

Tyneholm Stables Care Home Care Home Service

Tyneholm Estate
Pencaitland
Tranent
EH34 5DJ

Telephone: 01875 340 823

Type of inspection:
Unannounced

Completed on:
4 December 2024

Service provided by:
Sanctuary Care Limited

Service provider number:
SP2019013443

Service no:
CS2019378616

About the service

The service is a care home providing care and support for up to 45 older people, located in Pencaitland, Midlothian. There were 43 people experiencing care with the service during the inspection. The care home was registered with the Care Inspectorate on 30 June 2020 and is managed by Sanctuary Care Group. The service consists of two floors and three separate units with access to lounge and dining areas. 11 of the bedrooms have en suite toilets.

About the inspection

This was an unannounced inspection which took place on 27 and 28 November 2024. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service, intelligence gathered and complaints received.

We evaluated how well people's health and wellbeing was supported and their personal plans, the setting, as well as the quality of staffing and management.

To inform our evaluation we:

- spoke with 11 people using the service and seven relatives as well as three professionals working with the service
- spoke with 10 staff and three managers
- observed daily life at the service
- observed how well care staff supported people
- considered the cleanliness and quality of the physical environment
- reviewed documents and electronic records.

Key messages

- People were satisfied with the quality of the care and support received.
- Staff interacted warmly and respectfully with people.
- Mealtimes were well staffed and snacks were available for people.
- The environment was clean, tidy and homely.
- Staff were well supported in an informal way, though supervision sessions needed to occur more regularly.
- Managers were accessible and responsive.

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?	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 the service as operating at a good level for this key question. There were several strengths with the care provided and how this supported positive outcomes for people.

Staff interacted warmly and respectfully with people and knew their history, routines and preferences. Staff would assist people who were anxious in a caring and calming way. When assisting people to move, staff interacted supportively and with encouragement. This meant people could build trusting relationships at the service.

People experiencing care and support told us:

"The staff are all good"

"I feel I am well looked after"

"Yes, I'm liking it, the staff are considerate and caring"

"The staff are very nice."

People were enjoying themselves in the various activities such as games, music, arts and crafts. There were gentle exercises in the morning to assist people's flexibility and mobility. There were visiting entertainers and community groups as well as outings using their minibus. Activities remained meaningful to people as the service was recording people's preferences in their personal plans and asking for feedback and ideas in the regular residents' meetings. The staff interactions were kind and patient; they actively encouraged people to engage in meaningful activities. Staff were spending one-to-one time with people to chat or undertake an activity, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors. These opportunities to take part in meaningful activities supported people to be involved and valued.

Relatives' comments included:

"The activities programme has come on leaps and bounds"

"Mum is as stimulated as she can be for her condition"

"They have taken him swimming and to the museum and he likes that"

Mealtimes were well staffed and people were not kept waiting for their meals or being rushed. Support with eating and drinking was undertaken in a dignified way. The service provided a variety of snacks which were easily accessible to people.

Medication administration was organised with regular audits and appropriate training for staff. However there were a few medication errors due to communication issues in the service. Health issues of people experiencing care were being monitored and actions taken. Regular support was being given by the East Lothian Health and Social Care Partnership to support the service to effectively respond to signs of deterioration in people's health. Improvements were seen since the last inspection in November 2023.

Relatives said "my family and I have made suggestions regarding their care and with the care home we are working together as a team, I feel I am being listened to" and "if I need to speak to anyone at the care home they are quick to respond."

How good is our leadership?**4 - Good**

We evaluated the service as operating at a good level for this key question. There were several strengths with the leadership and quality assurance.

People we spoke to considered that management were accessible and responsive. Any incidents were reported thoroughly with actions on improvements where needed. Complaints were responded to in a timely manner with appropriate actions when necessary.

Regular quality audits were taking place, such as medication, dining experience and the environment. There were action plans in place to assist the service to plan, make and measure improvement. The service sought feedback from people experiencing support and their relatives through regular group meetings and satisfaction surveys. A regular newsletter and social media were also used to communicate with people. This ensured that there was a culture of continuous improvement for people experiencing support.

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

We evaluated the service as operating at a good level for this key question. There were several strengths with the staff training and support.

Staff recruitment processes were thorough. Staffing arrangements worked well with only a few agency staff being used. We observed that staff worked together well, in a positive and calm manner. This ensured people benefited from a warm atmosphere because there are good working relationships.

Relatives told us "you walk in and the place gives you a big hug" and "it feels like an extended family as you know all the care workers."

Staff reported good informal support available from their managers. Face-to-face supervision sessions had just restarted and there were plans to start formal managerial observations of staff competence (see previous area for improvement five).

How good is our setting?**4 - Good**

We evaluated the service as operating at a good level for this key question. There were several strengths with the quality of the physical environment and cleanliness.

People's bedrooms and communal areas were clean and tidy, though retained a welcoming and homely setting. The furnishings and equipment were in good condition. People's rooms were comfortable with personal decoration. Staff were seen to wear, use and dispose of personal protective equipment such as gloves and aprons in line with guidance.

Comments included "Tyneholm has a good, homely feel and now been renovated" and "room and care home is always clean and tidy."

Equipment used to assist people to move was in good condition. There were arrangements in operation for maintenance of the premises and the equipment to ensure people are safe. This ensured an environment that has been adapted, equipped and furnished to meet people's needs and wishes.

How well is our care and support planned?

4 - Good

We evaluated the service as operating at a good level for this key question. There were several strengths with personal planning.

