the training provided met that required by legislation and aided staff in the work they were to do in the home.

e) Meals/menu planning and dining experience: to gain the view of residents and to assist catering staff to provide meals taking account of individual preferences and dietary needs.

f) Care planning/reviews: to assist staff to ensure accurate information was recorded, evaluations contributed to care planning and to ensure staff practice was based on up to date and accurate information.

This recommendation had been implemented.

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?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good

1.3 People's health benefits from their care and support	5 - Very Good
1.4 People are getting the right service for them	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 levels and mix meet people's needs, with staff working well together	5 - Very Good

How good is our setting?	5 - Very Good
4.2 The setting promotes and enables people's independence	5 - Very Good
4.3 People can be connected and involved in the wider community	5 - Very Good

How well is our care and support planned?	5 - Very Good
5.1 Assessment and care planning reflects people's planning needs and wishes	5 - Very Good

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