People's personal plans detailed each area of care, for example, mobility, and set out any needs for support. Updates were recorded regularly and promptly as were any changes in actions needed. However, these were not always written in a personalised way. There needed to be more focus regarding what people consider is important to them and the related outcomes they want to achieve. Personal plans were being regularly audited by managers for consistency and quality. Six monthly reviews (as required by legislation) were taking place with people experiencing care and their relatives. This ensured that personal plans remained right for people and that everyone had the opportunity for their views to be heard.

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 good outcomes for people experiencing care, the service should ensure that everyone has an inventory of their personal belongings completed and maintained and marked appropriately as belonging to the person. Equipment to label clothes should be available to staff and be in working order.

This is in order to comply with Health and Social Care Standard 1.19 'My care and support meets my needs and is right for me.'

This area for improvement was made on 3 November 2022.

Action taken since then

The service had a detailed inventory of people's belongings which was up to date. Clothes labelling was much more thorough. The laundry process and laundry room were well organised with few missing clothes.

This previous area for improvement has been met.

Previous area for improvement 2

To support people's health and wellbeing and improve the quality of their day, the service should improve how they support people to take part in meaningful activities. The service should ensure that:

- a) People are fully involved in developing and reviewing their choice of interests and activities.
- b) Social events, entertainment and group activities are available which meet people's choices and interests.
- c) One-to-one time with people is available to chat or undertake an activity, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors.
- d) A person's choice of activities should be clearly recorded within the personal plan or activity planner which could include how the person enjoyed the activity and what involvement they contributed to the activity.

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

'I can maintain and develop my interests, activities, and what matters to me in the way that I like' (HSCS 2.22).

This area for improvement was made on 28 November 2023.

Action taken since then

People were enjoying themselves in the various activities such as games, music, arts and crafts. There were gentle exercises in the morning to assist people's flexibility and mobility. There were visiting entertainers and community groups as well as outings using their minibus. Activities remained meaningful to people as the service was recording people's preferences in their personal plans and asking for feedback and ideas in the regular residents' meetings. The staff interactions were kind and patient; they actively encouraged people to engage in meaningful activities. Staff were spending one-to-one time with people to chat or undertake an activity, this is especially important for people who spend a lot of time in their rooms, have advanced dementia or receive few visitors. These opportunities to take part in meaningful activities supported people to be involved and valued.

This previous area for improvement has been met.

Previous area for improvement 3

To support people effectively with stress and distressed behaviours the provider should undertake the following:

- a) Ensure that appropriate positive behavioural support plans continue to be in place for people with stress and distressed behaviours.
- b) Ensure that documenting occurrences of stress and distressed behaviours are sufficiently detailed to inform a person-centred preventative approach.
- c) Ensure staff training regarding positive behavioural support plans for people with stress and distressed behaviours including appropriate recording of the occurrences to inform a person-centred preventative approach.

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

'Any treatment or intervention that I experience is safe and effective' (HSCS 1.24).

'I am supported and cared for sensitively by people who anticipate issues and are aware of and plan.'

This area for improvement was made on 2 February 2023.

Action taken since then

There were appropriate positive behavioural support plans in place with personalised details regarding triggers of distress and interventions to reduce distress. The service sought support and advice where necessary from East Lothian Health and Social Care Partnership to develop these plans.

Staff were interacting appropriately with distressed behaviours. 'As required' medication to support distressed behaviours had documentation of when and why these medications should be administered and medications were not being overused.

Documenting occurrences of stress and distressed behaviours was being completed, though can improve further to inform a person-centred preventative approach. This is to support the service to effectively respond to signs of deterioration in people's health.

Staff training to support people with stress and distressed behaviours is being provided by the Care Inspectorate in January 2025.

This previous area for improvement has been met.

Previous area for improvement 4

To support people more effectively with their food and fluid intake the provider should undertake the following:

- a) Nursing and care staff are familiar with, and implement, each service user's nutrition and hydration plan, including relevant monitoring and recording.
- b) Nursing and care staff can identify and respond to any change to a service user's nutrition and hydration needs.

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

'I have confidence in people because they are trained, competent and skilled' (HSCS 3.14).

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

This area for improvement was made on 28 November 2023.

Action taken since then

Accurate information was available for people's nutrition and hydration needs and preferences.

People had risk assessments completed which identified when people were at risk of weight loss and/or dehydration. When there were concerns about a person's food and drink intake this was monitored effectively. Fortification of food and drink for people who needed to put on weight was organised. The service provided a variety of snacks which were easily accessible to people.

This previous area for improvement has been met.

Previous area for improvement 5

The provider must ensure that staff are well led and managed. In order to achieve this the service must undertake the following:

- a) Management to undertake regular one to one supervision with staff including a written record and actions.
- b) Management to undertake regular team meetings with staff including a written record and actions.
- c) Management to undertake regular direct observations of staff regarding their practice. Direct observations to have a written record with any actions when issues arise.

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

that:

'I have confidence in people because they are trained, competent and skilled, can reflect on their practice and follow the professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 29 November 2023.

Action taken since then

Staff reported good informal support available from their managers. Face-to-face supervision sessions had just restarted and there were plans to start formal managerial observations of staff competence. Regular management and staff meetings were being held to assist with effective communication. This ensures people experienced good quality care and support based on relevant guidance and best practice.

This previous area for improvement has not been met.

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
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	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
4.1 People experience high quality facilities	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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